



- COVID-19 has had a significant impact on social contact over the last year, and in particular on touch as a central part of human interaction
- In all health professions, touch is a central part of the patient/professional relationship
- In Scripture it is also clear that touch is central to Christian ministry our physical bodies and human contact are essential to our spiritual lives.

OVID-19 has dominated all our minds for most of 2020 and 2021, and despite the arrival of several vaccines, it is not going to disappear quickly. In many respects, we are going to have to learn how to live with it. However, this pandemic has had another effect that has never been seen before to the same extent, or on such a global basis, namely social distancing and a lack of physical contact.

People have been socially isolated due to epidemics before. Villages isolated themselves for months when the plague ravaged the land in 1665. For example, the Rector of Eyam, a small village of a few hundred souls in the Peak District, asked the villagers to isolate themselves during the plague. Between a quarter and half of the inhabitants died. ¹ But not until 2020 have all the churches, schools, pubs, and restaurants been closed across not just the United Kingdom but across most of the world.

Most of us are blessed with at least five senses. As age creeps up on us, some of those senses start to fade. In this pandemic, all our senses have been affected. One of my daughters-in-law who has

one of the saddest effects has been the inability to touch or hug

recently recovered from COVID said that her sense of smell was like following a diesel lorry for three days! The other senses are affected too. There are limits to seeing and speaking to friends, as a smile disappears under a mask and hearing speech becomes more difficult.

Yet one of the saddest effects has been the inability to touch or hug, dramatically increasing the feeling of loneliness and isolation for all of us over the last year.

This inability to touch made me look up that word in the Bible, where I found that it occurs over 50 times in various settings.

In some situations, touch brings reassurance. After his experience on Mount Carmel, Elijah was tired and depressed. Then an angel touched him and said, 'Arise and eat'.² On the Mount of Transfiguration Jesus came and touched James and John saying, 'Rise, have no fear'.³ After the resur-

rection, Jesus appeared to Thomas and said, 'Touch me and see'. The very sight and touch of Jesus was enough to quell Thomas' doubt. The apostle John begins his first letter reassuring his readers of Jesus and his message in the words, 'That which... we have touched with our hands, concerning the Word of Life'. (1 John 1:1)

Isaiah and Jeremiah were both commissioned by God's touch upon their mouths. ^{5,6} In love and servitude, Jesus washed the disciples' feet, an act impossible to do without touching. ⁷ And of course, there are many instances of Jesus' healing involving his touch or others touching him, including the woman with a haemorrhagic problem. ⁸

When a leper approached Jesus in desperation, Jesus did not simply offer a healing word from a safe distance, he stretched out his hand and touched him. He felt deeply for people with leprosy, cut off from all human contact. He touched the untouchables.

The Prodigal Son's father did not wait at the door or offer a reluctant handshake; he ran – something that respectable people did not do – falling on his son's neck and kissing him, enfolding him with forgiveness. ⁹

Touch can reduce pain, anxiety, and depression, and there are occasions when one can communicate far more through touch than in words, for there are times when no words are good or holy enough to minister to someone's pain.

Rev Dr James Simpson, a former moderator of the Church of Scotland, tells a story of being asked to inform the parents of a boy killed in a road accident. The father understandably broke down, and as the father leaned forward, his head in his hands, Dr Simpson put his hand on his sobbing head and kept it there for some time. His sobs gradually grew quieter. Employing touch, he was able to communicate that his heart bled for him.

Touching has always been an essential part of healing. Lewis Thomas, the American physician and author who died in 1993, rated touch as the oldest and most effective act of healing. 'What did doctors [of old] do,' he asks, 'when called out at night to visit the sick for whom they had nothing to offer for palliation, much less care?'

