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Death, Medicine, and Religious Solidarity in Martin Scorsese's *Bringing Out the Dead*

IN THIS PAPER, we will discuss the portrait of medicine in Martin Scorsese's 1999 film, *Bringing Out the Dead*. Medicine is frequently represented in films as a metaphor for religion, developing a relationship anthropologists have explored for over a century. In a culture of technology and secularization, it might seem this relationship would have necessarily faded. However, despite today's unprecedented attempts to frustrate death,¹ medicine still must surrender to human mortality. Informed by a religious critique, *Bringing Out the Dead* suggests that medicine, ideally, is "less about saving lives than about bearing witness," as Frank Pierce, the central character in the movie, puts it. To put this suggestion into context, we will describe the relationship between religion and medicine evident in the movie as seen from anthropological and theological perspectives.

The essential claim of Scorsese's film is that redemption is available only by bearing witness to a common human solidarity. Thus, the contemporary practice of medicine, when it is disengaged from questions of human meaning, is represented as in need of a religious critique. As we will demonstrate, insights from anthropology (usu-

ally applied to other cultures) about the relationship between medicine and religion supplement this critique. *Bringing Out the Dead* implies that the relationship between medicine and religion should exist in our own culture; medicine is incapable of redeeming the despair inherent in the Sisyphean task of preventing death, and thus cannot supplant religion. In summary, we will consider what Scorsese implies about the limits of medicine's power and authority²—that is, what we can and should do in an effort to heal.

For the medical anthropologist, medicine is the art of healing illness. In most cultures, religion, too, deals with healing.³ Almost universally, the ill look to religious leaders to restore health, and death is an event that religion must acknowledge. Indeed, in much of the early anthropological speculation as to the origins of religion, the need for an explanation for death was hypothesized as among the most important origins.⁴ One of the founders of anthropology, W. H. R. Rivers, suggests that “one of Man's early modes of behaviour towards disease may thus be regarded as forming part of religion and the religious attitude.”⁵

In some of the cultures anthropologists study, medicine is a subset of religion. For the Ndembu of south-central Africa, for instance, Victor Turner found that some of the rituals for the sick were performed only when the sick had repented of the sin that brought them their misfortune.⁶ In some other cultures, medicine and religion are synonymous:

Akans [of Ghana] make no or little distinction between medicine and religion. . . . Since illness is defined as a religious dilemma, it must be solved by religious means.⁷

Rivers feels that such an intimate link between religion and medicine is clear—and probably present—only in societies other than his own, in which religion and medicine have “few elements in common.”⁸ However, a relationship can be seen between religion and

medicine in the cultures of the anthropologists as well. Indeed, while British anthropologists like Rivers were denying the relationship between religion and medicine in their own culture, missionaries from the same culture were actively engaged in proving the anthropologists wrong. The missionaries did so through medical missionary work beginning in the mid-1800s.⁹ While the goal of some of this work was solely to increase the number of converts,¹⁰ there were missionaries who believed that medical missionary work was, “in itself, an expression of the spirit of the Master.”¹¹ Thus, despite the claims of Rivers, a close relationship between religion and medicine existed for many in his own culture.

Similarly, early anthropologists identified rituals inherent in the medicine practiced among the people they studied. However, ritual also can be seen in biomedicine.¹² This is especially apparent during surgical procedures. The suppliant (patient) is brought to the temple (hospital or clinic) and is purified inside (in the case of bowel surgery) and out. The suppliant is taken to the inner sanctum (operating room) where the healer (surgeon) and the acolytes (operating room staff) also undergo purification rites. They don vestments (surgical scrubs) and perform ablutions with special solutions (scrub with antibacterial soap). The suppliant is put into a trance (anesthesia), the healer performs the rite (operation), and the suppliant is then awakened, and often “blessed” with recovery.¹³ In the same way, we can compare the forecasting of religion with the prognosis of medicine, and we can see the resemblance between the miracle of Lazarus’s resurrection and that of resuscitation.

