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For the sake of simplicity and clarity, this presentation does not use gender-specific wording or special punctuation. The generic masculine form is used throughout.

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Personalized Medicine – Medicine of the Person
Is the Christian view of Paul Tournier still relevant today?

1. Personalized Medicine

A Google search for the term 'personalized medicine' yields the following results, among others:

[In personalized medicine, every patient should be treated beyond the functional diagnosis, taking into account the individual circumstances and genetic combinations]. [The declared goal of such personalized precision medicine is to tailor therapy to the individual in the best possible way and thus make the healthcare system more efficient].

I am working in a rehabilitation center, where patients come after a hospital stay to continue their recovery, optimize the medication and regain the fitness they need to return to everyday life. Beside cardiology, we also offer specialized services in pneumology, general internal medicine, orthopedics and geriatrics.

A 78-year-old woman had endocarditis five years ago, requiring surgical replacement of two heart valves, the mitral valve and the tricuspid valve. After the heart surgery, she was treated in our clinic with intravenous antibiotics for almost six weeks. Four years later, she developed endocarditis again, but this time it was treated only with antibiotics, without surgery. Three months later, she suffered a cerebral stroke and was again admitted for rehabilitation. The stroke left her with only slight weakness in her right hand, but she had new signs of heart failure despite maximum drug therapy. Due to her history of endocarditis, an echocardiogram was performed, which revealed severe aortic valve stenosis. After ruling out recurrent endocarditis, a percutaneous valve replacement (valve replacement by using a catheter) was performed at the university hospital and she returned to rehabilitation again, where she recovered quickly. However, six weeks later she came again with a diagnosis of stroke, although she had no new neurological deficits and the slight weakness in her right hand was still the same, hardly impairing her. She had no cardiac symptoms. She stayed in our clinic for six weeks again – she always found a reason why she couldn't go home.

Everything had been done perfectly: all three damaged heart valves had been replaced, endocarditis had been treated successfully, her heart function had normalized, and the slight weakness in her hand hardly was a handicap.

Medicine has made a huge progress in recent decades! With my medical career, including my studies, I can look back over almost 50 years. In my field, cardiology, research has helped to understand the mechanisms of various diseases, making it possible to develop numerous very useful drugs. We now have a wide range of drugs to treat blood vessel blockages, heart failure, high blood pressure, high cholesterol, diabetes and much more. These drugs have been proven to delay or even prevent the onset and progression of cardiovascular disease. And developments are continuing: we can lower cholesterol with only one injection twice a year, and it will probably soon be possible to normalize blood pressure also with only one injection twice a year – combining both drugs, blood pressure and cholesterol could be easily controlled with only two injections per year, without taking pills any more.

Heart failure is still a disease with a poor prognosis, but here too, a lot of drugs have been found to improve the wellbeing of a patient over a long time.

Techniques for diagnostics, various interventions and surgical procedures have also been significantly improved, e.g.: the automatic evaluation of an ECG is becoming increasingly precise, and it is now possible to use certain algorithms for determining the ejection fraction of the heart or predicting the risk of atrial fibrillation or sudden cardiac death only based on the ECG.

When I started in cardiology, only one-dimensional echocardiography was available (Fig. 4a, q1), but now we have moving three-dimensional images (Fig. 4b, q1). Programs calculate the function of different structures in a short time without the examiner having to perform complicated measurements – and with CT (computed tomography) and MRI (cardiac magnetic resonance) (Fig. 4c, q1), we can produce three-dimensional real-time images.

The first pacemaker 70 years ago was as big as a shopping trolley (Fig. 5a, q2), but today's pacemakers fit easily into a small pocket under the skin or are placed directly in the cardiac muscle (Fig. 5b, q2). They have complex functions that mimic the normal heart rhythm almost perfectly.

The replacement of heart valves no longer necessarily requires major surgery (Fig. 6a, q2), but can also be performed percutaneously with a transfemoral flexible catheter (Fig. 6b, q2).

