Safe Practice Insurance

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human zygote to the status of thing — whether it be animal, vegetable or mineral — or to a stream of consciousness with personhood being a happening along the way.

Once again I was reminded of the horror of forms (formal causes) which haunted Descartes, and continues to upset many contemporary psychologists. However, modern genetics seems to have confirmed not only the existence of formal causes, but also their existent and operational functions from the first moment of impregnation of the ovum by the sperm. It appears ontologically sound that the genetic endowment in the fertilized ovum could be matter properly disposed — and with the presence of the human soul containing formally the rationality of man, and virtually containing the sensitive and vegetative power also — thereby constituting person in the ontic sense.

Within these ontological parameters the unborn person — using an analogy of inequality — follows a continuous process of human development from less differentiation and organization, e.g., from zygote, to embryo, to fetus, to infant — to a greater differentiation and organization, e.g., to child, to teenager, to adult, with the consequent complex interaction as social being.

Throughout this dynamic process the reality "person" is constant, yet there is an inequality of perfections manifested. Although the status of person is shared as a great perfection, yet with respect to greater perfections the human existent is in potentiality. In the ontological sense, then, one human being is not more of a person than another, but one person may become more of a person than another — and in the last analysis the only perfect personalities are the saints becoming more saintly.

Revert to "St. John's University"

NOTICE

In order to encourage the initiation of ethics rounds in hospitals, the Committee on Philosophy and Medicine of the American Philosophical Association is planning a brochure describing current programs and practical ideas for making them work. To this end, the Committee solicits correspondence from anyone who has had experience with such rounds. Please include information on how the rounds were started, the personnel involved, the format used, how cases are chosen, and how long the program has been in effect. Please send to Dr. R. E. Ladd, Department of Philosophy, Wheaton College, Norton, MA 02766.
surgery, the development of new methods, patient treatment, office
development. The physician who is appreciative of the process of
gradation will be grateful for the gradual way in which the Creator
measures out, through brilliant minds and good will, His cornucopia of
new physical and chemical secrets. These are all packaged in con-
centrated form and a thriftiness in the doctor's time schedule in the
publication.

There is a fellowship which abounds in the annual meeting where
physicians from the United States and Canada gather in congenial
relaxation to capitalize on each other's productive experience about
contemporary Catholic medical ethics within the secure perimeters of
safety. It is like holding hands for support. There is a sense of belong-
ing to an inner circle, hallowed by the thought of a protective mantle
which the Catholic physician can enjoy, not only here, but also in the
hereafter.

Then, too, chaplains selected by the Guilds, approved by the bishop
of a respective area, are at the disposition of regional members. They
are the spiritual advisors who elucidate the authoritative relevance of
the Church's teaching in today's world.

The Bakke Decision and Catholic Applicants to Medical School

Eugene F. Diamond, M.D.

Doctor Diamond is professor of pediatrics at Loyola University
Stritch School of Medicine. He is the author of the book This Curette
for Hire.

The best way to announce the Bakke decision would have been to
allow prime time on the media so that justices could speak directly to
the people on their views of this complicated case. Unfortunately, this
issue was filtered through the interpretations of advocate journalism
on its way to public scrutiny with the result that hardly anyone knows
what the court said, much less what it implied or left unsaid. Anyone
who has served on a medical school admissions committee could fore-
see the difficulty in formulating an absolute rule to govern a process
which, in its final stages at least, is highly subjective. The one thing
that the Court said incontrovertibly was that quotas were wrong. The
implication of the proscription of quotas was that there were, in fact,
limits to the extent to which those seeking the lofty results of equality
could succeed by suspending the rules of a liberal society.

What the Court said beyond the unacceptability of quotas is open
to question, though not necessarily the same questions raised by the
majority of newspaper editorial writers who thought that Mr. Bakke
was wrong in the first place. Many important decisions of the Court
have hinged on the same 5–4 decision of Bakke. In this case, however,
there were actually two four-man minority opinions with Justice
Lewis Powell's opinion as the tie-breaker. If the country really is
polarized on the issues of the Bakke case, the poles would be rep-
resented by the points raised by the opposing four-man opinions
rather than by Justice Powell's contentions.

Justice Stevens was joined by Justices Burger, Stewart, and Rehn-
quist in rejecting the Davis admissions program, out of hand, as a
violation of Title VI of the Civil Rights Law of 1964. In their opinion,
Bakke was excluded from medical school because of his race. No
constitutional issues are addressed because it is Justice Stevens' opin-
on that the case can be decided purely on statutory grounds and it is
the Supreme Court's "settled practice" to avoid a constitutional reso-
rilation under such circumstances. Justice Stevens and those who joined
him restrict their judgment to an affirmation of the judgment of the
California Supreme Court and nothing else. Most public opinion polls