

11-1-1974

[Book Review of] *The Pastor and the Patient: An Informal Guide to New Directions in Medical Ethics*, by William Jacobs

Robert Roger Lebel

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

 Part of the [Ethics and Political Philosophy Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

Lebel, Robert Roger (1974) "[Book Review of] *The Pastor and the Patient: An Informal Guide to New Directions in Medical Ethics*, by William Jacobs," *The Linacre Quarterly*: Vol. 41: No. 4, Article 13.

Available at: <http://epublications.marquette.edu/lnq/vol41/iss4/13>

great deal to enlarge one another's outlook. The book is well worth reading and can be recommended both to the person who has little knowledge on the subject of Natural Family Planning and to the one who knows a considerable amount but would like to explore further.

Reviewed by:
Hanna Klaus, M.D.
St. Louis University
Medical School
St. Louis, Missouri

We welcome Dr. Klaus to the pages of the Linacre Quarterly. An Assistant Professor in the department of OB-GYN at St. Louis University Medical School, she is the author of numerous scholarly papers. Dr. Klaus is a Diplomate of the American Board of Obstetrics and Gynecology and a Fellow of the American College of Obstetricians and Gynecologists.

Book Review

The Pastor and the Patient: An Informal Guide to New Directions in Medical Ethics

by William Jacobs

Paulist Press, 1973, 186 pp.

First-hand experience, active faith, and prayerful reflection are evident ingredients in this book, clearly written out of love for the Church — to criticize where that is called for, and to share the fruits of carefully interpreted observations. It is required reading for any priest who claims to minister to those in need of medical attention.

Dr. Jacobs discusses every major medical field involving moral decisions. Thirteen chapters treat contraception, sterilization and abortion, life and death, experimentation and organ transplantation, genetic engineering and surgery, artificial insemination, psychiatric care and drug addictions, physician-patient relationships, health care policies and expenses, confidentiality, and the intricacies of decision making.

The primary theme of the book is the priest's role in all of this. Jacobs repeatedly points out that the Church does not, cannot exercise the kind of arbitrary authority for which we may have once looked. "Our absolutes are fading fast and will probably never be heard from again."

He rejects the domino theory which fears that a broad definition of 'extraordinary means' leads to wholesale euthanasia, or that a more open attitude toward contraception and abortion ends in abuses

and immorality. With Andre Hellegers, he reminds us that there is more to morality than sex . . . 'We have to get our ethics above the umbilicus.'

The priest needs to be radically open, flexible, non-judgemental, alert, in touch with medical progress, sharing peoples' ambiguities, resisting the temptation to be peremptory or dogmatic, caring, visiting, listening. Yes, he must be willing to teach what the Church teaches, but also to show with his own life that those who reject what is taught are still (all the more) deeply, fully loved by the Lord. The priest wants to love those the Lord loves. If he is to be a sign of the Lord's presence, he must convey to the patient a sense that love is lasting, that acceptance is uncompromised by disagreement on any issue of decision. Richard McCormick: "One does not obey teachers." One learns from them. Jacobs: "A good human solution is quite often the best Christian solution."

Another major theme that cuts across the lines of the various chapters is the patient's right to know. Jacob is (happily) strong on this point. A dying patient should know that he is dying as soon as the fact is reliably ascertained — and the one to tell him is his physician, who knows both patient and disease. The doctor also has a responsibility to keep his patient well informed about tests and operative procedures he is undergoing. Above all, consent for experimental work must be based on thorough understanding. And confidentiality of records is repeatedly emphasized as a prime value. The ethical obligations of the physician and other medical personnel constitute an area to which the priest must be alert if he is to be a prophet and teacher in the total medical context.

Another realm in which information needs to be thorough is that of genetic counseling. It is an old axiom of moral theology that a decision is not authentically *moral* unless it is made on the basis of the fullest possible information. Any kind of withholding is inadmissible, since it effectively arrogates decision to the selective informer.

There is an important bow toward Alcoholics Anonymous, at last a public admission that AA has probably done more for alcohol addicts than all the physicians, psychiatrists and priests. This is of great importance to the pastor, who needs to appreciate that the vast majority of drug addicts are hooked on alcohol, that the clergyman is usually the first helper sought out by the alcoholic, and that the kind of total-person therapy employed by AA is the only ultimately reliable one.

Jacobs' style is not always clear and clean. More importantly, there is one significant factual blunder: "In a case of the XXY chromosome, associated with criminal behavior . . . abortion (may

be acceptable)." It is obvious that the reference is to XYY ("double Y") rather than XXY (Klinefelter's Syndrome). But the relationship of the supernumerary Y chromosome to antisocial behavior is not by any means clearly established; there is a good chance that we have all met such men without having noticed anything special about them. XXY, for its part, is characterized by mental retardation and sterility, not "notably sexual criminal behavior."

Jacobs points out that about 20% "of the existing population carries some deleterious mutation." This may be an underestimate. But he seems to overstate the biological problems of artificial insemination by donor, which are played down by the experts.

These few objections notwithstanding, this book is valuable as a refresher-stimulant to those already experienced in the field of ministry to medical personnel and patients, and a fine starting place for those entering the work.

Reviewed by:

Robert Roger Lebel, S.J.
Jesuit School of Theology
Berkeley, California

Book Review

Law and Ethics of A.I.D. and Embryo Transfer

*Ciba Foundation Symposium 17, Associated Scientific Publishers,
New York, Amsterdam, London, 1973, 110 pp.*

Twenty-two experts took part in the 1973 Ciba symposium — 17 of them British, two French, one Polish, one Canadian and one American. Their expertise ranged through genetics, physiology, philosophy, law, moral theology, psychology and obstetrics-gynecology.

Forty percent of the book is devoted to the discussions. The editors seem to have departed from custom in keeping these intact rather than tidying them up for publication. There is a sense

of liveliness: one can almost hear the chiming in from opposite ends of the room . . . the particular interests and biases. On the other hand, there is a problem of *non sequitur* remarks that suggests a lack of listening among the participants. Flair and awkwardness are both preserved. This disjointedness is perhaps to be expected, reflecting the state of the questions in the minds of the 'experts' as well as the public. We can hope for clarification to emerge, somewhere, soon.