Thus, medicine and religion are closely related in cultures that embrace biomedicine as well as those that anthropologists first studied. This relationship is clear in Scorsese’s *Bringing Out the Dead*. An obvious example of this is the name of the hospital in the film—“Our Lady of Perpetual Mercy.”¹⁴ At one point, the camera lingers on a statue of the Virgin Mary as an ambulance pulls into the emergency room. A more subtle representation is the triage nurse in an emer-

gency room acting as a Catholic confessor who requires “purposeful amendment.” To a man rocking back and forth in a chair, she says,

So you’ve been snorting cocaine for three days and now you feel as if your heart is beating too fast and you would like for us to help you. Well, to tell you the truth, I don’t see why we should. I mean, correct me if I’m wrong here, if I’m mistaken. Did we sell you the cocaine? Did we push it up your nose?

Of another man, she asks, “So you get drunk every day and you fall down. Well, why should we help you? You’re just going to get drunk tomorrow and fall down again.” The sinners must bare their souls to the confessor as patients bare their bodies to the doctor.¹⁵

Another early anthropological insight was the identification in many cultures of a division between empirically based healing and healing that appeals to the gods or spirits—a distinction between healing for diseases with understood causes and healing for diseases that are not understood.¹⁶ A similar division also may be seen in cultures that rely on biomedicine. Few patients in these latter cultures, when diagnosed with a broken arm or appendicitis, would appeal to gods or spirits for healing. However, a substantial number may turn to religion, at least for solace (which can be part of a definition of “healing”), when they are diagnosed with brain cancer or their child is diagnosed with autism. In other words, for diseases that biomedicine understands poorly (if at all), and treats only symptomatically (if at all), and especially if the illness threatens the life of a child,¹⁷ religion may become an important part of a patient’s response to illness.¹⁸

Thus, we are offered advice on what to do “when bad things happen to good people.”¹⁹ Clearly, such advice is not aimed at comforting those with a broken arm. Although a broken arm is a “bad thing,” there is an empirical basis for its etiology and treatment. Untreatable or fatal illnesses are a challenge to the promise of medicine, which is that “sickness should not exist because we think of it as something in which we can intervene and which we can ultimately

eliminate.”²⁰ In biomedical cultures, as well as the ones early anthropologists studied, there is a division between empirical suffering and that which is unexplainable unless one resorts to religion. This is a difficult position for the biomedical healer because so much of the success of biomedicine is predicated on the mechanical vision of the body that dates back to Descartes.²¹ Descartes’ claim that mind and matter are distinct (a dichotomy known as “mind-body dualism”) culminated in a biomedicine that views the body as a machine with replaceable parts (for example, via transplantation).²²

Bringing Out the Dead suggests the relationship between religion and medicine has become perverted and falsely dichotomized. The emphasis in medicine today is on the technology that is increasingly effective in postponing death, to the point that death has become redefined as failure rather than inevitability. Thus, the questions early anthropologists hypothesized (questions that prompted religious explanations for the medical issues of illness and death) are supplanted by questions that demand explanations from mechanics and engineers,²³ rather than priests. The religious “why?” has been supplanted by a technological “why?”²⁴ The technological question, in fact, may be asked in moral terms (“Where did we go wrong?”), but any hint that moral issues might be at stake has been removed completely by the (purported) neutrality and objectivity of science. Scorsese’s film, on the other hand, seems to suggest the relationship between religion and medicine that anthropologists saw in other cultures should exist (and does) in our own—biomedicine cannot take the place of religion in the realm of illness and death because medicine and religion are each part of the other. We cannot, in other words, “eliminate the metaphysical and spiritual significance of suffering,” try as we might to replace salvation with health.²⁵

Martin Scorsese works explicitly and self-consciously out of a Catholic vision of the world and the human condition.²⁶ Speaking of his controversial 1988 film, *The Last Temptation of Christ*, he admitted, “I made it as a prayer, an act of worship. I wanted to be a priest. My

whole life has been movies and religion. That's it. Nothing else."²⁷ As Mary Pat Kelly tells the story of the 1988 Venice Film Festival, the movie and Scorsese's disarming interview transformed a press conference for a crowd of skeptical journalists, expecting from the film a shocking deconstruction of Christianity, into an extended seminar on the meaning of Jesus.²⁸