If all interventions and medications for heart failure are no longer effective, we can implant an assist device (Fig. 7a, q3) that takes over most of the heart's work. After decades of unsuccessful attempts, a complete artificial heart is now available (Fig. 7b, q3). These artificial hearts are currently only used temporarily until a transplant can be performed, but the machines are constantly being developed and improved. We know at least one patient who is living with such an artificial heart since more than two years, doing very well.

There is already discussion about whether these devices could soon make transplantation unnecessary. This no longer seems as unrealistic as it did a few years ago. Furthermore, we will probably soon be able to simply rebuild our own hearts by using stem cells. Although this still will take some time for realization, we have already organoids built from stem cells (currently only used for research), which are near to fully functioning organs.

As the molecular and genetic basis of life is becoming increasingly well understood, and genetics can be influenced and modified using gene editing, it is possible to tailor therapies to individual patients so that they receive specific, personalized help.

Together with AI, more and more possibilities are opening up. For example, attempts are being made to develop diagnostic tools that can tell doctors, without personal contact, simply from a photo of their heart failure patient together with a voice and speech analysis, whether the patient's condition is stable or whether cardiac decompensation is imminent. With such tools, combined with the analysis of genes and certain biomarkers, embedded in models and scores, concepts can then be developed on how a patient can best be treated individually. To give just one example: antiplatelet therapy after a heart attack is laid down in guidelines of cardiac societies. With AI, however, it is now possible to calculate a patient's individual risks and correlate them with the mechanisms of action of the drugs. This makes it easier to decide which anti-thrombotic drugs should be given to a specific patient, in what dosage and for how long, in order to prevent both, recurrent vascular occlusion and bleeding complications.

So no longer just standardized therapy according to guidelines, but individualized, personalized medicine (Fig. 8).

This area of personalized medicine also includes numerous “apps” that record vital parameters such as blood pressure, heart rate, heart rhythm, glucose levels, weight, as well as the number of steps taken or stairs climbed each day. The recorded parameters can be transmitted to the doctor, a specialized team of consultants or even to AI in order to create a specific health program for each individual. This no longer requires any personal contact between the patient and the doctor, a direct conversation is no longer necessary – everything is communicated virtually.

A ‘**Virtual Care Unit**’ (Fig. 9, q4) has been set up at the cantonal Hospital in Lucerne, where patients are monitored continuously day and night via monitors and measuring devices. The nursing staff (and also doctors) are in contact with the patients via cameras and headphones. This is intended to enable better control and faster contact, and thus also faster decisions on necessary therapies.

Furthermore, various nursing homes are testing ‘**Robody**’ (Fig. 10, q5), a nursing robot. The robot has to be controlled by a person in an office, using, for example, a joystick. So, these controlling persons don`t do anything else than they would normally do in the resident's room. But this is only the beginning of this technology. Taking into account diagnoses, age, height, weight, existing X-ray, CT and MRI findings, current vital signs and ongoing medication, AI will soon be able to determine the best analgesic for a pain-stricken patient, which will be then administered by a robot. **Persons, human beings, will no longer be necessary in ‘personalized medicine’** (Fig. 11).

Many AI systems offer indeed an enormous benefit: for example, AI-support for the blind, emergency call systems with the ability to locate people, or various translation programs, that can be helpful when communicating with foreign-language patients.

Scientists are working on programs to be used for patients with aphasia: AI learns to generate spoken words from a person's thoughts recorded by electrodes on their head. With that, a real conversation is possible.

What can already be used was demonstrated in a murder trial in the USA: AI enabled the murder victim to have a conversation with his killer.

You may also know about all these AI-programs for psychological consultations: AI is trained to provide right answers and advices specifically for an individual. The voice accompanied by a virtually created face (that can smile or look concerned) is imitating a personal psychotherapy. It is said, that these programs are successful: An AI-generated therapeutic conversation can no longer be influenced by stress, fatigue or disinterest on the part of the therapist, or (as psychologists say) by transference and countertransference.

