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Letters...

Catholic Physicians' Guild

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Letters...

Letter from Hawaii

In Japan, a nation of 112 million people who are overwhelmingly Buddhist and Shinto oriented, there are approximately 163,000 medical doctors,* most of whom are similarly oriented. But among those 163,000 there is a tiny group, less than 1% of about 1,000 Catholic medical doctors. And 500 of the 1,000 comprise the small but active Japan Catholic Medical Association, now 30 years old.

Since only about 400,000 of the nation's millions are Catholic, the percentage of medical doctors in the Catholic population is greater than the total number of doctors in the entire population which resides in a land area somewhat smaller than California.

The Japan Catholic Medical Association was founded in 1951 in Tokyo by a few doctors who were interested in studying Catholicism, especially as related to the practice of medicine. There are now 16 branches of the national association, one in each of the 16 Catholic dioceses in Japan. Branches have monthly meetings, and the national group meets annually.

Just as abortion is a public issue in the United States, it has long been a subject for action by the Japanese Catholic doctors' association. At the 12th Congress of the International Federation of Catholic Medical Associations in Washington D.C. in 1970, the Pope John XXI award was given for a detailed study submitted by four Japanese doctors: Yokichi Hayasaka, M.D., Hideo Toda, M.D., Tasuke Ueno, M.D., and Mineko Ishizaki, M.D., plus an American missionary in Japan, Rev. Anthony Zimmerman, SVD. The title of the 33-page study was "Japan's 22-year Experience with a Liberal Abortion Law." One of the authors, Dr. Ueno of Tokyo, is now vice-president of the national organization. The president is Dr. Y. Anno of Kawaguchi City near Tokyo.

Among other activities of the association is the support of Life Line, a telephone service for calls from people in distress who need advice or counseling, and the support of Caritas Japan, a movement designed to help the aged, handicapped, and underprivileged. It maintains a housing facility for accommodating young Japanese people in a vacation area on the island of Honshu.

Association meetings are marked by exchange of information and discussion of such issues as birth control, sex education, hopeless medical cases, and medical ethics from a Catholic viewpoint.

*The figure is based on 1979 statistics.

— Doris M. Thompson
Kailua-Kona, Hawaii

Letter from Finland

There are only a few medical institutions in Finland privately owned and still fewer owned by religious communities. All hospitals of any recognizable size are municipally or state-owned. This consequently and inevitably leads to bleak attitudes toward any religious or denomination questions, which is concretely seen by such details as absence of hospital chapels and religious objects. But further still, one gets an ominous impression that religion is taboo; it is not discussed, at least not with the doctor. The part-time hospital religious minister is more theoretical than a physical person. Of course, the Lutheran way of life is individualistic, but I still have the impression, after having worked in hospitals of different sizes at different parts of our country, that secularization has reached its extreme in hospitals.

This may relate to the fact that Christian medical associations are of very little importance in the physicians' organizations in the Nordic countries. Medical ethics, of course, is

a popular matter, but it is disconnected from its relationship with Christian history and faith. This was recently illustrated at the joint meeting of the official medico-ethical committees of the Nordic countries held at Aarhus, Denmark. Ethics, at this meeting, was equal to discussing matters like the Helsinki convention, the function of the ethical committees, informed consent and research on children. Abortion, euthanasia and contraception, which at least to the Christian mind are very central questions of medical ethics, were barely mentioned. It might well be that these questions are no longer considered ethically debatable; after all abortion and contraception are accepted as a part of our health care system. On the other hand, this attitude may have gone too far; an active pro-life movement seems to be gaining impetus in Sweden.

Some matters discussed in Aarhus may be of interest. It was, for example, curious to observe that Finland is the only Scandinavian country which does not demand written informed consent by the patients intended for clinical trials. This is so not only for historical reasons, but also because the practice of written consent may, in fact, delude the physician to think that he is freed from personal responsibility. Furthermore, it has been observed that patient information is as good (or as bad) regardless of whether the patient has given verbal or written consent.

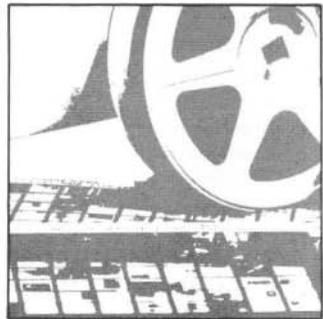
Much more publicity than the work of our ethical committees was given to the "pan Scandinavian" strike drive of junior physicians. It was a coincidence, but still a fact, that assistant physicians in Denmark and Sweden went on a week's strike last spring almost simultaneously, and there was a near-strike in Finland at the same time. Doctors in these three countries and in Iceland seem generally dissatisfied with their pay and working hours. After last spring's strike rehearsal, the Medical Association in Finland reorganized its members for effective action in case of a strike. During fall,

1981, the University Hospital doctors working for the medical faculties, i.e., professors, assistant professors and some senior physicians, have threatened a strike because of dissatisfaction with working conditions and pay.

It seems as if physicians in Finland and some of the other Nordic countries are being drawn into the same trade union activism as the traditional common laborers.

— Robert Paul
Finland

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