Bringing Out the Dead is a visual meditation on basic religious questions and mysteries. Like Jake La Motta in *Raging Bull* (1980), *Bringing Out the Dead* medic Frank Pierce must learn to resist the temptation to pride in human achievement. For both Jake and Frank, the discovery of human limitation is essential to the redemptive process. In *Bringing Out the Dead*, we learn that Mr. Burke, the heart attack victim Frank attempts to revive at the start of the movie, has recognized the limitations of life in the body and is ready to die, whereas the physicians who repeatedly administer shocks to his heart to keep his body alive operate as if death is sheer loss with no remainder. Frank struggles between a religious recognition of the naturalness of mortality (Mr. Burke) and the modern inclination to view death as simple defeat (the doctors at the hospital). Richard Blake puts it this way: Mr. Burke "wants to die a natural death, but the doctors won't allow it. He has embraced mortality; they have not. He is mortal; they are God."²⁹

Frank suffers because he has not had a medical "save" in several weeks; many of his patients are beyond medical help. When Frank keeps someone alive it is "as if you'd saved your own life as well. . . . God has passed through you . . . for a moment there, God *was* you." The feeling, however, is a spiritual self-deception that is in fact making Frank sick. Frank is scorched, burnt out; there are several allusions to being sent to hell, and, indeed, he is working in the Hell's Kitchen neighborhood of New York City. His task through the film's long, hellish weekend is to discover an integrated balance between medical care and human compassion.

Scorsese once noted that he tries in his films "to keep the

supernatural on the same level as the natural.”³⁰ In the Italian-Catholic sacramental imagination of his films, the everyday world is never what it seems, for there awaits the revelation of some spiritual presence just beneath the elements of ordinary life and death. Nowhere is this clearer than in a scene in which Frank comes to rescue a drug dealer impaled on an iron fence. While the fence is cut away, the sparks from the torch are transformed into fireworks over the city, eliciting an expression of awe from Cy Coats, the drug dealer. His misreading of this vision is one of self-glorification: “When the fire starts to fall / Then the strongest rule it all. I love this city!” But his ego-centered social Darwinism is immediately answered by the breaking of the fence. Frank’s heroic grip on Coats saves him from certain death.

Paul Giles notes there is no “secular humanism” or “liberal optimism” to be found in Scorsese’s films,³¹ but there is hope. *Bringing Out the Dead* takes place over a three-day period, reflective of the Holy Week triduum from Thursday to Sunday morning. Frank’s journey through the suffering of Good Friday and the despair and desolation of Holy Saturday is a struggle to resist the seeming hegemony of the modern medical model—the central doctrine of which is that death means defeat. His sickness can be cured only through the ironic acceptance of the overwhelming fact of illness and death in his world.

The difficulty, however, is that Frank has been trained to cordon off his work and not let it affect him, as he says, “like a soldier who can take apart and reassemble a gun blindfolded.”³² Frank tries to cordon off his work, a fence that corresponds to the barriers of yellow tape around the site of an accident where the medics work. This survival technique can alienate the medic from the human concerns that surround the characters of the film, but self-insulation discourages Frank from performing what he sees as his most frequent task: bearing witness. Frank’s voice-over tells us that less than 10 percent of medics’ calls are medically relevant. His recognition that “the city

doesn't discriminate—it gets everybody. . . . We are all dying,” opens the opportunity to exercise the medical profession in a way that does not dichotomize the spiritual and the physical, the religious and the scientific. Joe Connolly, the author of the novel³³ on which the movie is based, remarks in an interview appended to the film that throughout the narrative, the definition of “saving lives” keeps changing. For Frank, salvation means releasing the false sense of control; if we are all dying, Frank's solidarity with the suffering and the dead is also an acknowledgment of his own mortal self.

Scorsese's sacramental vision enables him to see the need for such integration of the medical and the religious. The worldly focus of a sacramental imagination implies the “transubstantiation” of this world. In Frank's effort to comfort Mary Burke, the guilt-ridden daughter of the comatose patient Frank has kept alive, he shares a pizza with her and asks if she recalls a pizza parlor that placed plastic statues of the Madonna in the middle. The reference to the Madonna anticipates the closing image of the film. The suggestion is that simple food, given in the spirit of compassion, is more than mere fuel for the body. A frequent refrain in the film is, “you have to keep the body going until the brain and heart have time to recover.”