He replies: 'One thing they did, early in history, was plainly magic. ...Dancing around the bedside, making smoke, chanting incomprehensibilities and touching the patient everywhere. This touching was the real professional secret – never acknowledged as the central essential skill.' ¹⁰

He goes on to say: 'Some people don't like being handled by others, but not, or almost never, sick people. Part of the dismay in being very sick is the lack of close human contact.'

Reviewing Thomas' book, Nobel prize-winner Sir Peter Medawar explains, 'In the course of time, touching, like everything else in medicine, became more specialised and refined and turned into palpation – feeling for the tip of the spleen, or the edge of the liver – or into a thumping of the chest in order to ascertain whether the sound was dull or resonant. The gift

possessed by these doctors who began the laying-on-of-hands was probably the gift of affection. $^{'11}$

However, technology has tended to increase the distance between clinician and patient. A doctor or nurse may now remain in their office while the patient is in another building. Telemedicine is here to stay, but it may well cause the patient to feel that the clinician is more interested in the disease than in themself as a person.

Sir William Osler, whose greatest legacy was taking students to the bedside to talk to the patients, famously said, 'The good physician treats the disease, the great physician treats the patient who has the disease.' 12

Henri Nouwen, a Dutch Catholic priest, professor, writer, and theologian recalls an orphanage in Peru where the children's greatest need and desire was no mere material gift: 'These boys and girls only wanted one thing: to be touched, hugged, stroked, and caressed.' ¹³

Princess Diana touched people with HIV. Florence Nightingale and Mother Teresa touched the dying, and, like Jesus with the leper, were unconcerned by the possible risk to themselves.

Yet today, it is not just COVID that we are worried about when we touch a person. The recent publicity about sexual misconduct of people in powerful positions gives further concern about the use of touch. Touching any patient without clear permission can make them ill at ease and mistrustful and risk justified accusation. On the other hand, I know colleagues who have had false accusations made against them, leaving them devastated and facing lengthy court cases before they were exonerated. It is a tightrope all of us must walk very carefully.

Yet effective personal ministry always includes risk, and if the New Testament is anything to go by, Christian ministry, as well as medicine, will always involve touch. Indeed it is difficult to conceive of any effective Christian ministry that does not involve touch. As Father Timothy Radcliffe, former master of the Dominican Order, wrote in *The Times* some years ago:

'You can see and not be seen, or hear and not be heard, smell and not be smelt, but you cannot touch without being touched. ...Our society is so worried, rightly, about the risk of sexual abuse, that we have become nervous about touch. ...But we must recover this most human and Christian way of being the Body of Christ. We shall be deeply deprived and seem to undo the Incarnation if we keep our distance all the time when God has drawn near.' 14

So, let us pray that the ability to hug and touch is not lost. As members of the medical and nursing professions, and the Christian community, in whatever sphere and the appropriate setting, may we remember the importance of touch.

David Cranston is an Associate Professor of Surgery at the University of Oxford



Technology has tended to increase the distance between clinician and patient. A doctor or nurse may now remain in their office while the patient is in another building

references (accessed 24/2/21)

- Watson G. Coronavirus: What can the 'plague village' of Eyam teach us? BBC News Online. 22 April 2020. bbc.in/3kpgZdL
- 2. 1 Kings 19:5
- 3. Matthew 17:7
- 4. John 20:26-28
- i. Isaiah 6:7 i. Jeremiah 1:9
- 7. John 13:1-5
- 3. Mark 5:26
- 9. Luke 15:20
- Thomas L. The Youngest Science. New York: Viking, 1983 p60-61
- Medawar P. Osler's Razor. London Review of Books Vol. 5 No. 3. 17 February 1983. bit.Jy/3qU1Dk7
- 12. Cranston D. William Osler and His Legacy to Medicine. Words by Design, 2016:20
- Nouwen H quoted in Yancey P. Soul Survivor. London: Hodder & Stoughton, 2012. Chapter 3.
- Radcliffe T. Christians must recover the human power of touch. The Times. 12 May 2012. bit.ly/3bEnTrJ