

August 1991

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Recommended Citation

Barnet, Robert J.. (1991) "President's Page: Perestroika, Glasnost and Beyond A message about the state of the National Federation of Catholic Physicians' Guilds," *The Linacre Quarterly*: Vol. 58: No. 3, Article 2.
Available at: <http://epublications.marquette.edu/lnq/vol58/iss3/2>

President's Page



Perestroika, Glasnost & Beyond

A message about the state of the National Federation
of
Catholic Physicians' Guilds

That deep amazement at man's worth and dignity is the Gospel, that is to say: the Good News. It is also called Christianity.

Pope John Paul II, Redemptor Hominis¹

Perestroika

One year ago my predecessor, Dr. Joseph Lucci, in his President's Page wrote of the need for **perestroika** or "restructuring." The Federation, this past year, has taken some initial steps in that direction. The number of regions, each with two board members, has been increased from eight to ten and rearranged to reflect recent demographic changes. A board position has been added for the military guilds.

However, more must be done than to simply change the structure. In recent years, in part because of inactivity at the local level, new board members have typically been nominated by incumbent board members. There is a danger that the continuation of such a process will lead to a self-perpetuating "old boys' club." Our constitution, recognizing that we are a *federation*, calls for individual guilds to submit nominees. If we are to be a **representative** organization there needs to be a revival and reinvigoration of

local guilds, and their members need to participate in their local activities and the annual membership meeting.

As with our national electorate, an attitude has developed that things cannot be changed and participation has dropped dramatically. We should strive for a more representative board with a broader, more active and more involved membership base. We will vote at the annual meeting this fall to fill a number of vacancies. I urge the constituent guilds and "key contacts" in the regions to submit candidates. I encourage more to attend the October meeting in Ann Arbor as well as future meetings. I plead with those who do attend to participate in the business sessions and to speak out.

Why bother? Many former and potential members of the Federation have lost interest because of what is perceived as a narrowness and a lack of relevance on the part of the Federation. There are critical issues and some forum is essential. I know of no more appropriate existing vehicles than the Federation and *The Linacre Quarterly*. One way to involve others in the dialogue is to be more open and responsive. To allow dissenting views need not entail compromise on principle. What better way to clarify our own positions?

Less than 5% of Catholic physicians in the United States receive *The Linacre*; far fewer attend the annual meeting. What better places than local Guild events, the pages of *The Linacre*, and the annual national meeting to present controversy? How better to enter into a dialogue with young and alienated physicians?

Many of us, as medical students, first learned of the Federation through the *Linacre Quarterly*. Part of Joe Lucci's call for perestroika was a plea for increased involvement of young physicians and medical students. Arrangements have been made to distribute copies of *The Linacre* to interested medical students at the five Catholic medical schools. This approach should be extended and can be by individual members sending subscriptions to students, house officers and colleagues whom they know personally. Invite them to local meetings as well; but first make sure that the meeting will be relevant and meaningful for them.

At present, membership in the Federation is limited to Catholic physicians and dentists. There are many others who have shared values and concerns. At past board meetings I have proposed that general membership be open to all who share our ideas and values. That proposal has been rejected. I hope that its time will come.

Glasnost

Integral to what has happened in the past two years in China, Russia, Eastern Europe, in Southern Africa, and now in parts of the Persian Gulf has also been a plea for glasnost or "openness." We applaud the concept in those areas. Shouldn't we do the same in our own house?

Part of the tradition of medicine and science has been critical inquiry. That should be no less true of medical ethics than of other facets of our

practices. Moral discourse is at least as vital as other types of decision making. In recent years increasing patient autonomy has added a new, challenging, and often unnerving aspect. I know of no viable professional community in which patients or colleagues do not contest decisions, medical and moral. Many are searching for answers. They are most likely to find them when they feel free to ask questions.