The medic Frank Pierce is as much in need of care as are his patients. The suffering and the dead haunt him and seem to be dragging him into insanity. Frank's feeling for and involvement with his patients, however, is not what is making him sick; he would not be better off if he were like another medic, Larry, whose main concerns are food and being his own boss. Nor would Frank be happier with the untroubled Christianity of Marcus, another partner, whose evangelical piety exists comfortably with a sense of detachment from those who have been lost. Frank's deepest illness is rooted not in his compassion for these people, but rather in the false scientism that reduces his function to an enemy of physical death.

Compassion is impossible without insight into the limitations of the human body. Human beings, or at least our relationships with

them, are not reducible to their physical health. Scorsese's sacramental vision includes the healing of the body, but inevitably many suffer miserably and all eventually die. The compassionate response, therefore, cannot be limited to an attempt to stave off death. For Frank, compassion takes the form of seeing ghosts: "In the past year I'd come to believe in Spirits leaving the body, not wanting to be put back. . . . I know it's crazy." But crazy according to what standard? Frank's partner Marcus tells him, "people who see shit are crazy; it's a scientific fact." The practice of medicine within a modern mentality assumes this standard.

But the paradoxical Marcus is not a thoroughly modern man. Marcus was once tempted to jump off a building along with the suicide whom he could not dissuade, but instead of going over, Marcus says Jesus pulled him back. Frank says the same thing happened to a girl in Ireland who, when trying to jump off the Cliffs of Moher, was blown back by the wind. Marcus insists it was not the wind but Jesus. Frank retorts, "it was the wind too." For Frank's Catholic sensibility, which is also Scorsese's, grace completes rather than destroys nature; it is not a matter of choosing between Jesus and the wind. Analogously, if physical resuscitation is not the only goal of the medic, then the compassion of the healer also might extend to the dead themselves.

Frank spends a significant amount of time bearing witness to the agony of human suffering and death and to the value of the forgotten and discarded people of Hell's Kitchen. This is the sense of his hallucination as he imagines himself pulling up the dead from under the streets—the scene that gives the film (and Connelly's novel on which it is based) its title. The dead continue to haunt him as fellow travelers—mortal and in pain—and not merely as objects of his medical skill.³⁴

The film is not, however, to be seen simply as encouraging pity for victims. Sometimes, compassion takes the form of a call to responsibility, and there are several examples of this theme in the

film. Constance, the triage nurse at Mercy, also functions as a confessor who routinely asks drug addicts and other self-destructive people why they should be helped if they exhibit no intention to amend their lives. Frank lectures a weak-willed suicide who is afraid to take his own life. We also learn that Mr. Burke cared for Noel, the brain-damaged street person whom Frank takes care of at the end of the film, defending him against the ultraviolent medic Tom Walls.³⁵ Mary Burke wants to reconcile with her comatose father after three years of not speaking to him and even wanting him dead. Then there is the captain of the medic squad who tells Frank he can't quit or be fired because "the city needs you." The theme of guilt extends this antimodern tendency: if there is responsibility, there is guilt when it is not accepted. But there is also false guilt—feelings of guilt that correspond to one's unrealistic hope of being a savior, a conqueror of death.

Frank finally comes to understand that, sometimes, compassion for a fellow sufferer requires that medical technology be removed to allow for natural death. Near the end of the film, Frank goes to Mr. Burke's bed, disconnects the machinery keeping him alive, and reconnects it to himself. In an effective image of inverted resuscitation, Frank frees Mr. Burke by removing the life-supports that, in this case, have become a prison. The image is a transgression of the modern "technological imperative"—the often unacknowledged assumption that if some technological fix for the body can be made, it should be made. Mr. Burke coaxes Frank, through something like mental telepathy, to let him go. At this stage, Frank has accepted mortality as a part of life; he does not view the dying Mr. Burke as simply lost. As the ventilator pumps air into Frank, we recognize the necessity of a religiously motivated and contextualized medicine.

Like the statue of Mary, the Mater Dolorosa, stationed near the door of the emergency room entrance of Our Lady of Mercy Hospital, Frank Pierce bears witness "to all that has been lost." The figure of Mary returns at the close of the film, this time as Mary Burke

comforting Frank in the form of a *pietà* as the iris of the camera opens and the scene is flooded with light.

