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Moderator's Page

Catholic Physicians' Guild

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ciation guidelines on hospital relationships. Fortunately, the CHA has been most gracious in joining with us in the formation of a liaison committee to resolve these problems and we are very hopeful that by years' end all will be well.

In a more patient oriented vein it seems that the problems of the dying patient are every year becoming more difficult, primarily because of the evolution of a more sophisticated mode of the physician's practice which enables him to more efficiently care for an increasing number of exotic diseases but definitely and effectively removes him from the home and bedside of the dying patient. A Christian approach to the patient necessitates the development of systems of medical care which can supply the support which charity for the patient demands. We are hopeful that by focusing attention on this problem a beginning toward solutions may occur.

Finally, I would exhort each one of us to persist tenaciously in our pro-life commitments. The next several years are bound to be bleak and discouraging until our educational efforts begin to take effect in this pluralistic society. When the average person finally recognizes his fellow human being in the unborn, the senile, and the retarded, only then will these, our most vulnerable brothers, be safe in this society.

Edward G. Kilroy, M.D.

Moderator's Page

One could visualize a physician saying to himself while visiting his patient at the hospital, "I hope he is asleep when I get to his room; I hardly know what to say that will be acceptable."

The dilemma as to what, how much, and when to tell a person who is ill must be a frequent and unpleasant experience, especially when "he who is sick" is in serious condition. It would seem that the traditional "bedside manner" which brought physicians great fame in the past could still be very relevant and meaningful in these extremely busy days. For the patient who is wondering about his health, the evenings are long, and his worry may cause not only frustration, but psychosomatic problems as well.

While the doctor of the past did not have the technological knowledge and equipment of today, he did use his art of curing with words as well as medicine. Jesus said, "It is not on bread alone that man lives, but by every WORD that comes forth from the mouth of God." Physicians do take the place of God's Son in their priestly role of curing, healing, comforting and consoling their brother in need.

A Catholic physician should not be embarrassed to ask his suffering patient for prayers. Words uttered in pain, like those of Jesus on the

Cross, when uplifted in prayer have a value beyond the comprehension of man for they reflect a personal union with the redemptive suffering of Christ which leads to Eternal Life.

The mystery of pain can hardly be explained. Yet the sick person is to be reminded that his is a special calling, a vocation. Just as there are some called to preach, others to perform apostolic works, those who are ill have a call to suffer—as did Christ in the mystery of reparation for sin.

Combining the technical with the spiritual makes the physician's visit to the patient not only welcomed, but meaningful. It is his opportunity to witness his presence of the gospel in a very real sense. The patient then becomes more than a client, he becomes a brother.

The Good Samaritan was looked upon as a "brother" when he administered to the victim taken among robbers, and then provided for his care. Jesus, when asked how one could obtain "Eternal Life," referred to the Samaritan and then said "Go and do in like manner."

Blessed is the Catholic physician who is privileged to see his profession not only as a vocation, but as an opportunity to become a messenger from God to do good for his brothers called to suffer. Surely these people must be special, for God called His own Son to do the same.

Msgr. Dino J. Lorenzetti

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