There is a hazard, of course, in dealing openly with controversy. Both perestroika and glasnost involve some risks, as we have learned. That has been one of the lessons of the Second Vatican Council as well as recent world history. But the risks are necessary. Whether it is Russia, the Church, or the Federation, authoritarian repression of dissent will only lead to alienation and an isolated, sterile, and shriveled organization. An organization that requires unquestioning acquiescence on the part of its members will only lead to isolation and cultivate mediocrity. If we fear challenges to our positions then we should question the validity of our stance. The solution is not to avoid challenges but to be better prepared to deal with them.

The *Linacre* must remain open and continue to present articles of dissent and dispute and not become a "house organ." The editor, Dr. John Mullooly, has not been afraid to deal with controversy. I commend him for that. However, if we are too parochial and doctrinaire we will only be ignored. Perhaps it is time for even more openness and dialogue. Such an attitude is critical if the readership is to increase and if we are to attract those now alienated.

The *Letters to The Editor* page provides an excellent opportunity to present differing opinions and to challenge the leadership of the Federation. We should all make more use of that option.

To applaud perestroika, and especially glasnost, in our neighbors' homes and to deny it in our own makes no sense. We should commend such changes, not because they represent the triumph of Capitalism over Marxism, or even Democracy over Socialism. We should applaud them because they seek to insure communities based on a universal recognition of the importance of human dignity. The changes that we should seek and encourage, both at home and abroad, are those which will best nourish and earn respect for that same human dignity.

And Beyond

It is clear that the single most important issue that we are faced with today as a concerned moral community is the attack on the dignity and value of each human life.

There is an uncomfortable tension between stability and change, between the reality of limits and recognition of the need to do what is necessary to insure the dignity of life. On one hand the acceptance of abortion, assisted suicide, and calls for euthanasia buffet us. In the middle, the hard choice of when it is appropriate to discontinue certain interventions, such as fluid and

nutrition, remains a dilemma. And on the other hand we need to recognize that there *are* limits and that medicine, science and technology cannot, and should not, be seen as the answer to every need. That, in part, is what Christianity is all about.

Much of what I have argued this past year is that there are challenges that we cannot disregard. We are part of the larger community and we cannot, should not, deny or ignore that reality. Is there a foundational principle on which we should focus?

In his stirring and inspiring keynote address, Father Michael Himes at the Notre Dame meeting last fall called our attention to an important passage in Pope John Paul II's first encyclical:

How precious must man be in the eyes of the Creator . . . if God gave his only Son . . .

In reality, the name for that deep amazement at man's worth and dignity is the Gospel, that is to say the Good News. It is also called Christianity. This amazement determines the Church's mission in the world and perhaps even more so, "in the modern world."

Father Himes went on to note that we are made in the image and likeness of God. It is that image that unites us with God. It not only unites you and me, but everyone. With our mission deeply rooted in that fact, our daily actions should be based on a recognition of that reality.

There are two especially powerful black and white Fritz Eichenberg etchings that bring home that thought. One, *The Lord's Supper*, is of a group of men, obviously old and poor and needy. We would call them "street people" today. They are gathered around the table sipping their sparse soup. With them, back to us, indistinguishable except for the halo, sits Christ.

The second sketch is of seven tired, hungry and cold people, one a woman, in a breadline. Heads bowed, they stand, each with shawl or blanket, if owned, drawn tight. None is really different, except the one in the middle has a halo.

The lesson? Each step of the way, with each encounter at the bedside, across the desk, in the clinic or the emergency room, we should recognize the image of God in every individual. And act with that in mind.

What is needed now, most of all, is openness and a re-evaluation, a conciliatory renewal within our society, our profession, the Federation and in the Church. Key to that must be a recognition that essential to Christianity is "amazement" at the dignity of each and every person. Plans, priorities, and actions should follow that both recognize and nourish that reality. Included should be the promotion of positive changes in our society and in health care delivery that are rooted in that recognition. With that we may come closer to the building of a stronger moral community.

With that, some of the hard choices may be made easier.

—Robert J. Barnet
President NFCPG

1. Pope John Paul II, *Redemptor Hominis*, Section II, 10. March 4, 1979.