Bringing Out the Dead is concerned with the inability of technology alone to heal. Scorsese shows us the paramedic treating himself the same way he treats his patients: Frank Pierce self-administers intravenous fluids, adrenaline, and oxygen in the back of the ambulance to no avail. The failure of technology is symbolic of the dichotomy that has developed in medicine between the spiritual and the physical. But Scorsese seems to have no illusions about the compassion offered by spirituality and offers two caveats. First, compassion can be perverted, because the relationship between healer and sufferer is an unequal one. The image of Mr. Burke tied down to be “cared for” against his will is evidence of the inequity in the relationship. The healer has an inordinate authority imbued by the ability to cure, while the sufferer is extremely vulnerable. The authority is granted by the sufferer in hopes that the healer will heal, but the power to heal often has exceeded its authority. Abuse of this inequity in power can be seen in another film, Milos Forman’s 1975 *One Flew Over the Cuckoo’s Nest*, in which Nurse Ratched’s wretched “compassion” shames a patient into committing suicide.

Second, even if the healer’s compassion is selfless, it can not be limited to the caress Frank Pierce offers Mary Burke as he tells her that we are all dying. Compassion, offered like the evangelical piety of Marcus, will not suffice.³⁶ Spiritual insight must lead to atonement “in the streets,” as Scorsese illustrates in *Mean Streets* (1973). Those who want to heal must roll up their sleeves and seek social justice.³⁷ But even this is not necessarily enough: in *Bringing Out the Dead*, Scorsese gives us a portrait of a nun in a blue habit who is seen several times telling the inhabitants of Hell’s Kitchen about the sins of the rich. Despite her compassion for the poor, the nun’s attempts to heal are futile. She is “in the streets” but remains aloof from suffering while she tells the poor about the sins of those who live uptown. Admittedly, the

healer must examine the society that creates the forgotten castoffs who populate Hell's Kitchen in order to "afflict the comfortable," but to "comfort the afflicted" effectively, she must take pragmatic action. Such action—in Scorsese's vision, a realization of religious solidarity—would reverse the perversion and false dichotomization of biomedicine and religion that the film illuminates.

Notes

1. On the hazards of medical success, Roy Porter suggests that "as those expectations become unlimited, they are unfulfillable." See *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: HarperCollins, 1997), 718.
2. The difference between power and authority may be briefly summarized by paraphrasing Rev. William Sloane Coffin—doctors may have the power to save a life but only God has the authority. This distinction often arises in debates over the ethics of "advanced" medical procedures, such as cloning or implanting artificial hearts. See the allusion to the "technological imperative" that follows. Indeed, the power of medicine, even when not effective by today's standards, may be unassailable. For an example of absolute political power unable to defy medical power, see the film *The Madness of King George* (1994), based on the play by Alan Bennett, *The Madness of George III* (London: Faber and Faber, 1992), 51.
3. For a more detailed description of the relationship between religion and medicine, see Beverly Smith, "Church and State: AIDS in Rural Kenya," unpublished Ph.D. dissertation, 2001, 12–18.
4. Brian Morris, *Anthropological Studies of Religion: An Introductory Text* (Cambridge: Cambridge University Press, 1987), 100; E. E. Evans-Pritchard, *Theories of Primitive Religion* (Oxford: Oxford University Press, 1965), 24, 25.
5. W. H. R. Rivers, "Medicine, Magic, and Religion," the FitzPatrick Lectures delivered before the Royal College of Physicians of London in 1915 and 1916 (London: Kegan Paul, 1924 [1915, 1916, 1919]), 119.
6. Victor W. Turner, *The Drums of Affliction: A Study of Religious Processes among the Ndembo of Zambia* (Oxford: Oxford University Press, 1968), 22.
7. Kofi Appiah-Kubi, *Man Cures, God Heals: Religion and Medical Practice among the Akans of Ghana* (Totowa, N.J.: Allanheld, Osmun, 1981), 2.
8. Rivers, "Medicine, Magic, and Religion," 1.
9. Christoffer Grundmann, "The Role of Medical Missions in the Missionary Enterprise: A Historical and Missiological Survey," *Mission Studies* 11, no. 2 (1985): 39–48, at 40.
10. Felix K. Ekechi, "The Medical Factor in Christian Conversion in Africa: Observations from Southeastern Nigeria," *Missiology* 21, no. 3 (1993): 289–309; Terence O.