In the same way, an AI program can be used to create friends according to one's own wishes, with whom one can exchange thoughts and concerns unlimited. To what this can lead, shows the story of a 13-year-old schoolboy in the USA who chatted with his AI-generated girlfriend for hours and finally killed himself on the advice of this 'girlfriend'.

Personalized diagnostics and drug therapy, personalized medication – we are becoming better and better – people believe that certain health problems will be completely eliminated in future, diseases simply prevented or treated, and thus life expectancy will extend more and more. This raises the question of whether we, as medical doctors, will soon no longer be needed at all. Maybe patients will have better outcome without us.

If we furthermore take advantage of all the opportunities offered to us for self-optimization, we could manage to never get sick again:

In the old town of Salzburg (Austria), in a street frequented by tourists with designer shops, you find a large shop called 'Biognomics' (Fig. 12, q6). In the shop window you can read: 'Welcome to yourself', written in large letters. In this shop people are seeking advice and numerous suggestions for how to make life more worthy. In luxuriously furnished rooms they learn how to become healthier, more efficient, smarter and more successful.

Or: why not try "bathing in the forest" or practicing yoga? - becoming one with nature and with yourself in order to find peace in hectic times. It is said that people who practice yoga have better educational outcomes, lower blood pressure, lower heart rates and thus a lower risk of heart attacks and strokes.

In that way you can create your own health program: I do what is good for me. We save not only ourselves, but beyond, we also save the whole world, we re-invent it, we make it better than it has ever been before. If we just make a little more progress in research, we will soon have better, healthier people and we will solve all the problems of this world.

Do you recognize what is said in the Old Testament? "Did God really say?" whispered the serpent to Eve. Adam and Eve concluded: With everything we have already discovered in this garden, we can make it even more beautiful and much more comfortable for ourselves! We can decide for ourselves what is good for us; not only do we know better, we also can do better!

Man remains no longer a manager, but becomes a creator himself, he deifies himself.

However, Swiss journalist Guiseppe Gracia warns about "a society that no longer knows that man becomes inhuman when putting himself first".

A female patient who came to us after a heart attack suffered from feelings of guilt because she believed that her illness had been caused by her own behavior. Objectively her lifestyle was very healthy with a balanced diet and plenty of exercise. What had been wrong from her point of view remained unclear. Years later, she returned to us after a second heart attack. Her feelings of guilt had increased, and her thoughts revolved solely around what she had done wrong. After her first heart attack, she had begun a therapy in which she had learned `mindfulness meditation´. She now blamed herself for the fact that these exercises had not relieved her self-doubt and feelings of guilt, and she felt even more guilty towards her `mindfulness´ teacher.

In an old hymn (Fig. 13, q7), Eleonore Princess Reuss (née Countess of Stolberg-Wernigerode) described such situations already in 1867: "**I travelled through the world and the world is beautiful and great. I have seen the people. They seek late and early, they toil, they come and go, their life is labour and sorrow. They seek what they cannot find in love, honour and happiness, and they return burdened with sins and unsatisfied**."

2. Analysis (Paul Tournier about the limits of science)

In his many lectures and writings, Paul Tournier emphasized (q8):

[Scientists believe that with their science they contribute more to humanity than dreamers, poets, philosophers and preachers. That science can do this, is a myth; it has in no way freed people from their fears. It gives no answer to the question of the meaning of life, illness and death. Science can describe things, which is very useful in terms of practical consequences, **but it cannot tell us anything about things themselves.** How could science ever help answering the questions that constantly haunt the human heart? Science finds answers by uncovering the functional, biological causes of diseases and by developing effective remedies against them. Healing through science?

Science frees us from magical and religious thinking, in which people believe that their illness is a punishment, probably a divine punishment. But it does not provide an answer to the question of the meaning of things (Fig. 14b), because it deliberately stays away from this aspect. In doing so, it leaves the patients even more lonely and abandoned. In this context, Paul Tournier mentions one of his sick colleagues, "who lay alone in a hospital bed with his fear, while devoted doctors devoted all their attention to his blood cultures".

