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The Apostolate of the Physician

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Beginning with the notion that this is a period of renewal in the Church and especially a renewal of the laity, it is particularly worthwhile that physicians consider renewing their own Apostolate. To some extent this has been done in an article published in the November 1966 issue of the Linacre Quarterly entitled, "The Catholic Physicians' Guild — Do We Really Need One?" by Edward J. Lauth, Jr., M.D. I believe that Dr. Lauth's article should trigger a charitable but lively dialogue in the pages of this journal. In this manner the Catholic physicians of this nation will hew, perhaps not altogether painlessly, a new concept of their own Apostolate in the Modern World.

To accept Dr. Lauth's challenge, then, I would like to suggest that, analagous to that recommended by Vatican II for the large archdioceses of this country (subdivision for a more efficient operation), the larger Guilds, including my own Albany Guild, be subdivided into smaller, more autonomous and, hopefully, more effective community branches. Dr. Lauth indicated that Guilds meet quarterly, semi-annually, and some convene but once a year. I aver that this is insufficient for cohesive, Catholic-physician-action. The difficulty is that with the heavy meeting schedule of each physician to maintain his County Medical Society membership, specialty Fellowship or hospital privileges, it is virtually impossible to attend more Guild meetings. In addition, it is my impression of Vatican II and "The Decree on the Apostolate of the Laity," that, as Catholic physicians, we should inform the secular professional societies rather than withdraw from them. We must meet our colleagues in the county and hospital staff meetings and bring with charity Christian example and ethic to those meetings. It is evident that meeting quarterly or less often as a Guild to formally denounce abortion, contraception, murder, and so forth is not as significant as bringing a strong secular argument into the public forum of the lay and professional community. I propose, therefore, that a community or county with five to ten Catholic physicians organize its own "sub-chapter" of a Guild. The chairman of each "sub-chapter" could serve on the executive board of the Diocesan Guild which need not meet more often than bi-annually, except for special need.

Continuing in what I believe to be the spirit of the Decree on the Apostolate of the Laity, I would disagree with Dr. Lauth in his proposal that we approach the Bishop with the statement, "Your Excellency, we are a Guild of Catholic physicians who offer to the Church our energies as Catholics and physicians in whatsoever way you see fit." On the contrary, we who are in and of the medical world see very clearly the problems faced by Catholic physicians and their patients and we ought therefore to approach our Ordinaries respectfully and forth-rightly with solid information and advice on how we feel these problems might be met. The Bishop, of course, is free to disagree but it has been manifested that there is not a member of the Hierarchy in the United States who knows better than the lowliest general practitioner in the most remote rural area the medical-moral problems encountered in offices every day of the week. A well-informed Bishop would welcome positive counsel from his Diocesan Guild's executive board in meeting these situations.

Considering other positive suggestions in the defining and development of the Catholic physician's apostolate, I would propose that Guilds with their financial resources, their lobbyists, and their legal counsel take the responsibility for forming broad policy and performance on a higher secular level in major national issues, such as abortion. They should, however, continue to be receptive and open to the suggestions and problems of the membership, especially through the pages of the LINACRE QUARTERLY which could be used for a testing ground of opinion, as provided for this article.

The "sub-chapter" must take the responsibility of addressing its own community through the press or engaging in debate and discussion with the medical profession and the citizens at large. Since such encounters would be with a religiously pluralistic community, I repeat that our discussion should be developed most strongly from the secular point of view. In so doing, however, it must be founded on the basic ethic formulated by Christian Revelation and Reason.

Additional fields for the local apostolate are numerous. I have been besieged with requests for pre-Cana discussions, Confraternity of Christian Doctrine marriage courses for high school seniors (public and parochial), Family Information Center discussions (rhythm clinics), Newman Center dialogue groups and other groups for sessions on medical-moral problems. I am not involved, but the physician may have a role in the Christian Family Movement. In addition, I have served as secretary for an informal mixed Christian Bible discussion group, meeting monthly. I am not seeking compliment; I am simply emphasizing that every Catholic physician can and should be as involved as he can in the lay apostolate. Beyond the above, he can also become involved in projects not necessarily relating to his training as a physician — the poverty and housing programs, and so forth. As a matter of fact, however, my schedule is filled with the programs specifically related to the Catholic physician.

