

THE QUESTION OF MIRACLES

A Case for Evidence-Based Medicine?

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FIRST PUBLISHED in 1947, C. S. Lewis's book *Miracles: A Preliminary Study* is an investigation into the occurrence of miracles.¹ In it, he uses the word to mean an interference with nature by supernatural power. In writing about the 'supernatural', Lewis does not mean something that is 'spooky, or sensational, or even (in any religious sense) "spiritual"' but rather that it 'will not fit in' to the 'largely mindless system of events called "nature"'.² In the book, Lewis contrasts nature with the supernatural and describes people who believe that nothing other than nature exists as 'naturalists', and those who believe that there is something else aside from nature as 'supernaturalists'.

Unlike C. S. Lewis, Augustine of Hippo believed that God, the superior cause, 'does nothing contrary to nature; a miracle is contrary only to what our minds expect, but God never acts against the supreme law of nature any more than he acts against himself'.³ In his essay on true religion, written in 390, Augustine declared that miracles had occurred in apostolic times, when the Church was starting out, but did not happen now: 'If we look for a cause of awe and wonder now, we should contemplate nature ... the daily miracles of creation are as great as those of the incarnate Lord'.⁴ In his later writings, however, Augustine conceded that miracles do still happen, but 'if miracles are granted, that is a sign that we are still immature'.⁵ He was unsympathetic 'to those whose religion turns on the veneration of saints and angels, since they may look more for miracles than for the moral example of the saints' devotion to God'.⁶

¹ C. S. Lewis, *Miracles: A Preliminary Study* (London: Harper Collins, 2012 [1947]).

² Lewis, *Miracles*, 35.

³ Augustine, *Contra Faustum Manichaeum*, 26.3, quoted in Henry Chadwick, *Augustine of Hippo: A Life* (Oxford: OUP, 2010), 79.

⁴ Augustine, *De utilitate credendi*, 16.34, quoted in Chadwick, *Augustine of Hippo*, 77.

⁵ Chadwick, *Augustine of Hippo*, 78.

⁶ Augustine, *De trinitate*, 8.7.11, quoted in Chadwick, *Augustine of Hippo*, 78.

Nevertheless, many miracles have been attributed throughout the centuries to the intercession of the prayer of saints. Teresa of Ávila, a sixteenth-century Carmelite nun (also a saint and doctor of the Church), in the *Book of Her Life*, describes occasions when she besought the Lord on behalf of others. In one example, Teresa tells her readers of how she prayed to the Lord to restore someone's sight: 'Once while I was imploring the Lord to give sight to a person to whom I was obligated and who had almost completely lost his vision, I was very grieved and feared that because of my sins the Lord would not hear me'.⁷ Despite her fears, Teresa is able to tell her readers that the Lord's response was reassuring: 'He would do what I had asked Him; that He had promised me there wasn't anything I might ask Him that He wouldn't do ... I don't think eight days had passed before the Lord gave sight back to that person'.⁸ On another occasion, Teresa describes how she begged the Lord to cure a very sick relative with a most painful disease:

I went and was moved to such pity for him that I began to beg the Lord insistently for his health. In this experience I saw fully and clearly the favour the Lord granted me; the next day this person was completely cured of the affliction.⁹

More recent examples of those who claim to have been cured by miracles include Rob Lacey—a missionary and the author of *The Word on the Street*, a powerful modern reimagining of the Bible. Lacey's wife tells of how his terminal bladder cancer went into miraculous remission as a result of prayer, and he lived cancer-free for four years afterwards.¹⁰ Pope John Paul II regarded his recovery from an assassin's bullet as a miraculous intervention. Following the attempt on his life in 1981, the Pope linked his recovery with the apparition of the Madonna of Fátima, since the attempt coincided with the date of the Virgin's first appearance, on 13 May 1917. He remarked: 'Throughout my long days of suffering, I gave much thought to what it meant, to this mysterious sign that came to me like a gift from heaven'.¹¹ As his biographer acknowledges, however:

⁷ St Teresa of Ávila, *The Book of Her Life*, 39.1, in *The Collected Works of St Teresa of Avila*, translated by Kieran Kavanagh and Otilio Rodriguez, 3 volumes (Washington, DC: ICS, 1976–1985), volume 1, 342.

