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The Fall Meeting

Vitale H. Paganelli, M.D.

In reading thru the February issue of the "Linacre Quarterly", I note the theme-title of the next annual meeting of the federation to be, "The Education of a Catholic Medical Student". This phrase in addition to opening the meeting to ambiguity, presents the probability of an assault by platitudes on the ears of the hapless audience.

"Ambiguous" because one is lost from the onset as to whether, (a) the role of the Catholic Medical School, (b) the role of the Catholic teacher in either a Catholic or non-Catholic Medical School, (c) the scientific corpus of information to be presented to the Catholic Medical student, (d) the religious, philosophic or ethic material, or any combination thereof to be presented to the Catholic Medical student, (e) some melange' of all these issues or, (f) none of them is to be the subject laid open and carefully (?) explored by this meeting.

"Potentially platitudinous" because dealing in generalities the time will allow only for a most superficial analysis of issues without ever coming to grip with the real problems.

Furthermore, this title suggests that a Catholic Medical student may be educatable in a sphere other than the science for which he has plunked down his not inconsiderable fee. This other sphere presumable being in the realm of his religious, cultural and personal characteristics.

If this is the implication of "education", nothing could be a more absurd starting point for a discussion. There are few if any secular, spiritual, or psychiatric treatises extant that support the concept that attitudes can be shaped, or that character can be built (in any of their respective diverse elements) in individuals reaching medical school matriculation age. Students arrive at that level well defined in their traits and only a deep personal self-conviction can change the outlines of these personalities. Therefore, any discussion of education of the Catholic Medical student in the sense of "molding" him is or should be precluded from the onset.

Discussion at this meeting, therefore, should start with the

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question of what is the prototype of an ideal candidate for medical school. It immediately creates two other questions, viz, (a) what type of physician does the medical school wish to produce (i.e. clinician, teacher, researcher)? and (b) how is the prototype(s) recognizable in the candidate?

These questions give rise to still another, viz, that of determining the order of priority of American health needs for the next quarter century.

This issue of health priorities has been the subject of many medical, political and community fora and it seems on superficial reflection that the importance of solving the health priority problem is primary. Without at least a working answer to the question it poses, none of the answers which are developed to the other questions can have an intelligent or significant meaning.

In considering the priority question, I call attention particularly to two well known basic health crises; (1) the rural and semi-rural physician shortage (population of 10,000 or less) and (2) the ghetto physician shortage (Mexican, Negro, Indian, inner city). I will prescind from any consideration, as being of a relatively secondary importance, for the need of more teachers in expanding the newly developing schools, research, armed service and certain speciality (psychiatry?) needs.

Will the medical schools, in particular the Catholic Medical Schools, have the intestinal fortitude, foresight and insight to select men

who given an opportunity are willing to meet the challenge in the primary crises areas which are exploding around all of us?

Finally, to assume that I have developed the solution for the problem would be crass egotism. For what it is worth, I call attention to an essay by Karl Rahner, S.J.¹ on a not dissimilar problem involved in the seminary training of men for the priesthood. It may very well be applicable to the medical problem. He notes that only a few seminarians need to be trained to become expert Theologians and that the vast majority of seminarians should be given enough Theological training simply to become good Pastors. Selection of candidates should be based on the aforementioned premise. Analogously, only a few medical students need to be retrained to become scientists and the vast majority (for our here and now culture) should have enough scientific training to become simply good doctors. It means at least two prototypes for candidates, not that they necessarily are mutually exclusive: (a) the one who is essentially a humanist (the majority) and (b) the other who is essentially a student (the minority).

It is hoped that the meeting in the Fall will be productive of realistic, tightly reasoned discussion that can lead to the adoption of a resolution that may be sent to all medical schools.

REFERENCE

¹ Rahner, Karl, S.J., *Theology For Renewal*, "The Student of Theology: the problems of his training today", pages 119-146, Sheed and Ward.