Ranger, "Godly Medicine: The Ambiguities of Medical Mission in Southeast Tanzania, 1900–1945," *Social Science and Medicine* 15B (1981): 261–77, at 262.

11. Report of the International Missionary Council, 1928, as quoted in Grundmann, "The Role of Medical Missions in the Missionary Enterprise," 41; also Ranger, "Godly Medicine," 262.
12. "Biomedicine," or medicine based on biology, is the term most medical anthropologists use to distinguish the currently dominant medicine of the United States (and other countries) from the medicine of other cultures.
13. For the first extensive anthropological work on surgery, see Pearl Katz, "Ritual in the Operating Room," *Ethnology* 20 (1981): 335–50; and "How Surgeons Make Decisions," in *Physicians of Western Medicine: Anthropological Approaches to Theory and Practice*, ed. Robert A. Hahn and Atwood D. Gaines (Dordrecht, Holland: D. Reidel, 1985), 155–75. On surgery, see also Joan Cassell, *Expected Miracles: Surgeons at Work* (Philadelphia: Temple University Press, 1991). Both authors subscribe to the idea that surgeons are heroes (when, in fact, the patient, not the surgeon, takes the risk). See Pearl Katz, *The Scalpel's Edge: The Culture of Surgeons* (Allyn and Bacon: Boston, 1999), 19–41.
- Lest we "modern" Americans think we are immune to the ritual of surgery, see Johnson on "Surgery As a Placebo," *The Lancet* 344, no. 8930 (22 Oct. 1994): 1140–42, for a surgeon's view. His perspective has already been outdated because his claim that sham operations done in the 1950s to study the effect of surgery on angina were "one of the few examples where a sham operation was done." For a perspective since that time, see Sheryl Gay Stolberg, "Sham Surgery Returns As a Research Tool," *New York Times*, April 22, 1999. For an anthropological update on the controversy discussing the "meaning" of a variety of surgical procedures, see Daniel E. Moerman and Wayne B. Jonas, "Deconstructing the Placebo Effect and Finding the Meaning Response," *Annals of Internal Medicine* 136, no. 6 (19 Mar. 2002): 471–76.
14. The name of the fictional hospital, like that in the television program *St. Elsewhere* and many real hospitals, is evidence of the history of the European hospital as a religious institution. Other religions, including Judaism, Islam, and Buddhism, also encouraged medical institutions based on faith. See Porter, *The Greatest Benefit to Mankind*, 83–88, 104–105, 159.
15. This is similar to the phenomenon described by Allan Young when he studied Vietnam veterans in therapy for posttraumatic stress disorder. The vets will not be diagnosed as recovered—as normal—until they confess their sins—that is, admit they are not normal. See "A Description of How Ideology Shapes Knowledge of a Mental Disorder (Posttraumatic Stress Disorder)," in *Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life*, ed. Shirley Lindenbaum and Margaret Lock (Berkeley: University of California Press, 1993), 108–28. It may be noted that healers, too, must confess their sins: at morbidity and mortality conferences, held in many teaching hospitals, physicians admit to complications their patients have suffered. For an analysis of this process that allows the physician to "forgive and remember," see Charles L. Bosk, *Forgive and Remember: Managing Medical Failure* (Chicago:

University of Chicago Press, 1979).

