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MEDICAL EDUCATION AND CATHOLIC DOCTRINE

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Freedom to teach what they believe to be right and correct in matters medical is a fundamental right of teachers in schools of medicine. This right exists, however, only if the teachers' opinions are based upon reasoning derived from adequate knowledge. Since nearly all medical practices have ethical implications, it is important for the teacher of medicine to have an adequate knowledge of the science of ethics, which has application in the art of medicine.

For most medical practices the ethical considerations are without doctrinal implication; that is, they are the same for all physicians, regardless of religious creed. Physicians who instruct interns and residents in hospitals, should of course refrain from teaching Catholic doctrine "Ex Professo," but they are bound to refrain from teachings which violate this doctrine and should, when occasion arises, explain its application to medical problems. It is their clear duty, as well, to incorporate ethical considerations which are without doctrinal implication into their medical teachings. Non-Catholic teachers frequently do not give Catholic views regarding problems which have doctrinal implications, and for this reason medical students who are Catholics should be encouraged to participate in the activities of Catholic Organizations, such as the Newman Club, so that they may learn to avoid practices which violate ethical principles.

In only three types of problems are there doctrinal implications in a consideration of the ethical aspects of medical practices. The first relates to the prevention of pregnancy, the second to sterilization, and the third to the interruption of pregnancy The first two of these problems do not need discussion. It should merely be stated that in the majority of instances the reasons for the prevention of pregnancy are social or economic rather than medical, and that when medical contraindication to pregnancy exists, continence, either total or during the fertile period, is to be advised. Sterilization is permissible only if it is the unintentional secondary effect of some operation performed for the cure or relief of serious or disabling disease.

I propose to discuss the third problem, and finally to mention some equally important considerations which bear upon ethics but not specifically upon Catholic doctrine.

The Interruption of Pregnancy

Regarding this problem there is a sharp conflict between Catho-

lic doctrine and non-Catholic belief. Catholic rules for the art of conduct state that it is morally wrong to sacrifice the life of a fetus in order to save the mother, but permits removal of a diseased organ (uterus or tube) whose presence threatens the life of the mother even though it may contain a living non-viable fetus. Ruptured ectopic pregnancy is the outstanding example[1] of such a circumstance.

Most non-Catholics, on the other hand, believe that it is ethically permissible to interrupt an early uterine pregnancy provided that the pregnancy threatens the life of the mother, and that its interruption affords the mother a reasonable chance of survival. Practical Catholics cannot accept this view, for reasons already mentioned, but it would be well to inquire into the problem from this point of view, and to consider how frequently interruption of pregnancy would be indicated.

The maternal diseases which most frequently enter into the problem are tuberculosis, heart disease, diabetes mellitus, and hypertension.

Tuberculosis. There has never been any good evidence that pregnancy has a deleterious effect upon women with tuberculosis. A recent complete report[1] from a Minnesota Sanatorium actually reveals a lower mortality and a higher incidence of arrested disease in cases of corresponding severity among women who had babies after they had developed tuberculosis than among tuberculous women who did not become pregnant during the period of observation. The consensus of present opinion among modern pthisiologists[2] is that pregnancies should not be interrupted in patients who have tuberculosis.

Diabetes. Women with diabetes are susceptible to toxemia of pregnancy, and are apt to give birth to large flabby babies which may be born dead or survive for only a few hours. Recent studies[3] demonstrate that some diabetic women who are pregnant excrete in the urine excessive amounts of chorionic gonadotropin and diminished amounts of estrogens. These are the ones who develop toxemia or who bear dead or feeble babies. The abnormality can be detected early in pregnancy by proper assay of the urine for gonadotropic hormone, and corrected by the administration of estrogens in large dosage. Toxemia may thus be prevented and normal babies delivered. The consensus of present authoritative opinion is that the existence of diabetes never constitutes an indication for the interruption of pregnancy.

Heart Disease. There is no doubt that pregnancy imposes an added burden upon the circulation. The added burden is slight during the seventh, eighth, and ninth weeks and diminishes during the last four weeks of pregnancy.[4] Labor itself does not seem to place much additional strain upon the heart, but immediately after delivery the cessation of blood flow

through the placenta suddenly throws an increased volume of blood back to the heart, and increases its work considerably for several hours. There is ample evidence that pregnancy is bad for women with serious valvular disease which has produced symptoms of cardiac embarrassment before the inception of pregnancy, but no evidence at all that hearts affected by a slight or moderate degree of valvular deformity do not adequately bear the extra burden of pregnancy.