⁸ St Teresa of Ávila, *Book of Her Life*, 39.1.

⁹ St Teresa of Ávila, *Book of Her Life*, 39.2.

¹⁰ Sandra Lacey and Steve Stickley, *People Like Us, Life with Rob Lacey, Author of Word on the Street* (Grand Rapids: Zondervan, 2011), 191–193.

¹¹ Quoted in Caroline Pigozzi, *Pope John Paul II: An Intimate Life. The Pope I Knew so Well* (New York: Hachette, 2007), 195.

‘Not everyone at the Vatican shared John Paul II’s faith in the Virgin’s apparition at Fatima. His predecessors John XXIII and Paul VI voiced doubts about the “miracle”.’¹² Cardinal Ratzinger, the future Pope Benedict XVI, describes visions such as those recorded at Fátima and Lourdes as ‘private revelations’, which are ‘influenced by the potentialities and limitations of the perceiving subject’ and should not ‘be thought of as if for a moment the veil of the other world were drawn back’.¹³

The Issue of Bias in Scientific and Religious Writing

One of the key concerns in addressing the evidence of effectiveness for medical interventions is that of bias: this includes vested interests in the direction of the evidence, and publication bias for studies reporting statistically significant results. In religious writing, the issue of bias appears less prominent but, as the philosopher John Cottingham shows, it remains significant. Cottingham points to the similarities between what Freud called ‘the omnipotence of thoughts’—the superstitious attempt to control external reality using the mind—and the behaviour of those ‘religious adherents who may pray or go to church in the hope of somehow influencing the way their lives, or those of their loved ones turn out’.¹⁴ He argues that ‘we need to be prepared to subject religious writings to detailed contextual scrutiny’ in order to assess their true ‘meaning and function’.¹⁵

A recent article in *The Way* describes members of the healing ministry at her church praying for a distraught woman who had been diagnosed with Bell’s Palsy earlier in the day. According to the writer ‘The next Sunday she was well, and remains well to this day’.¹⁶ In the telling of this story, certain contextual elements are missing, such as the medical evidence for Bell’s Palsy, which is a temporary facial paralysis resulting from damage or trauma to the facial nerves. According to the US National Institute of Neurological Disorder and Stroke, ‘With or without treatment, most individuals begin to get better within 2 weeks after the initial onset of symptoms and recover some or all facial function within 3 to 6 months’.¹⁷

¹² Pigozzi, *Pope John Paul II: An intimate Life*, 198.

¹³ Joseph Ratzinger, ‘Theological Commentary’, in Congregation of the Doctrine of the Faith, ‘The Message of Fatima’, available at http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20000626_message-fatima_en.html.

¹⁴ John Cottingham, *The Spiritual Dimension: Religion, Philosophy and Human Value* (Cambridge: CUP, 2005), 66.

¹⁵ Cottingham, *Spiritual Dimension*, 67.

¹⁶ Penelope Olive, ‘Models for Healing Prayer in Spiritual Direction’, *The Way*, 54/1 (January 2015) 16–26.

¹⁷ National Institute of Neurological Disorders and Stroke, ‘Bell’s Palsy Information Page’, available at <http://www.ninds.nih.gov/disorders/bells/bells.htm>.

Even in the case of cancers such as Rob Lacey's, spontaneous remission is not unknown, with an estimated 1 per cent of certain cancers subsiding of their own accord each year; in the case of infants with neuroblastoma the spontaneous regression of the disease has been well documented.¹⁸ Despite the uncertain and contingent nature of bio-medical processes new knowledge and understanding emerge all the time; and any failure to acknowledge the emerging evidence when describing inexplicable cures can appear misleading.

A Prayer Unanswered

Unlike those of Teresa of Ávila or Rob Lacey, my own most ardent and anguished prayer—for the cure of my terminally ill daughter, Isabella—remained unanswered. Isabella died, from neuroblastoma, a week after her seventh birthday. She was diagnosed in January 2003, and was treated for well over a year with chemotherapy, nine hours of surgery, a bone marrow transplant, radiotherapy and six months of cisretroic acid treatment. In March 2005 she was admitted to Great Ormond Street Hospital in London following a stroke caused by her cancer. Isabella was diagnosed as terminally ill on admission. All treatment options having been exhausted, she was discharged home in the care of the hospital's palliative care team.