16. See, for example, E. E. Evans-Pritchard, *Witchcraft, Oracles, and Magic among the Azande* (Oxford: Clarendon Press, 1937), 9–10.
17. Stanley Hauerwas, *Naming the Silences: God, Medicine, and the Problem of Suffering* (Grand Rapids, Mich.: Eerdmans, 1990), x.
18. David J. Hufford, "Epistemologies in Religious Healing," *Journal of Medicine and Philosophy* 18, no. 2 (1993): 175–94.
19. Harold S. Kushner, *When Bad Things Happen to Good People* (New York: Avon Books, 1981).
20. Hauerwas, *Naming the Silences*, 53–54, 63.
21. Porter, *The Greatest Benefit to Mankind*, 117–19.
22. *Ibid.*, 217, 615.
23. Just as medicine can be a metaphor for religion, mechanics and engineering can be metaphors for medicine. William May uses five literary figures to examine four metaphoric modes of medicine: doctor as God (Dostoevsky), doctor as fighter (Camus), doctor as technician (Kipling and Hemingway), and doctor as partner (Faulkner). See William F. May, *The Physician's Covenant: Images of the Healer in Medical Ethics* (Philadelphia: Westminster Press, 1983).
24. Hauerwas sees this as a transformation from theodicy to "anthropodicy." See *Naming the Silences*, 62.
25. Nikolas Rose, "Medicine, History, and the Present," in *Reassessing Foucault: Power, Medicine, and the Body*, ed. Colin Jones and Roy Porter (London: Routledge, 1994), 48–72, at 68.
26. Much fruitful insight has been gleaned from an application of the notion of what David Tracy has called "the analogical imagination" to Scorsese's work. See Lee Lourdeaux, *Italian and Irish Filmmakers in America: Ford, Capra, Coppola, and Scorsese* (Philadelphia: Temple University Press, 1990); Andrew Greeley, *The Catholic Imagination* (Berkeley: University of California Press, 2000), chap. 4; Richard A. Blake, "Redeemed in Blood: The Sacramental Universe of Martin Scorsese," *Journal of Popular Film and Television* 24, no. 1 (1996): 2; Richard A. Blake, "Playing God," *America*, Jan. 1–8, 2000, 21–22; and Christopher Garbowski, "The Catholic Imagination in Martin Scorsese's *The Last Waltz*," *Journal of Religion and Film* 5, no. 2, Oct. 2, 2001, at <http://www.unomaha.edu/~wwwjrf/catholic.htm>.
27. Blake, "Playing God."
28. Mary Pat Kelly, *Martin Scorsese: A Journey*. Forewords by Steven Spielberg and Michael Powell (New York: Thunder's Mouth Press, 1991), 6.
29. Blake, "Playing God." For a discussion of the doctor as God, see the earlier note about May's exploration of metaphors in medicine.
30. Martin Scorsese, *Scorsese on Scorsese*, ed. David Thompson and Ian Christie (London: Faber, 1996), 143.
31. Paul Giles, *American Catholic Arts and Fictions: Culture, Ideology, Aesthetics* (Cambridge: Cambridge University Press, 1992), 346.

32. For a meditation on the effects on the healer and healing when the healer succeeds in achieving an emotional detachment, see Andrew Miller, *Ingenious Pain: A Novel* (New York: Harcourt Brace, 1997). Miller imagines an eighteenth-century surgeon born without the capacity to feel pain—a man who claims he is “wonderful[ly] dexterous but no man ever came to me for kindness.” Thus, Miller’s surgeon is mechanically adept but has no capacity for compassion—a charge leveled at many of today’s surgeons as well.
33. Joe Connelly, *Bringing Out the Dead* (New York: Vintage Books, 1998).
34. According to J. B. Metz, our solidarity with the dead is the recognition that the poor—those to whom there has been no justice shown in this life—are to be given justice. From this angle, heaven as “pie in the sky” is transformed into a recognition of individual dignity. See *Faith in History and Society* (New York: Seabury Press, 1980).
35. This medic is the end product of the cordoning off that Frank attempts. Tom Walls, a man who has walled himself off from the humanity of his patients, views medicine as a war against death (see previous note on William May’s work on metaphors in medicine). Scorsese comments on this effort to disengage with the song “Nowhere to Run” in the film’s soundtrack.
36. There is an analogy in medical anthropology: in Arthur Kleinman’s early work, he urged us to be more sensitive to suffering, but repeatedly suggested that “the structure of biomedical care . . . tends to preclude the necessary social interventions” to alleviate the pain. See *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), 119.
37. Both religious and medical healers may recognize the connection between healing and the politics of social justice. Indeed, the circle may be completed with a “triadic” relationship between religion, medicine, and politics, as evident in issues such as euthanasia, the death penalty, and AIDS. For further discussion of these relationships, especially for AIDS, see Smith, “Church and State,” 1–4, 11–41, and 234–47.