Medicine of the Person
76th International Meeting
29th July – 1st August 2026
F - ISSENHEIM

Bible study ***2***

François CHUARD (CH)
31/07/2026
Translation : Kathy WEBB-PEPLOE

Keeping Hope Alive in the Midst of Turmoil

(Jeremiah 17: 5-18)

When Frédéric asked me to lead a Bible study, I thought of taking a passage from the Book of Jeremiah. In fact, in 2015, I took part in a short course on prayer with my wife Ariane. One of the speakers, a young Jesuit, quoted **Jeremiah 31:33** "*This is the covenant I will make with the people of Israel after that time," declares the Lord. "I will no longer put my law on tablets of stone, but in their minds and I will write it on their hearts; I will be their God, and they will be my people."* In this new covenant, God is within; God can and wishes to communicate immediately with mankind, without an intermediary, directly. For me, this notion of interiority and of spirituality corresponds to the values at play in person-centred medicine.

Before beginning the Bible study, I would like to recall the historical context in which the Book of Jeremiah is set.

At that time, there were three great powers in the Near East of the 5th century BC.

To the north, Assyria; to the south-west, Egypt; and to the east, Chaldea (the Babylonian Empire) under the young monarch Nebuchadnezzar, who was about to conquer the region. The Kingdom of Judah was a tiny kingdom amongst many small kingdoms, allied with Egypt.

Jeremiah belonged to a priestly family serving in the Temple in Jerusalem. During the reign of Josiah, a deeply religious man, whose beliefs were according to God's heart, Jeremiah received a call to be a prophet. Upon Josiah's death, his son Jehoiakim came to the throne; during his reign, the Hebrews were irresistibly drawn to pagan deities, forgetting God and showing ingratitude towards Him. God asked Jeremiah to put together all His sayings on a scroll. The king did not repent and tore up the scroll; this signified his refusal to heed the Word of God. Despite his great disappointment, Jeremiah set about writing a new scroll, which has come down to us in the Bible.

A geopolitical turning point then occurred in 605 BC: the pharaoh was defeated by Nebuchadnezzar, and Jehoiakim chose to remain a vassal of Egypt. He thought, "God is with us; nothing can happen to us." From that moment on, Jeremiah identified Nebuchadnezzar as God's messenger. Here is the prophesy that Jeremiah delivered to his people **(Jeremiah 25: 8–9):** *"Since you have not listened to what I say, I will summon all the peoples of the North," declares the Lord, "and I will call upon my servant Nebuchadnezzar, king of Babylon. I will bring them against this land and its people, and against all the neighbouring peoples as well; I will destroy you and your neighbours; I will turn this land*

into a desolate wasteland for ever." Because of this stance, Jeremiah would attract criticism; from now on, he would be a prophet of doom.

Let us now turn to our text:

Verses 5 and 6, where the Lord curses those who turn away from him, and **verses 7 and 8**, where he blesses those who trust in him. The images used to illustrate these two conditions are striking. Those who seek their strength solely in man are compared to a withered bush; their surroundings are devoid of life, barren, sterile, and uninhabited. In contrast, those who place their trust in God are likened to a tree by the water, a source of life, destined to grow and flourish. This does not prevent them from facing trials (such as drought). It enables them to turn away from their worries and to enjoy life, or to help others enjoy it. The logic of retribution is described in verses 9–11. Those who do wrong are cursed; those who do right are blessed. Everyone is treated according to their conduct and according to the outcome of their actions.

In **verse 13**, the writer emphasizes that the Lord is the source of life. Jeremiah condemns those who do not obey him, which is why they have no future.

Verse 14 spoke to me deeply, and it is certainly this verse that led me to choose this text for the Bible study. Firstly, there are two verbs in the future tense, 'heal' and 'save', which signify our hope as Christians. Furthermore, these verbs are in the passive voice: "*I will be healed, I will be saved".* The main agent, the one who brings about change, is the Lord; it is He who heals; it is He who saves. Furthermore, the healing process takes place through dialogue between Him and me.

