

# A Conversation with John Siberski, SJ, MD '75 Physician and Priest



*"When I graduated from Temple University School of Medicine in 1975, I never imagined that 32 years later, I would be lying prostrate in front of the altar at St. Ignatius Church in Boston during an ordination Mass," says John*

*R. Siberski, SJ, MD '75, a member of the New England Province of the Society of Jesus, associate professor of psychiatry and assistant dean for clinical education at Georgetown University School of Medicine. His father, Dominic, graduated from Temple University School of Medicine in 1931.*

**Q: Were you always a person of faith who was interested in medicine? Did you anticipate that someday you might be both physician and priest?**

The short answer is no. I was raised Catholic and was a practicing Catholic until my last year at Penn State, when I dropped away from religion. My goal was medicine. I never seriously considered any other path.

Five years after graduating from college, I vaguely sensed something missing from my life. During a conference in Philadelphia in 1980, I wandered into the Cathedral of Sts. Peter and Paul on the Parkway as a tourist, but emerged with a commitment to return to the church. I began to pray, read theology and scripture, and attend Mass regularly. My sense of something missing abated.

**Q: Your evolution in medicine and in spirituality included a number of important landmarks, did it not?**

The path from Temple University School of Medicine to the Jesuits was byzantine. After practicing internal medicine for many years, I decided to specialize in psychiatry. In fact I chose to return to Temple for my psychiatry residency.

I closed my office in December 1988 and was to begin my residency in July of 1989. I had plans

for that six-month period in between until a Sister of Mercy asked a life-changing question, "How would you like to go to Guyana?" "Sure!" Thus from February through March of 1989, I worked at St. Joseph Mercy Hospital in Georgetown, Guyana. The Sisters of Mercy ran the hospital. A Jesuit served as chaplain, and a Jesuit novice worked as a nursing assistant. In time I got to know the other Jesuits in the city. I was drawn by how they lived their distinctive spirituality and their manner of serving God by serving others.

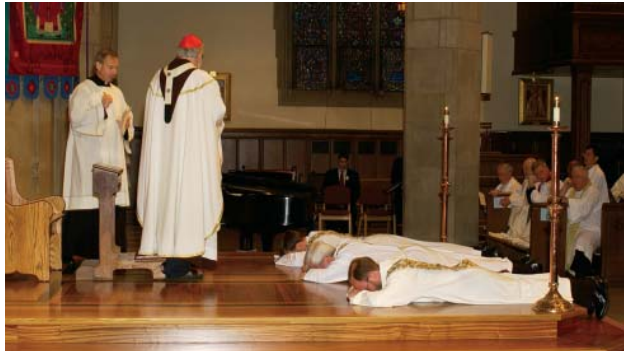
When I returned to Philadelphia for my residency, I joined Old St. Joseph's Church, the historically Jesuit parish in Society Hill. The liturgy and preaching were excellent and there were ample opportunities for service. I co-led a weekly HIV support group there for 18 months. Toward the end of residency, I had a conversation with the pastor that included some vaguely formed ideas about entering the Society. He suggested I might be a bit old to enter a religious order but encouraged me nonetheless.

Then I moved to Boston for a fellowship in consultation psychiatry under Dr. George Murray at Massachusetts General Hospital. Because George had given grand rounds at Temple a year earlier, I knew that besides being a superb psychiatrist he was a Jesuit priest; as was Dr. Ned Cassem, the chief of Psychiatry at the time. By example they showed me that I could be both a Jesuit and a practicing physician.

After Mass General, I spent four years at Dartmouth while discerning whether or not I was being called to the Society of Jesus. Like going to medical school, entering a religious order is not something one takes lightly or does impulsively. On August 24, 1997, I walked into the novitiate in Jamaica Plain and never looked back.

**Q: But why become a priest?**

Being a priest requires clarification. I am a Jesuit first and then a priest. The two are separate vocations. Each religious order has a distinct charisma or personality that reflects its founder and members. I was drawn specifically by the Jesuit charisma. When I met the Jesuits, everything fell into place. Medicine is a good analogy. One has a vocation to medicine and patient care



Dr. Siberski's ordination mass.

before becoming a surgeon or a pediatrician. Like my subspecialty in geriatric psychiatry, priesthood is a vocation within my vocation to the Society of Jesus.

