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Television Series on Catholic Approaches to Medical Problems

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The Catholic Physicians' Guild of Chicago, during the early part of 1964, presented a series of 13 television programs on WTTW, Channel 11, Chicago. These were 30-minute shows carried from 8:00 to 8:30 P.M. on Tuesday evenings. The reason prime time was available for such a program is that WTTW is an educational station. The Archdiocese of Chicago has a Radio-Television Office under the direction of Rev. John Banahan. This office is responsible for a considerable number of individual programs or series on all Chicago stations throughout the year. These are planned and presented to appeal to a variety of audiences and present a variety of approaches. It was in this context that Father Banahan requested the cooperation of the Catholic Physicians' Guild. We are reporting our experiences with this activity in order to call it to the attention of other Guilds, possibly stimulate further work along these lines, and outline our resulting thoughts for the future.

Each group involved has its own motivation in presenting such a program. Television stations, whether operated for profit or educational in nature, provide some hours for public service. They are interested in well-conceived, well-presented programs to fit into this time. The Archdiocese is, of course, interested in teaching. This includes teaching both Catholics and

non-Catholics about the Catholic doctor and his medical ethics and principles.

The general format was in the nature of a discussion; participants were two lay moderators, two physicians, and either a third physician or a priest, depending on the given subject. The subjects discussed were the following:

- Respect for Life
- The Family
- Parent-Child Relationships
- The Exceptional Child
- Sex Education
- Medical Institutions
- Surgery
- Psychiatry
- Research
- The Dying Patient
- Rehabilitation
- Geriatrics
- Medical Missions

The Executive Committee of the Guild and an *ad hoc* subcommittee of five members assisted Father Banahan in selecting the topics to be covered and the appropriate speakers. The majority of the speakers were Guild members, but in some cases we invited non-member Catholic physicians to participate. The planning committee developed a series of questions on each topic. Before the broadcast, these were sent to the moderators for study and to the panel members as suggestions of subjects they might wish to discuss. The panelists were

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not held to the guideline questions but were asked to bring in their own interests and viewpoints. In selection of topics we specifically avoided the subjects of abortion and birth control. This was done because we felt that to many people those two subjects represent the sum total of Catholic medical ethics. We felt that, since they are discussed sufficiently in other forms, it was not necessary to cover these subjects in the present series.

Formal clearance was obtained from the Medical Ethics Committee of the Chicago Medical Society. Such clearance is important and should be obtained early in the planning stage of a program or series.

The idea for this series was originally an interview session—that is, moderators interviewing a single physician. The Guild felt it preferable to participate in a series of programs in which the focus was discussion among a group of physicians. In our series two lay moderators were present. Our feeling is that a single moderator is probably better.

This then leads to related questions: Who should the moderator be—layman, priest or physician? A layman as the moderator offers the advantage of a viewpoint comparable to that of the audience. He will tend to keep subjects, viewpoints, and vocabulary from becoming too technical. On the other hand, since physicians and priests spend most of their time communicating with laymen and have to be able to do this in meaningful ways, either should be able to do well as moderator. Whoever is moderator, his role must be clearly defined in advance: Is he to carry the program as an interviewer or is his mission to initiate the show and occasionally guide it gently, primarily serving as a catalyst to the free-flowing discussion between the members of the

panel? More spontaneity and better panelist participation results from the second alternative. The moderator should be prepared for a more active role in the occasional case when the panel might not carry itself. Another related question is the number of panel members. Our experience leads us to feel that for this type of program three is a good number. If three are assigned and at the last moment one is prevented from appearing, program flow is not disturbed; if one member of the panel does not actively participate, the program flow still continues. Exchange between several people appeared to be the most important factor in a successful program. In many areas, such as "Medical Institutions," "The Exceptional Child," "Research," and "The Dying Patient," it was felt that priests could significantly contribute to the discussion. On some other programs, discussion was carried on solely between physicians. Informal conversation between panelists and moderator for 30-60 minutes prior to broadcast time aided in relaxing people and having a free flow of discussion.

The 30-minute length of these programs raised some questions. Some have asked: "Would it not have been better to have a smaller number of programs for the duration of an hour so that more depth could be had for the discussion?" The question was only theoretical, since 30 minutes was the time made available by the station. On the other hand, we felt that while increased depth would be valuable some people will watch a 30-minute telecast of this serious nature who would not watch a longer one. Being televised on an educational station, our shows had no interruptions for station breaks or commercials. All in all, we feel advantages and disadvantages probably neutralized

each other and one can plan according to the time available.

Newspaper listings of this program were under the over-all title of the series which, derived by the non-physician portion of the planning group, ended up as "Life, Death, and Hippocrates." It is our feeling that listing of each week's program by specific subject for that week would stimulate more specific listener interest.

The moderator raised some question that the programs were not sufficiently controversial. We felt that our purpose was not to stimulate controversy but rather to present Catholic viewpoints. The subject matter of the programs in many cases was such that major controversy would not ensue. Such programs as "Respect for Life," "Parent-Child Relationships," and "Medical Missions" by their nature would be more informative than controversial. Where the subjects discussed were primarily moral and ethical principles, usually significant controversy concerning the principles themselves would not arise; controversy arises with specific applications of principles to particular situations.

Therefore, if more argument is desired, probably the best way to induce it would be to present specific or hy-

pothetical cases and explore the principles involved and possible resulting actions.

Although we felt the problems discussed in this series were well covered from the viewpoint of good medical practice, it was found that on some programs spiritual aspects were not sufficiently emphasized. In any future programs we will try to have more emphasis in this area by including more spiritual material in our guideline questions and in suggestions to panelists and moderators.

Such a series could also be used to further interracial and interfaith dialogue. In the 13 programs, a total of 33 physicians participated. The largest number were general practitioners, internists, and surgeons, but representatives of eight other specific fields of medicine participated.

All in all, it was an interesting and pleasant experience. The physicians involved were uniformly articulate and projected a serious and sincere concern for the spiritual and medical aspects of their patients. Audience response was favorable. It is our feeling that this is a Guild activity which we would like to extend in our community and that other Guilds might find worthwhile.