Let us remember: Paul Tournier said this already 70 years ago! – when science and medicine were still far from what they know and can do today.

Paul Tournier continues: [People trust science, and although they are convinced that science has fortunately done away with old religious ideas, we have more and more fortune tellers, horoscopes, esoteric ideas, magical thinking about food, sleep patterns, moon phases, the effects of crystals, etc.] (q9). Furthermore, he points out: [And finally, the strangest paradox is that science itself is gaining a magical prestige. In atheistic circles, people smugly talk about the miracle of science]. (q9). How right he was, even more today than back then!

Nowadays, people trust science so much that it seems impossible to them to get ill. When they do get ill, or do not recover quickly enough, they are outraged – how could this happen? Someone or something must be to blame – the environment, climate change, toxins in everyday items and food, the employer who causes so much stress… Perhaps the doctor or therapist treating them did something wrong, didn't react quickly enough, overlooked something? We have many patients who start doubting, if they are still tired a week after a major heart surgery and cannot function normally in everyday life. Something must have gone wrong; the doctor did not prescribe the right medication – or prescribed too much medication (which causes tiredness)!

The female patient described above sees the cause of her illness as her own fault, which she has to pay for. But because she cannot pay off this debt, she is increasingly worn down by her negative feelings and cannot recover, even though everything has been done perfectly from a medical and technical point of view. As Eleonore von Reuss says in her song: This patient has worked and struggled in her life, but she hasn`t found peace (Fig. 15).

Paul Tournier says (q10): [What we have developed is only ... organisation, regulation, planning, bureaucracy, economics, anonymous and impersonal mechanics and technology. But when it comes to the **human need not to be treated as a machine, but as a person** – **to recognize one's personal identity and to have a genuine relationship with others**, in short, to live in community... there we are undeniably underdeveloped, instead we are in regression].

And fittingly, a few pages later: [we believe that we can only attain a wealth of knowledge through objective reason, through the accumulation of infallible and certain things. We have preferred the hardness of things to the tenderness of people. And we have succeeded in constructing a world of things of the highest perfection, but to the detriment of the person. It is a powerful, mechanical world in which human beings themselves are depersonalized]. (Fig. 16).

Once again, how right he was – even more today than in the past!

The elderly woman I mentioned at the beginning (who had been to our clinic several times with heart valve diseases and a stroke) finally opened up: she has two daughters who take good care of her, but she fears being a burden and therefore refuses any help from them. Over years she had taken care of a third daughter with MS (multiple sclerosis) at home and had fallen out with the women from home-care-services. At the end, the daughter had to be admitted to a hospital and finally died. But she, the mother, who had always done everything, who had always been around her, was not present, when the daughter died, she had just gone home shortly before. Her husband also died alone because she had taken a short nap after spending a long time at his hospital bedside. Now she feels guilty – is her current illness perhaps even punishment for her behavior towards her daughter and her husband? Or maybe caused by the disputes with the home-care-service, or because she hasn't had enough time for her other daughters? She is afraid to go home on one hand, because she does not want to burden her daughters, but on the other hand, she cannot ask for help from the homecare-service with which she has fallen out. Medically, everything was perfect, but this woman is still unhappy, full of fear, worry and shame.

This corresponds to what Paul Tournier quoted from his colleague Armand Vincent (Paris) (q11): '**They prevent us from dying, but they don't help us to live**'? (Fig. 17).

3. Medicine of the Person

What do our two patients need? Should they follow the advice given by a psychiatrist and a general practitioner in a French Swiss newspaper in March this year (q12): [It is a moral duty to remain optimistic... we must cultivate our optimism]?