I was happy and fulfilled practicing and teaching at Dartmouth. The Jesuit concept of the magis explains what brought me to the Society. Magis literally means “the more.” That more always refers to seeking more in one’s relationship with God. Seeking the magis brought me to the Society.

Early in my Jesuit life, friends and strangers asked the kind of “Why?” that implied “did you throw your life away?” Why does a man choose vows of poverty, chastity and obedience? There are more answers than there are Jesuits. Shortly before I entered, a Jesuit friend advised me that “if you stay, your reasons for staying will not be the same as your reasons for entering.” He was correct. I don’t have to stay in the Society; I choose to stay on a daily basis. I stay because I committed myself to the Society, the church, and, in the vow formula, to serving God as a Jesuit and a physician.

I wear a ring that my mother gave me when I pronounced perpetual vows. It is engraved with AMDG, for the Jesuit motto, “Ad Maiorem Dei Gloriam” (to the Greater Glory of God). That summarizes the how, the why, and the reality of being a Jesuit priest and physician.

#### **Q: How do you balance the roles of physician and priest?**

None of my roles at Georgetown—dean, professor, priest—is independent of the others. Georgetown is a Jesuit university. Many medical students come here for that reason. Patient reaction to my being a Jesuit priest-psychiatrist has been positive. In geriatric psychiatry, religious and spiritual concerns are common. Christian and non-Christian patients are willing and eager to discuss the ultimate questions of illness, suffering and death.

In clinic I wear a shirt, tie and white coat. In the Dean’s Office, or while celebrating Mass at the med school and hospital chapels, I wear a black shirt and white clerical collar. It didn’t take long to realize that celebrating Mass, preaching, and hearing confessions are as humbling and demanding as diagnosing and treating illness.

Physicians and priests are involved in some of life’s most joyous moments—delivering or baptizing babies—and most poignant moments, particularly attending at death. This past year and a

half has illustrated that. Officiating at medical student and resident marriages has been a great joy. I’ve done so twice thus far, with several more weddings scheduled in the coming year. The sorrow end of the spectrum has been brutal.

My first funeral Mass, at the end of May 2008, was for my roommate at Penn State. More than anything else, Chris’ illness and death brought my two vocations together. When he was diagnosed with cancer every physician synapse in my brain was called into action. It was Dr. Siberski who received the pathology report, made phone calls to physicians, and later sat with his wife as she heard grim news about the rapid progression of the disease. It was Father Jack who sat at Chris’ bedside talking with him when he was awake and praying quietly as he slept.

Twelve days after I last saw Chris in the Mass General ICU, he died. An hour later, his wife called and asked me to celebrate the funeral Mass. After hanging up, I sat down and cried—a physician who had again lost the encounter with death. Preaching the funeral homily was an experience of anguish. Yet a few minutes later during the consecration, I had a mystical experience that was almost frightening—a sense of pure being in which time was suspended with emotions beyond sorrow, joy, or any other affect I can describe. The physician lost the encounter with death; the priest hadn’t.

#### **Q: Is there an intersection between medicine and faith?**

There has always been an intersection between medicine and faith. A few millennia ago, priest and physician were synonymous. In many non-Judeo-Christian religions, the shaman or equivalent performs both religious and healing functions. As ethicist David Barnard, PhD, of the University of Pittsburgh writes, “The nature of illness and healing makes it inevitable that physicians will take on ministerial functions in their medical work.” While researching my master’s thesis on healing miracles, I rediscovered Hippocrates’ injunction to physicians, “To cure sometimes, to relieve often, to comfort always.” The ministerial and medical come together in “to comfort.”

As physicians, our most important encounter is with the one who is ill, the one who comes to us with faith in our ability to diagnose and treat that which is making him or her ill. For our part, we cannot function without faith in the body of knowledge we possess and the ministrations we prescribe for our patients. This type of faith is distinct from but not alien to religious faith. The two are complementary.

There are 25 Jesuit physicians in the United States and, according to some estimates, about 700 other physicians who are also clerics or monks. We represent what one might call a pragmatic intersection between medicine and faith. There is also significant research in the area of neurotheology that explores the theoretical intersection between the two.

For now the pragmatic trumps the theoretical. Service to the other in distress has always been the call of the physician, as it has been the role of the priest. I’m humbled to be able to move between both of those roles.