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Thyself" will strengthen you in this regard. For those interested, a healing prayer service will be led by Father Richard Frank, chaplain of St. Francis Hospital, Honolulu, Hawaii, on Saturday afternoon following the last scientific session. On Sunday, an optional tour to Kalaupapa, Molokai, a leper settlement where Father Damien and Mother Marianne labored, has been planned.

Finally, many prayers and much hard work have been undertaken to bring this meeting to fruition and I know the Lord is with us. With confident hope and our Blessed Mother’s loving intercession, we pray that Christ’s teaching will be imparted when we see you in Hawaii in the Fall.

May I take this opportunity to thank you for allowing me to serve as president this past year.

Aloha and God bless you.

Sincerely yours in Christ,
Herbert M. Nakata, M.D.

The Spiritual Telepathy of the Physician

The Most Reverend Nicholas T. Elko, D.D.

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A physician’s treatment of a patient is accelerated when his personality has a spiritual force. This quickens his rapport with the ailing. The very first eye-to-eye contact discerns him above just a dispenser of medicaments and a mechanic of surgery for only corporal adjustments. He is viewed as a master healer, a figurative descendant of the Master Savior, a man of the heart and the mind.

Such an evaluation of telepathy already warms up the healing process. Yet he needs reciprocal good will from the second party. The faithless are difficult to cure. In his own little Nazareth, Christ never performed a miracle because the people lacked faith in him.

A predisposition of faith was absolutely necessary. He would ask, “Do you believe I can do this?” The paralytic had to believe that he could pick up his cot and walk after a heavenly intercession. Christ utilized matter as a doctor might. He bent down, lifted mud and spread it over the eyes of the blind man. He touched the ears of the deaf man. He ordered the leper to wash himself in the pool of Bethsaida and then show himself to a priest. A spiritual ritual was added to the material method. Healing was to acknowledge Divine Providence.

We read in the bible how an act of faith arouses an inner vitality in the body. King David begs the Lord to “Sprinkle me with hyssop and I shall be cleansed.” He continues, whether in a figurative or real sense, to say, “You will give joy to my bones and renew a right spirit within my bowels” (Ps. 50).

There is an entwinement of the mind with the body. How important for the spirit to be willing when the flesh is weak! There is an evident reaction between the two.

Christ, suffering in the Garden of Gethsemane, was so pressured by anxiety and agony that He perspired blood.

Today’s immoral and environmental pressures add to a physician’s burden. The sheer materialistic living doesn’t allow for the entrance of August, 1985
the spirit or a mental tranquility. The Marxists, with their dialectic materialism, turn off the channels for soul strength. They torture a believing individual with such drastic scourges that they bring on a psychiatric bedlam which results in physical and mental debility and drains the brain of its true strength.

Catholic patients and physicians alike should cherish the sacramental supplements of confession which like a balm, soothes hurt minds, and the Eucharist which, the prayer of the Mass states, is, "for the health of the mind and the body." For both, it is a balm.

Why not add the words of Thomas à Kempis concerning the Mediatrix: "My flesh is controlled when I say a Hail Mary." He adds, "The Hail Mary delivers a strength and a heart of glad comfort moulded."

St. John Damascene declares that there are physical benefits brought on by the reception of the Eucharist. So too St. Simon Stylites metaphrased was quoted as follows in the Byzantine liturgical prayer: "When I receive Christ's blood with faith, it passes through all the parts of my body. It goes into my joints, my heart."

Are these thoughts too sublime for the practical person? Only if he or she lacks faith.

The priest, at the elevation at Mass, declares we are "With Him in Him and through Him."

The Lourdes seminar of our American Catholic physicians was a revelation of faith after a lecture by Doctor Mangiapane, the head of the Lourdes medical group. After having shown by x-ray and illuminated slides the recorded and undisputed 64 miracles, he concluded, "There is a procession with the Holy Eucharist this afternoon. We invite you to join our group as they follow the rosary."

I was so edified to see our American physicians marching behind the bishops and priests.

Guidelines for Legislation of Life-Sustaining Treatment

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"GUIDELINES FOR LEGISLATION OF LIFE-SUSTAINING TREATMENT." This is the title of a memorandum issued last November by the Committee for Pro-Life Activities of the United States Catholic Conference (USCC) which is the "civil authority" or implementing arm of the National Conference of Catholic Bishops of the United States (NCCB: the ecclesial organization of the Bishops of the United States). This type of public document issued by a Committee of the USCC is published only after the approval of the NCCB Administrative Board.

The document, the complete text of which is given below, is divided into two parts: a compact summary of the most basic moral principles governing the use of therapeutic procedures designed to prolong life; and, as important legislative procedures derived from these principles, a set of 10 guidelines for legislators and their constituents.

Some of the guidelines are carefully nuanced with unwritten implications and omissions; we would like to comment on three.

Guideline (a) wisely suggests that legislators avoid "phrases which seem to romanticize death, such as a 'right to die' or 'death with dignity.'" This serves as a salutary alert to those advocates of active euthanasia who would subliminally soften up the American public's resistance to the concept of merciful murder by carefully selected semantic coating.

Guideline (b) mentions the patient's right to request (emphasis added) "reasonable treatment" (what is reasonable?) This wording neatly sidesteps the complicated and multifaceted question of the patient's right to receive "reasonable" treatment, from whom, within...