Nowadays, ways of furthering one's personal development are flourishing in endless variety, but they are centred on the individual and sometimes on obscure forces or based on sheer willpower. In my clinical practice, the patients who are most difficult to help are those who are trapped in their habits, locked into rituals and fearful of any change. Those who can find hope through their faith can step away from themselves and find a way out (*tr. literal translation – an emergency exit*).

In **verse 17**, Jeremiah says: *"You are my refuge when trouble comes."* In this verse, hope is very much present. God does not prevent misfortune or trials, but He is there; He is our refuge that enables us to hold firm. God is like our mountain refuge; when the storm comes, He protects us, He shelters us and then enables us to continue on our way.

Before illustrating the theme of hope with two real-life situations from my practice, I would like to quote **Jeremiah 29:11:**

"For I, the Lord, know the plans I have for you; plans to prosper you and not to harm you, plans to give you hope and a future."

I would like to tell you first about Paloma, a Spanish woman who came to see me for the first time when she was 44 years old. She has a weight problem and has been going from one diet to another, with successive periods of weight loss and gain. She has nine brothers and sisters. One of her brothers had lung cancer and died at the age of 56. Another brother developed colon cancer at the age of 60. When she first started seeing me Paloma was 64 years old and began multidisciplinary care because of morbid obesity. As part of her follow-up, an abdominal ultrasound was done to check her liver. During this examination, a pancreatic mass was discovered incidentally. This was followed by an abdominal MRI, which revealed a 4.2 cm mass in the pancreatic isthmus; the diagnosis was confirmed by a biopsy: it was a grade 2 well-differentiated neuroendocrine tumour of the pancreas with no metastases and no venous or arterial invasion.
This was followed by a long list of serious complications following the initial surgical management which consisted of an extended Whipple's procedure (duodeno-

pancreatectomy), involving the body of the pancreas with lymph node dissection. Paloma insisted that the radiological reports of tests done at the hospital be sent to me. As a result, I was kept informed of the complications as they arose. During her ten-week stay on the gastrointestinal surgery ward, she developed:

- **Infectious complications** (1)
- **Arterial and venous vascular complications** (2)
- **Mechanical complications** (3)

She was discharged home with drains still in place. She was suffering from pancreatic insufficiency. When I saw her again at the surgery, she had lost 15 kg. She was experiencing frequent bouts of diarrhoea despite treatment with Creon; these would decrease but persist over time.

Despite a pretty favourable prognosis prior to the operation, Paloma experienced a number of complications that were hard to imagine. Due to the multiple operations and anaesthetics, she has only a vague memory of her hospital stay. However, she gave me the impression of being informed and seems to have accepted this post-operative journey fraught with difficulties.

Through the radiological information I had received, the patient allowed me to share in her entire hospital journey. I believe this helped to establish a climate of trust between us, for me to feel compassion for her, and to accompany her through this ordeal.

She never once blamed the doctors who operated on and treated her. Remember that before her operation, Paloma was asymptomatic. She proved to be a fighter. For example, when she goes out, she locates all the toilets she will pass on her journey, and she has integrated her symptoms into her daily life.

To conclude, in this situation where, as a doctor, one imagines the worst, patients' resilience is sometimes unimaginable, and sometimes hope is greater in the patient than in the doctor.

The second case concerns Dragan, a Serbian patient whom I first saw when he was 32. He had just completed an inpatient stay where he had started methadone treatment. His history of drug addiction began relatively late, ten years earlier at the age of 22. He used cannabis sporadically, then heroin, initially smoked or snorted, then intravenously on a daily basis, before starting to take cocaine, quickly moving on to daily intravenous use. He has also been a heavy smoker since the age of 18.