Before her discharge we were given preliminary details of how Isabella's last days were to be managed, and were advised that her death would be



¹⁸ See 'Neuroblastoma Treatment—Health Professional Version', available at http://www.cancer.gov/types/neuroblastoma/hp/neuroblastoma-treatment-pdq#link/_554_toc.

more or less imminent. In quiet desperation we sought to determine whether we could hold out for the possibility of some new treatment or, even more desperately, for a miracle. Isabella's consultant responded by gently telling us that, in her experience, the only miracle she knew was when parents managed to get up the next day and carry on with some semblance of a normal life after such devastating news.

Though a miracle was out of the question for the medical experts, this did not deter us as a family from seeking one. With no further medical options, we now set our sights on petitioning the saints, seeking their intercession on Isabella's behalf for a miraculous intervention from God. We were supported in this quest by family and friends, and even by people we did not know. We received numerous Mass cards from those within the Catholic community, who paid a stipend to their local parish church for one of the daily Masses to be offered for Isabella's recovery.

We were also given the name of a charismatic faith healer, Eddie Stones, who, along with his wife Lucy, ran a House of Prayer in Galway, Ireland, that held a weekly programme of healing services.¹⁹ On 6 April 2005, two days before the funeral of Pope John Paul II, we booked a flight to Ireland.

The healing service began once the evening prayers had finished; speaking in tongues, Eddie Stones laid his hands on people's heads to invoke healing. As he did so, many (maybe most) fell backwards into the arms of two men who were waiting behind to catch them: such falling is known in the charismatic movement as 'resting in the Holy Spirit'. My feelings of discomfort at witnessing it did not deter me from joining the queue of people waiting in line to be touched by Eddie Stones and, as he did so, neither I, my husband nor Isabella fell backwards. Immediately after the event, and despite my scepticism, I searched for some outward sign of recovery, looking to see if the cancerous lumps that were emerging all over Isabella's skull showed any signs of disappearing: a quick glance at the top of her head confirmed that nothing had changed. Having read that a cure could only be called a miracle if it was instantaneous, I anticipated that if we did not see an improvement there and then, it was unlikely to happen later.

The next morning Isabella's health was no better and she continued to cry out from intense pain, which was alleviated only momentarily by high doses of morphine. As the morphine took hold and Isabella drifted off into a semi-conscious state, we sat in our bed-and-breakfast room and waited.

¹⁹ <http://www.emmanuelhouse.ie/interview-with-eddie-stones/>, accessed 2 May 2016.



Crowds watching the funeral of Pope John Paul II

Feeling empty, we turned on the television and watched the funeral of Pope John Paul II. I became acutely aware of how distant and uninformed I felt about the person who had died and the event that was unfolding on the television screen. I had never taken an interest in the Pope—he had never had any relevance to my life—and, like most ceremonies in the Roman Catholic Church, his funeral was just one more event where I was an outsider looking in on something that I did not quite understand.

I began to question how it was that, having been brought up as a ‘cradle Catholic’ and having attended convent schools run by the Sisters of Mercy both at primary and secondary levels, I had managed to remain so ignorant of what it was that I was meant to believe in. I had received no formal religious education aside from reciting vocal prayers and attending Mass. I also questioned why I found it so difficult to believe in a God who would cure Isabella, despite constant reassurances from those who were strong in their faith that God would do so—but only, it seemed, if I prayed hard enough and had the faith to match!

As the medically predicted deterioration in Isabella’s health continued, and confronting myself as a lukewarm ‘cafeteria’ Catholic faced with the imminent death of a child, I questioned whether my prayers had any integrity, lacking, as they did, the depth and sincerity of practice that I associated with a more spiritual way of life. I found myself trying to strike

a bargain with God: if God would cure Isabella I would reform my way of living and strive to become more spiritually adept. My preconceived notions of what the spiritual life involved are perfectly described by Janet Soskice: '... long periods of quiet, focused reflection, dark churches and dignified liturgies. In its higher reaches it involves time spent in contemplative prayer, retreats Above all it involves solitude and collectedness'²⁰

This spiritual life did not, as Soskice concludes, 'involve looking after small children'. It was not a life with which I was familiar and, if I was completely honest with myself, it was not one that I would have actively pursued or relished: in fact, I secretly dreaded it. More to the point, having secured Isabella's recovery, how practical or possible would it be for me, as a mother of three, to spend long periods of time in solitary prayer, either at home or on retreat? As I prayed for Isabella's recovery, these thoughts bothered me; it was only years later that I discovered that this view of the spiritual life is not uncommon.