Do these two women simply need optimism, do they simply need to practice mindfulness meditation? NO – they need real persons, who are listening to them, who hold their hand, who give them a hug, who let them feel being loved unconditionally. They need persons who take time trying to understand them. And they need help to lay down their burdens, someone who will grant them forgiveness and thus liberation. They need finding inner peace by experiencing forgiveness. Just the conversation with the first woman, in which she could express all her fears and worries, gave her great relief. The second patient has not yet been willing to clearly identify her feelings of guilt; she responds to specific questions by crying and turning away – she has not yet found the confidence to open up to another person. Are we ready and able to take time, waiting patiently until such patients will start talking?

Yes, good medical technology and good medication are necessary, but above all, human attention is essential. Confidence and hope for life can only be found in reliable, honest relationships.

A young man, being treated in our clinic after a severe heart attack, was given a digital learning program with informations about coronary heart disease. Although this patient is a computer scientist and therefore very familiar with digital communication, he did not want to use this learning tool. He said: I want YOU to explain - I want to talk to a person, not to a machine.

In cardiology, we talk about 8 essentials for a healthy, long life (Fig. 18a, q13) – that's all well and good, but something crucial is missing here: **human relationships**! (Fig. 18b). And especially, above all, this model lacks **the relationship with God** (Fig. 18c -d), because only human relationships are not sufficient.

In the 1970s, medical studies were made with a community of Italian origin in Pennsylvania, because people of this group had hardly ever any cardiovascular diseases ('Roseto' study). It was found that the only differences between this community and other population groups were close family ties, a strong sense of fellowship and deep roots in Christian faith. It was only when these people began to adopt to lifestyle habits of other population groups that they also began to suffer from cardiovascular disease.

Long before Paul Tournier recognized (Fig. 19a): [**We humans are designed for relationships; we cannot find meaning in ourselves].** And he went on saying: (Fig. 19b)**: [Christ is not just some idea, HE is a real person, he wants to have contact, connection and community with us; it is about a personal relationship],** as well (Fig. 19c, q14): **[The Christian hope that inspires me is not a thing, but a person].**

It is decisive having a relationship with this God – not with just any god, but with the ONE who became human, who suffered for us and is with us in our suffering.

The German, catholic, Thomas Haberl, journalist of the "Süd-Deutsche Zeitung", recounts in a book (q15) what a cancer-stricken actor confided to him in an email: [how, immediately after receiving the devastating diagnosis, he rushed to the hospital chapel and wept bitterly. "I'm scared, I'm really scared", he muttered to himself, when suddenly the whole room was filled with a special vibration that was not only calm and clear, but also contained a comforting, compassionate sentence: **"I know".** Although he also received support from his family and friends, he felt that these two words **"I know"** held him up.

The catholic priest from a parish near Cologne, Christian Olding, recounts his own experience: (q16): [When he was a teenager, his father, all of a sudden, committed suicide. Being in deep despair, he went into a church, but couldn't find comfort there. Finally, he came to stand before a crucifix and saw the suffering Christ. There he suddenly realized: "This half-naked man on the cross looked as miserable as I felt. The crucified man and I suddenly had something in common... This man is suffering with me, he is there, he sees me, he knows how I feel, he knows what suffering is".

In the Gospel of Matthew (chapter 14:22-32), we read about Jesus' disciples in the storm on the lake – how they were full of fear, not knowing how to escape the storm, how they feared they would perish. What should they do? Row even harder, be optimistic, listen carefully inside themself and to the sound of the wind, letting the storm of fear to be blowing away? They were paralyzed with fear – and then Jesus came across the water and said: "**It is I, I am here – do not be afraid**!" The storm calmed down and as they looked at Jesus, they gained confidence and the storm of fear within them also subsided.

Paul Tournier says (q17): [**For me, it is definitely this familiarity with Jesus, whose closeness, presence and participation in my life I perceive especially in times of trial. I believe that you can face anything if you feel loved**] (Fig. 20).

The French writer Paul Claudel says: "**Jesus did not come to abolish suffering, nor to explain it, but to fill it with his presence**" (Fig. 21, q18).