I would agree with Dr. Louth regarding missionary efforts. I am in accord with the thought that a month or six months, perhaps even a year, service does not satisfy the average physician's apostolate, except in two distinct instances:

(1) A physician whose children are not ready for school might offer no less than a two-year period of service before establishing his practice. Less than 18-24 months is hardly time to familiarize oneself with the problems of the missions. This thought, in turn, suggests another sphere of Guild action, encouragement of fourth year medical students, interns and residents toward a missionary commitment with Diocesan Guild financial assistance and on the return of these same missionaries, either enrollment in a post-graduate training program of their choice or establishment of their practice.

(2) A physician whose children have been educated might retire from the local wars and devote the remainder or a part of his medical life to the missions. Apropos mission work, I would refer interested parties to Monsignor Ivan Illich's stunningly frank and penetrating analysis of the Latin-American mission situation (*America,* Jan. 21, 1967). It is important to note that missionary work does not necessarily mean flying to Africa. Not sixty miles from my office is a community begging for a physician. My own community could easily survive with one less general practitioner. Could not some of our physicians consider migrating to these needy communities of our country? This would certainly be *mission* work in the most basic sense of the word.

I know there will be exception taken to what I have written here. However, I note this even after having spent the month of April, 1965 in Guatemala. From a practical point of view, and painful as it is to admit, I accomplished nothing of a practical medical nature while I was there. In some respects I did deepen my own spirituality. If any physician wishes to make a month-long retreat, then I would certainly urge him to consider a month in the missions.

Another ex-Guatemalan medical-missionary and I have found that for thirty dollars a month, each expending this, we can provide for a native physician at the same mission in which we worked. He understands the language, the people, the diseases; furthermore, he can teach his people the rudiments of hygiene, public health, midwifery, and so forth and most importantly, the method which best helps these people is the one which teaches them to help themselves. Their own doctors in their own communities, assisted by us financially, best answer that description. Hopefully some native physicians will remain in areas in which they have become interested on completion of their tour of duty. In this connection, I suggest using the services of the Catholic Medical Mission Board directed by Reverend Edward Kennedy, S.J. and Mr. George Kish to recruit native students or doctors in mission areas to be subsidized by sub-chapter Guilds. Such groups should be able to provide $50.00 to $200.00 a month. In the Guatemalan mission to which I have previously referred, my colleague and I are providing a break-through in health service for more than 80,000 Indians. Think of the immense investment of those few dollars! Our beloved Pope, John XXIII sorrowfully pointed out that two-thirds of the world's population is hungry and sick. We have felt a greater sense of accomplishment in providing for that native doctor these two years than we did from a month of our own service.

Another potential apostolate for the Guild relates to the employment by community hospitals of Indian, Philippine, Pakistani and other interns. In January 1966, we learned from a Pakistani intern that his 1500 bed hospital, associated with a medical college in the second largest city of Pakistan did not have rotating tourniquets, a pace-maker or a Bennett machine. May I suggest that Guild members encourage county medical societies to look into similar needs. Certainly help from our medical community to theirs is a worthwhile mission project. In another vein, a sub-chapter could agree, for a variable period of time, to underwrite the needs of a foreign intern returning to his home to set up practice, perhaps in a rural area.

We hope that this article will elicit further thoughts and comments from our readers.

[DR. PAGANELLI, a member of the Albany, New York Catholic Physicians' Guild, advises that following the Guild's White Mass last year, he was privileged to be part of the audience addressed by Msgr. J. A. Goodwine, formerly professor of Theology at Dunwoodie Seminary, Yonkers, New York. He discussed, "The Apostolate of the Physician" and from his thoughts Dr. Paganelli borrowed inspiration and material for this article.]

ADVICE TO AUTHORS

Articles on topics of potential interest to the Catholic physician *as a Catholic and as a physician* are earnestly solicited. A goodly portion of THE LINACRE QUARTERLY readers are not members of the medical profession but are engaged in allied health fields, teach moral theology, or serve in hospitals, and material for their benefit would also be welcome. The subject matter may be predominantly philosophical, religious, or medico-moral in nature. Material should be typewritten, double-spaced, with good margins and on one side of the paper only. Manuscripts (*original* and *one copy*) should be submitted to the Editorial Office of THE LINACRE QUARTERLY, 1438 South Grand Blvd., St. Louis, Missouri, 63104. One additional copy should be retained by the author. Full editorial privileges are reserved. References if used should appear at the end of the article and should conform to the usage of the *Index Medicus*. (This format is that employed in the Abstract Section of THE LINACRE QUARTERLY.) A brief but pertinent *curriculum vitae* of the author(s) should accompany the manuscript. The Thomas Linacre Award is made annually to the author(s) of the original article adjudged to be the best to appear in THE LINACRE QUARTERLY during each calendar year.