We never got our miracle and, like other parents who have found themselves in similar situations, we sought answers to our unspeakably difficult and painful circumstances: being forced to witness the slow and painful death of our innocent child. The journalist Matthew Engle, whose teenage son Laurie also died from cancer, tells of how initially he regarded Laurie's death as a punishment:

In the early stages of the illness, I thought—superstitiously maybe—that I was being punished. I thought of all the shitty things I had done, the beggars and *Big Issue* sellers I had walked by. But Laurie never walked by a beggar; he was the softest touch in the world. He was punished with all the pain.²¹

Similar thoughts of punishment were never far from my own mind. Over twenty years earlier, when I was an undergraduate in London, I had been asked to visit a family from my home town whose seven-year-old child was being treated at Great Ormond Street Hospital for cancer. As I looked at the child, I felt such pain and sadness and could only conclude that such suffering must be a punishment of sorts for the parents.

The day after Isabella's burial we stood at her graveside and an elderly couple walked by. One of Isabella's younger brothers, Johannes, told them

²⁰ Janet Martin Soskice, *The Kindness of God: Metaphor, Gender and Religious Language* (Oxford: OUP, 2008), 12–13.

²¹ Matthew Engle, 'The Day the Sky Fell In' *The Guardian Weekend* (3 December 2005), 23–28, available at <http://www.theguardian.com/lifeandstyle/2005/dec/03/familyandrelationships.health>.

that he was visiting his sister's grave and they told him they were visiting their granddaughter, who had also died from cancer a few months earlier, aged sixteen. 'People say to me that she is in a better place now', said the grandmother, 'but I don't believe that'. And neither did I.

Suffering as an Obstacle to Belief in God

In the five months leading up to Isabella's death, and despite my ambivalence on the question of God, I still kept waiting for divine intervention. One evening, as I watched a television programme about the Holocaust, it dawned on me that if God did not come to save the Jews—the chosen people—from the Nazis, why would God bother coming to save Isabella? In the aftermath of Isabella's death I felt extremely hurt and angry, and became distrustful of this God who appeared to answer one person's prayer and not another's.

Recognising that I felt undecided on the question of God's existence, I could identify with the Nobel prize winner and Holocaust survivor Elie Weisel. Living only for God when he was a child, he declared after the Holocaust: 'If I told you I believed in God, I would be lying; if I told you I did not believe in God I would be lying'.²² Weisel was incarcerated in Auschwitz and witnessed horrific atrocities perpetrated on members of his immediate family and other fellow Jews. He describes how his belief in the God of his childhood died alongside those murdered in the concentration camp.

John Cottingham writes:

The 'problem of evil' is undoubtedly the most serious obstacle to belief in a Judaeo-Christian-Islamic type of God: a God who is wholly good, all powerful, and the creator of all things. The existence of so much terrible suffering in the world places a fearful onus of response on those who affirm the existence of such a being.

Cottingham identifies two lines of defence adopted by the theist to explain suffering—that of 'free will', and the 'instrumental' approach. The former argument states 'that the possibility of evil-doing, with its resultant suffering, is a necessary consequence of God's creating free beings'; while, according to the latter, the world needs suffering to allow for the possibility of moral growth.²³

²² Dan Cohn-Sherbok, 'Jewish Faith and the Holocaust', *Religious Studies*, 26 (1990), 277.

²³ Cottingham, *Spiritual Dimension*, 26.