When my father fell ill with acute myeloid leukemia and was dragged from one chemotherapy session to the next, from one infection to the next, personalized medicine helped him to survive longer than expected for someone over 80. But in order to endure almost five years of illness, he needed relationships: the relationship with his family, with friends, and above all the relationship with Jesus.

Throughout his life he had experienced Jesus' love and companionship, and instead of focusing on himself, he focused on Jesus, on His presence in this suffering. He looked to Jesus – like the disciples did in the storm back then. In his life he had gained the certainty that Jesus was at his side in all situations and knew the way best. He told this to his visitors, when they came to him, usually anxious because not knowing what to talk about. After visiting my father, they went home comforted, having received so much encouragement that they gladly returned again and again.

Looking away from himself towards Jesus and his love, strengthened my father throughout his life and especially during his illness until his death. He trusted God and experienced what the German historian Jürgen Spiess quotes: “God endures with me in my suffering, even when the suffering is not endurable”.

Eleonore Princess Reuss has the following answer to fears in her song already mentioned:

“**There is a place of peace for all, far and near – in the wounds of the Lamb on the cross at Golgotha”** (Fig. 22, q7).

Finding peace, being comforted – not through mindfulness meditation, yoga, relaxing tea or even better technology – but through the relationship with the One who is above all, **with the God who became man,** who promises help, protection, guidance and forgiveness.

How wonderful would it be, if our two patients could lay down all their heavy burdens at the cross of Christ, if they no longer had to feel guilty, could accept forgiveness and forgive themselves. How wonderful would it be, if they could claim for themselves the words of Jesus, who said: **“Come to me, all you who are weary and burdened, and I will give you rest”** (Matthew 11:28) (Fig. 23a). In John`s Gospel we read (8:36): **“So, if the Son (Jesus) sets you free, you will be free indeed”** (Fig. 23b).

Let us help our patients to live, instead of just preventing them from dying! (Fig. 24)

Paul Tournier wrote (q19): [To know God, to find Him again and again, to understand Him better, even when making mistakes, is, according to the Bible, the meaning of our life], and: [through God all things have meaning].

Yes, we need advanced medicine, modern technology and good medication; the developments of recent decades have indeed been a blessing for us in medicine. But have we also become more human? Did our relationships with patients, colleagues, friends and families improve? Digitalization makes many of our tasks easier - but has it given us more time for our patients? Can we really **see a patient as a person and not as an object, a diagnosis or a source of data**?

There is a great responsibility, and it becomes even greater when we continue reading what Paul Tournier quotes from other colleagues: (q20)

[The work of health workers / doctors is a sign of God's compassion. He doesn`t want people to perish, but that they all come to know his Son and his salvation]. [**Thus, the doctor – every doctor, whether he is a believer or not – is a co-worker with God]. [Our profession is therefore a ministry, a priesthood]** (Fig. 25a).

What does that mean? It means that we take science seriously and do our best in our field and strive to improve, yes, but above all, that we see the person behind the exciting clinical pictures. All the data we collect tell us something about a patient's condition, but it does not tell us how the patient really feels, what is going on inside this person.

When I visit a patient, listen to him, pay attention to his posture and facial expressions, touch him with my hands during an examination, using my stethoscope, I can assess much better his pain, shortness of breath and heart palpitations. And with this experience I will be able to treat him in a better way. Do we really believe that a nursing robot can do the same?

I also find it helpful to see how patients have placed things in their room: whether there is a bouquet of flowers brought by family or friends, which pictures they have put up, what kind of books they are reading. This can lead to insightful conversations and you learn a lot about preferences, relationships, about what is important to a patient. Furthermore, talking about the books they read is also a very good way of assessing their cognitive abilities.