The question of interruption of pregnancy would therefore arise only in the case of advanced valvular disease with cardiac enlargement and definite electrocardiographic abnormality. Such a case occurs only rarely, since fertility is greatly reduced in women with serious heart disease. Even in such cases, the mother is usually safe and the baby is born alive provided that the best of medical care is given during pregnancy, labor, and the puerperium. Special observation and care are needed during the latter months of pregnancy and during the first hours of the puerperium. Most of the mothers who have died have not had adequate care. The consensus of opinion today among qualified cardiologists is that nearly all pregnancies in persons with heart disease should be allowed to continue.

Hypertension. The effect of pregnancy upon pre-existing hypertension is not definitely known. In a recent article, Foa, Foa and Peet[5] state: "Some investigators reported that hypertension improves with pregnancy, while others claim that the symptoms become more severe and death follows rapidly." It is well known that some women with hypertension die during late pregnancy, while others carry on in normal fashion through repeated pregnancies. Some women survive after the interruption of early pregnancy, while in others the disease progresses to a fatal termination in spite of the performance of therapeutic abortion. Pregnancy exerts a beneficial effect upon experimental hypertension produced by renal ischemia in animals.[5] It is thus seen that in the light of present inadequate knowledge no clear indication for interruption of pregnancy exists in hypertension. At present we are beginning a study in which attempt will be made to determine the effect of pregnancy upon hypertension, and the effect of therapeutic abortion in such cases.

Catholic versus Non-Catholic Viewpoint. The preceding discussion has, I believe, shown that in the light of present-day medical knowledge, the Catholic viewpoint forbidding the direct interruption of pregnancy is supported by non-Catholic, qualified medical opinion. Catholic physicians should all become thoroughly conversant with modern medical practices in this regard, and give the benefit of their knowledge to their colleagues, residents, interns, and medical students, as abortions are

still being advised and performed all too frequently by earnest but poorly informed physicians. Catholic teachers in medical schools, and Catholics on examining boards should discourage use of the frequently asked examination question: "List the indications for therapeutic abortion." Emphasis in instruction and examination should rather be placed upon the effect of pregnancy on the course of maternal diseases, the care of maternal diseases during pregnancy, and the evil results of therapeutic abortion. Catholic physicians should not allow their religious convictions to prompt them to teach anything in matters medical that is not strictly true; but an increasing knowledge of scientific truth vindicates more and more the Catholic position.

Ethical Considerations without Doctrinal Implication

The medical student receives no formal instruction regarding the ethics of medical practice. What he, and most physicians as well, regards as medical ethics is a set of rules, consisting mostly of courtesies, which have been handed down by tradition, and which are abstracted in a booklet published by the American Medical Association. These rules are laudable, but superficial. Many young men, of good character, undertake the study of medicine because they see in that profession the opportunity to achieve financial success: nothing happens during their undergraduate medical careers to make them see that medicine, properly practiced, cannot lead to riches, but that success must be in service and accomplishment. They graduate with fairly adequate knowledge, but soon learn, subconsciously, that service and accomplishment are not necessary for financial success. They cling only to the superficialities of medicine, and gradually deteriorate into mediocre self-satisfied practitioners who cannot profit by their own medical experiences.

Students and young physicians should learn to apply the virtues of justice, humility, and charity to the art of medicine. They must learn to be conscientious, and come to know that they cannot be truly conscientious if they allow themselves to become ignorant. They should know that they will become ignorant if they do not continue to study, for the sciences and arts of medicine are ever changing. They should learn to be progressive, without being daring.

Students learn the arts of medicine by practice under the supervision of their instructors. A great opportunity for the teaching of an art of conduct lies with the teacher in the ward and clinic, and he can teach best by example. Kindness to patients, thoroughness in case studies, justice to students, practice of the virtues which he wishes his students to practice in the future, are the best means of assuring a generation of truly ethical practitioners.

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Rationing

Dr. Charles F. Wilinsky, Deputy Commissioner of Health, Boston, in an article in the current issue of the *New England Journal of Medicine* on "Hospitals and the War," says that the hospitals face the challenge of adjusting themselves to curtailed personnel and rising cost and scarcity of supplies while at the same time maintaining the high standards which are important for the preservation of life.

"Judgment in its keenest form," he states, "will have to be exercised. The use of substitutes and relatively simple methods and procedures will be justified. The critically ill must have priority, and there must be a rationing, so to speak, of doctors, patients and hospital beds when that appears necessary."