In Cottingham's view neither of these two approaches is sufficiently robust 'to explain the *pervasiveness* and the *quantity* of suffering to be found', particularly when one considers how much of that suffering is caused by natural disasters rather than the perpetration of bad acts, or how the widespread existence of childhood diseases relates 'to the moral improvement of the victims'.²⁴ For Cottingham there is a need for a different way of discussing suffering—one that focuses 'on the *material* nature of the cosmos we inhabit'. Taking up Leibniz's idea of 'metaphysical evil', he suggests that 'even before any question of "sin" or defect or suffering, there is, as Leibniz puts it, an "original imperfection" in the created world creation cannot have all the perfections of God'.²⁵ Cottingham elaborates upon Leibniz's approach by arguing that our humanity is a natural phenomenon, and that human life emerges from the cosmic flux of ever-decaying material energy:

***Our humanity
is a natural
phenomenon***

It is not as if illness and pain and death and decay are inexplicable features that one might have expected a benign creator magically to eliminate; rather our impermanence, like it or not, is our birthright, essential to our very existence as creatures of flesh and blood.²⁶

On Cottingham's account, the imperfection that God allows in the world is not an indication of God's indifference, but is to be seen as a withdrawal by God—'a form of giving way to allow for something other, something imperfect, to unfold'—just as a parent must withdraw to allow a child to develop and to experience growth and fulfilment.²⁷ To interfere in such a world would be to create one that is 'two-dimensional, lacking the power and terror and grandeur and danger and vividness and beauty of our material cosmos'.²⁸

Medical Miracles and the Role of Evidence-Based Medicine

In the Roman Catholic Church today, a miracle can only be declared after exhaustive checking by doctors and scientists as to whether any explanation other than a miracle is plausible. As part of the process of becoming a saint, a miracle needs to be linked to prayers made to a person nominated for sainthood after that person's death. The granting of prayers is seen as proof

²⁴ Cottingham, *Spiritual Dimension*, 26.

²⁵ Cottingham, *Spiritual Dimension*, 27.

²⁶ Cottingham, *Spiritual Dimension*, 31.

²⁷ Cottingham, *Spiritual Dimension*, 32.

²⁸ Cottingham, *Spiritual Dimension*, 33.

that the individual is already in heaven, and able to intercede with God on others' behalf.²⁹ Theoretically, miracles can be of any type, but the vast majority have been concerned with the miraculous healing of serious medical conditions. For a recovery to be declared miraculous, it must be 'complete, durable and instantaneous', with no relapse.³⁰ If it is pronounced that the cure is scientifically inexplicable, the Church is invited to decide whether it is a sign of God's intervention. Recently, however, some have argued that this process has been overtaken by the advance of medical science, as what lies outside the realms of scientific explanation appears to be diminishing. 'By narrowing the notion of miracles to inexplicable cures', Kenneth Woodward writes, 'the church has, in effect, allowed medical science to usurp its own competence to interpret divine signs'.³¹

Though there may be uncertainties about the causation of disease and the effects of treatment, modern medicine operates relatively successfully on the underlying epistemological principle that health outcomes have preceding causes and that isolating the cause is the basis of effective intervention.³² Evidence in clinical medicine is usually dominated by numbers and statistics. This approach gained a firm foothold during the 1940s, when the first randomised controlled trial was carried out to 'assess the efficacy of streptomycin for the treatment of pulmonary tuberculosis'.³³ The notion of the controlled clinical trial, in which patient groups are compared using statistical methods, is now commonplace, and clinical trials are routinely used to test the effectiveness of different treatments with the aim of improving our understanding of the best way to deal with an illness, usually by comparing the standard treatment with a new or modified version.

It is perhaps surprising, then, that until recently a common criticism of clinical medicine was that much of what was practised did not have the sort of scientific validation that medics might expect. In 1991 an editorial in the *British Medical Journal* argued that only 15 per cent of medical

²⁹ See *The Encyclopedia of Religion*, edited by Mircea Eliade (London: Macmillan, 1987), volume 13, s.v. Sainthood.

³⁰ Jacalyn Duffin, *Medical Miracles: Doctors, Saints, and Healing in the Modern World* (Oxford: OUP, 2009), 140.

³¹ Kenneth Woodward, *Making Saints: How the Catholic Church Determines Who Becomes a Saint, Who Doesn't, and Why* (New York: Touchstone, 1996), 214.

³² Josiane Bonnefoy and others, *Constructing the Evidence Base on the Social Determinants of Health: A Guide* (London: National Institute for Health and Clinical Excellence, 2007), 12.