For example, one patient always seemed depressed and withdrawn and didn`t want to talk. When asked about a large photo of his farm which he had placed beside his bed, he burst into tears and started talking emotionally about his farm, his family and his animals, saying that he had never been away from home. Now, he was afraid that he would no longer be able to do the work with the animals. From a medical point of view everything was fine and stable. We explained to him that his heart, after the replacement of the damaged valve, was better now than before, but that the healing process simply needed time (just like fruit needs time to grow and ripen). We encouraged him to take part in the therapies for building up his strength. After this clarifying conversation, the patient perked up, participated enthusiastically in the therapies and recovered surprisingly quickly. If only we had given better explanations to him from the very beginning!

Paul Tournier says (q21): [What is sometimes missing, is a real dialogue between doctor and patient, even if it is only about the treatment].

Many of us have already experienced how significantly painkillers and sleeping pills can be reduced when taking time for patients, when giving understandable answers to their questions, when staying with them even when they are angry or crying. In this way, as Paul Tournier says, we become an '**instrument of divine mercy** (Fig. 25b, q20), an instrument of God's healing love`.

Let us not forget that we are God's instruments, not God Himself! The French biologist and philosopher Jean Rostand said: [Science has made us gods before we have even earned the right to be men] (Fig. 26a, q22). And Louis Pasteur, the co-founder of microbiology, said: [A little science takes us away from God, a lot of science brings us closer to Him]. (Fig. 26b, q23)

I would like to conclude with excerpts from the book by Tobias Haberl, the author of the Süd-Deutsche Zeitung. It echoes what Paul Tournier said already more than half a century ago:

- (q24): [I refuse to believe that the world would be better, more beautiful or more just without God. Human beings as commodities and products? A jumble of interchangeable modules? A purely functional world in which no one can remember what it once was, and what it meant to be human? (q25). … Rather, I am convinced that, of course, many of our problems would not disappear overnight, but would lose their horror if more people were to engage again with God's sparkling counterworld ... where other things count and other laws apply. ... where there is no need to fear death because someone else died for us two thousand years ago]. ... (q25). And he quotes the philosopher Robert Spaemann: "Where

God is denied, reason ultimately collapses". [A purely functional world in which no one remembers what it was and really meant to be a human being] (q25).

- ➢ (q26): [When everyone is connected to everyone else at all times, the result is not closeness, but weariness; not intensity, but noise; not freedom, but dependence. We can see that the internet does not bring people together, but drives them apart, that solidarity is not increasing, but disappearing. ... After enriching us for a long time, technology has turned against us. It hinders us more than it helps us; it makes us unstable, fearful and lonely. ... What will our lives look like when everything, that is currently being researched, becomes reality one day? Will the world be better, more beautiful, more just? Or just more practical, more comfortable and smoother? Will we be really free, more empowered and happier? Or just more conformist and more domesticated? ...].

Here is another thought that came to me while reading the report about the nursing-robot in the retirement home (even though I think that such developments could have many advantages). In this text, the author clearly finds it amusing that the elderly people start greeting the passing robot, talk to it and hug it because they think it is a real person. The author finds it amusing how these elderly people can be deceived and pacified with such a simple machine! Doesn't this even show a certain contempt for human beings? Instead of closeness, affection and empathy, simply calculation, perhaps even feelings of power?

Tobias Haberl says elsewhere (q27): [The Christian faith is the only place where suffering and death are not suppressed or hushed up, but are taken seriously and accepted. ... While people are shunted by the healthcare system into a bureaucratic and cold-hearted jungle of care levels and insurance benefits in order to be somehow cleared away or disposed of, in the context of faith they are taken seriously and treated as human beings, not only until their death but beyond].

The German theologian Prof. Hans-Joachim Eckstein expresses it this way (q28):

[If we trustingly and confidently rely on biblical statements again and again and orient ourselves towards Jesus Christ, then we will experience that Jesus proves to be the best companion and most experienced teacher, especially for those who doubt and are uncertain, who question and seek. …

We humans are lost because we have lost God from our hearts, from our minds, from our sight**. We humans are lost – Jesus says: "I have come to seek and to save the lost"** (Luke 19:10)] (Fig. 27).