Physical complications followed one after another, with increasingly severe effects: he presented with:

- **infectious** complications (4)
- **cardiac** complications (5)
- **pulmonary** complications (6)

Psychiatrically, in addition to his multiple addictions, psychiatrists diagnosed undifferentiated schizophrenia with negative symptoms as well as recurrent depressive disorder, which is why Dragan receives a disability pension. In terms of medication, he is treated with SSRI's, antipsychotics and L-Polamidon (levomethadone).

Socially, he is divorced but has maintained a good relationship with his wife, who is still very much present and acts as his family caregiver. Several attempts at independent living have failed. Dragan is currently in a care home.

Last spring, Dragan told me he was planning to visit his family in Serbia for the first time in over 30 years. As a young adult, he had been convicted for failing to do his military service

and had come to Switzerland, where one of his brothers was already living, to escape. The patient confides in me that since he's been thinking about going back to Serbia, he's been feeling much better and is no longer preoccupied with seeking out his next dose of cocaine every day. However, there are numerous obstacles to this plan. On the one hand, significant debts stand in the way of getting Swiss naturalisation. If he makes this journey as a Swiss citizen, he doesn't run the risk of being detained in Serbia; on the other hand, if he travels to Serbia as a Serbian citizen, he is unsure whether he might be prevented from returning to Switzerland due to his conviction and lose his permit C (settlement permit or permission to live in Switzerland).

At first, this plan seemed to me to be crazy because his life was so chaotic, as if he were wandering through an endless tunnel, driven solely by his need to use drugs, but the change I saw in Dragan made me realise that it was important to encourage him and support him in preparing for this trip. At present, he is much more cheerful and engaged during consultations. He has almost completely stopped his previously compulsive cocaine use. As care provider, it is vital to keep this flame alive and support the patient on the path to recovery.

To conclude my presentation, I would like to share with you a passage by Etty Hillesum, taken from her diary. This young Dutch Jewish woman perished after her deportation to Auschwitz in 1943. Here she describes flowers as a metaphor for Hope:

"Sunlight on this veranda and a gentle breeze through the white jasmine (…) I linger for another ten minutes near this jasmine (…) Ah! Yes, the jasmine! How is it possible, my God, it is wedged between the neighbours' crumbling wall at the back and the garage. It overlooks the flat, dark, muddy roof of the garage. Amidst all this greyness and muddy gloom, it is so radiant, so immaculate, so exuberant and so tender, a brave young bride lost in a slum. I don't understand this jasmine at all. But you don't have to understand it either. In this twentieth century, one can very well believe in miracles. And this is a miracle. And I believe in God, even if I am soon to be devoured by lice. This jasmine leaves me speechless. It has been there for a very long time already, but it is only now that it leaves me speechless."

Notes:

(1) Septic shock, discharge from the laparotomy scar communicating with a dehiscence of the anterior abdominal wall, a large subcutaneous collection beneath the laparotomy scar.

(2) Partial splenic and pancreatic infarction, a spontaneous hyperdense haematoma in contact with the posterior wall of the pancreatic body and deep vein thrombosis of the right leg.

(3) Failure of the pancreatico-gastric anastomosis.

(4) An abscess at the crook of the elbow, an inguinal abscess

(5) Streptococcal endocarditis requiring aortic valve replacement and debridement of the mitral valve, decompensated heart failure due to failure of the valve replacement necessitating the implantation of a new aortic valve via TAVI, atrial fibrillation and finally cardiogenic shock associated with multiple septic emboli followed by a further aortic valve replacement.

(6) COPD, interstitial lung disease with ground-glass opacities of undetermined but possibly toxic origin, respiratory failure.

Bibliography:

- *Praying for 15 Days with the Prophet Jeremiah, Renauld de Dinechin, Editions Nouvelle Cité, 2025*
- *The Book of Jeremiah: Interpreting the Word, Erwan Chauty, Cahiers Evangiles No. 199, Editions du Cerf, March 2022*
- *Jeremiah, Thomas Römer, Editions du Cerf, 2020*
- *Etty Hillesum, Peace in Hell, selected texts by Camille de Villeneuve, Editions Points, 2013*