³³ Kevin Dew, *The Cult and Science of Public Health: A Sociological Perspective* (New York and Oxford: Berghahn, 2012), 77.



interventions were supported by ‘solid scientific evidence’—a rhetoric that provided the impetus for the evidence-based medicine movement.³⁴

Evidence-based medicine requires the careful gathering of evidence, usually by means of a systematic review of previously published primary studies that have adopted the randomised controlled trial method. Conventionally, systematic reviews have been defined as ‘a comprehensive search for relevant studies on a specific topic ... those identified are then appraised according to a predetermined and explicit method’.³⁵ As a systematic review is regarded as a scientific process, the methods must be described in sufficient detail to enable the study to be replicated and get identical results.³⁶ In the medical world, a well-conducted systematic review can provide the best available evidence about the effectiveness of a particular type of therapeutic intervention, but it is almost always out of date compared to the primary evidence. As Michael Duff, a theoretical physicist at the University of Michigan states: ‘science is not a collection of rigid dogmas, and what we call scientific truth is constantly being revised, challenged, and refined’.³⁷

³⁴ Dew, *Cult and Science*, 78.

³⁵ Una Canning and others, *Drug Use Prevention among Young People: A Review of Reviews* (London: Health Development Agency, 2004), 13.

³⁶ Canning and others, *Drug Use Prevention*, 13.

³⁷ Natalie Angier *The Canon: The Beautiful Basics of Science* (London: Faber and Faber, 2008), 20.

Arriving at the best possible explanation for a particular health outcome in clinical medicine requires detachment and objectivity but, as John Cottingham observes, ‘religious understanding is not attained from a detached, external standpoint’, and to adopt such a stance may be a way of evading the necessary ‘vulnerability and receptivity on which true insight depends’.³⁸ The scientific method, by its very nature, cannot go beyond describing and conceptualising natural phenomena: ‘science actually “explains” nothing. What science does is *describe* the world and its phenomenology in terms of its own specialised concepts and models.’³⁹ So subjecting religious and metaphysical questions, including that of miracles, to the same approach appears, at the very least, questionable.

The Use of Scientific Methods to Address Metaphysical Questions

For those C. S. Lewis describes as naturalists, there is no likelihood of a miracle occurring: ‘nothing can come into Nature from outside, because there is nothing outside to come in, Nature being everything’.⁴⁰ If nature is not the only thing, however, then there is no guarantee that a miracle will not occur. For those who do not believe that nature is everything, there is a means of ‘knowing’—a type of knowledge—that is not part of nature and is prior to nature.

Reason—the reason of God—is older than Nature, and from it the orderliness of Nature, which alone enables us to know her, is derived [T]he human mind in the act of knowing is illuminated by the Divine reason. It is set free, in the measure required, from the huge nexus of non-rational causation; free from this to be determined by the truth known.⁴¹

The moral philosopher Immanuel Kant also believed there was a type of knowing that was beyond nature:

Kant embeds his conception of autonomy in a metaphysical psychology going beyond anything in Hume or Rousseau. Kantian autonomy presupposes that we are rational agents whose transcendental freedom takes us out of the domain of natural causation.⁴²

³⁸ Cottingham, *Spiritual Dimension*, 18.

³⁹ Edgar H. Andrews, *Who Made God?* (Darlington: EP, 2009), 29, quoted in Mary Frances McKenna ‘The Church in Dialogue with New Scientific Atheism’, *The Way*, 53/1 (January 2014), 7–20.

⁴⁰ Lewis, *Miracles*, 15.

⁴¹ Lewis, *Miracles*, 34.

⁴² Jerome B. Schneewind, *The Invention of Autonomy: A History of Modern Moral Philosophy* (Cambridge: CUP, 1998), 515.