Références / Quellen (q):

1. Bilder aus dem Internet über «storage.googleapis.com» und von der «KGP Bern» (Kardiologische Gemeinschaftspraxis Bern)
2. Bilder aus dem Internet (über google-Suche), u.a. aus «medmovia.com»
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5. Bild aus einem Bericht über den Pflegeroboter auf der Nachrichtenseite des SRF
6. Foto des Schaufensters von Biognomics, Salzburg, aufgenommen von F. Matter
7. Text von Eleonore Fürstin von Reuss, Gräfin zu Stolberg-Wernigerode, 1867, zu finden in verschiedenen evangelischen Kirchen, Gemeinde-Liederbüchern und im Internet
8. Paul Torunier: «Vom Sinn unserer Krankheit», Herder Taschenbuch 1979 (Kurzfassung des Buches «Bibel und Medizin»). Seiten 101 – 108 paraphrasiert
9. Paul Tournier: «Vom Sinn unserer Krankheit», Herder Taschenbuch 1979 (Kurzfassung des Buches «Bibel und Medizin») – S. 106, paraphrasiert

10. Paul Tournier: «Im Angesicht des Leidens – Sinnerfahrung in dunkler Stunde», Herder-Taschenbuch, 1983, S. 139 -140, S. 151, teils paraphrasiert
11. Paul Tournier: «Vom Sinn unserer Krankheit», Herder Taschenbuch 1979 (Kurzfassung des Buches «Bibel und Medizin»). S. 20
12. «Le Temps» vom 08.03.2025, Artikel von Lamyae Benzakour und Hans Wolf
13. heart.org
14. Paul Tournier: «Im Angesicht des Leidens – Sinnerfahrung in dunkler Stunde», Herder-Taschenbuch, 1983, S. 151
15. Tobias Haberl: «Unter Heiden - Warum ich trotzdem Christ bleibe», btb – Verlag, 2024, S. 14 – 15
16. Christian Olding, «Klartext Bitte! - Glauben ohne Geschwätz», Herder-Verlag, 2017, Worte in der Einleitung (da Buch vergriffen, ist der Text aus einem Internet-Auszug genommen).
17. Paul Tournier: «Im Angesicht des Leidens – Sinnerfahrung in dunkler Stunde», Herder-Taschenbuch, 1983, S. 99
18. Zitat von Paul Claudel (1868 – 1955), evene.lefigaro.fr
19. Paul Tournier: «Vom Sinn unserer Krankheit», Herder Taschenbuch 1979 (Kurzfassung des Buches «Bibel und Medizin») – S. 138 und S. 35-36
20. Paul Tournier: «Vom Sinn unserer Krankheit», Herder Taschenbuch 1979 (Kurzfassung des Buches «Bibel und Medizin») – S. 207 + 208
21. Paul Tournier: «Im Angesicht des Leidens – Sinnerfahrung in dunkler Stunde», Herder-Taschenbuch, 1983, S. 53
22. Jean Rostand (1894 – 1977), citations.ouest-france.fr
23. Louis Pasteur (1822 – 1895), linternaute.com
24. Tobias Haberl: «Unter Heiden - Warum ich trotzdem Christ bleibe», btb – Verlag, 2024, S. 20
25. Tobias Haberl: «Unter Heiden - Warum ich trotzdem Christ bleibe», btb – Verlag, 2024, S. 21
26. Tobias Haberl: «Unter Heiden - Warum ich trotzdem Christ bleibe», btb – Verlag, 2024, S. 183 – 187, teils paraphrasiert
27. Tobias Haberl: «Unter Heiden - Warum ich trotzdem Christ bleibe», btb – Verlag, 2024, S. 172
28. Prof. Dr. Hans-Joachim Eckstein: Buch: «Sorge dich nicht, vertraue», SCM-Verlag, 2021, Seiten 5-14 (Einführung in das Thema Sorgen und Vertrauen)