In the past, the search for the origins of the universe—or Divine reason—has traditionally come from theology and philosophy, but more recently ‘the new scientific atheism’ has expounded the so-called M-theory, which claims to be ‘a complete theory of the universe ... developed through physics and science’.⁴³ Critics of the M-theory argue, however, that ‘a theory of everything’ which focuses on material phenomena such as ‘matter, energy, space and time’ but fails to take account of non-material ones such as ‘friendship, love, beauty, poetry, truth, faith, justice’ (let alone miracles) cannot really be ‘a theory of everything’.⁴⁴

Discussing the notion of a hierarchy of evidence, a World Health Organization document on the ‘social determinants of health’, which describes the conditions in which people are born, grow, work, live and age, observed:

Humans use different forms of knowing and different forms of knowledge for different purposes. There is no necessary hierarchy of knowledge involved until we need to discriminate on the basis of fitness for purpose. This does not mean that all knowledge in general, or of the social determinants of health in particular, is of equal value. It means we have to develop multiple criteria to determine fitness for purpose and to judge thresholds of acceptability, and then critically appraise the knowledge on this basis.⁴⁵

In Albert Camus’ novel *The Plague*, there is an exchange between two of the characters, a Jesuit priest, Paneloux, and an agnostic, Dr Rieux, on the possible reasons for the outbreak of plague. Paneloux is of the opinion that the plague is a punishment from God, whereas Rieux, a man of science, rejects this assessment and instead works towards finding a serum that will contain the disease. Despite the inability of Camus’ characters to agree on the source of the plague, both are profoundly shaken by the death of a child: ‘until then they had been outraged abstractly, in a sense, because they had never looked face-to-face for so long a time at the death throes of an innocent child’.⁴⁶ For Rieux, the child is the innocent victim of an indifferent God, whereas for Paneloux the child’s death ‘is outrageous because it is beyond us’. But, Paneloux adds, ‘perhaps we should love what we cannot understand’.⁴⁷

⁴³ McKenna ‘Church in Dialogue with New Scientific Atheism’, 10–11.

⁴⁴ McKenna ‘Church in Dialogue with New Scientific Atheism’, 11, quoting Andrews, *Who Made God?*, 10.

⁴⁵ Bonnefoy and others, *Constructing the Evidence Base on the Social Determinants of Health*, 34.

⁴⁶ Albert Camus, *The Plague*, translated by Robin Buss (London: Penguin, 2001), 166.

⁴⁷ Camus, *Plague*, 169.

In the Warsaw ghetto, Rabbi Shapira preached concrete and immediate divine deliverance to his people in the early months of the Second World War but, as the war progressed and things worsened, there emerged in its place ‘an absolute surrender to the divine will’.⁴⁸ As the philosopher Paul Moser has affirmed, ‘an enduring faith in God demands a human resolution of the will to resist falling into despair while being overwhelmed by God’. He argues that this is how faith differs from ‘mere knowledge or belief regarding God’, and that faith involves ‘yielding fully to God’s will, even in the face of death’.⁴⁹

That scientific knowledge is not enough cannot be demonstrated more starkly than by the protracted and painful death of an innocent child from an incurable disease: likewise, the evidence for miracles resulting from religious praxis becomes ever more doubtful as what lies outside the realms of scientific explanation appears to be diminishing. Here more than one kind of knowledge has to be ‘fit for purpose’. What desperate parents such as myself need is a medical science that looks for cures based on the best available evidence, but also a religious outlook offering the possibility of an integrated wholeness that focuses on ‘the practical dimension of the spiritual ... a continuous vigilance and presence of the mind’ in the face of so much suffering.⁵⁰ This was a view also arrived at by Teresa of Ávila in her more mature years. Arguing against detachment from the world Teresa advised her nuns to be involved in the world: ‘Well now, let them believe me and not be so absorbed ... Life is long and there are in it many trials, and we need to look at Christ our Lord [and] how He suffered them’.⁵¹ Adopting the spiritual discipline of attention (*prosoche*) encourages us to concentrate on those dimensions that make life worth living despite the existence of such terrible suffering.

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⁴⁸ Nehemia Polen, *The Holy Fire: The Teachings of Rabbi Kalonymus Kalman Shapira, the Rebbe of the Warsaw Ghetto* (Northvale: Jason Aronson, 1994), 70–146, here 70–71.

⁴⁹ Paul Moser, ‘God as Overwhelmingly Other’, *The Way*, 54/1 (January 2015), 91–103, here 96, 98.

⁵⁰ Pierre Hadot, *Philosophy as a Way of Life: Spiritual Exercises from Socrates to Foucault* (Oxford: Wiley-Blackwell, 1995), 84.

⁵¹ St Teresa of Ávila, *The Interior Castle*, 6.7.13, in *Collected Works*, volume 2, 403.