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Health and Medicine in the Catholic Tradition: Tradition in Transition

by Richard A. McCormick


This work of Rev. Richard McCormick, S.J., is part of a program initiated by the Lutheran General Health Care System of Chicago, Ill., entitled "Health, Medicine and the Faith Traditions" which "explores the ways in which major religions relate to the questions of human well-being." Thus, the work is directed towards an ecumenical audience, and attempts to explain some of the fundamental principles of the Catholic moral tradition for non-Catholics and to use those principles in dealing with a number of moral issues in human sexuality and medicine. Father McCormick begins his work by presenting the complete text of a document drafted by an unnamed group of Catholic theologians, ethicists and health care personnel entitled "Ethical Guidelines for Catholic Health Care Institutions." He then expands upon those guidelines in a series of chapters dealing with the concept of well-being, the nature of morality, justice in health care, human sexuality, and the nature of human dignity as it relates to the care of the newborn, the mentally retarded, and the dying.

Those familiar with Father McCormick's writings are likely to expect a particular style and tone, together with a non-radical but decidedly liberal position on the issues. Health and Medicine in the Catholic Tradition fulfills those expectations. Without being explicit, Father McCormick appears to favor the prevention of conception by artificial means under some conditions (pp. 98-99). He is explicit in his approval of artificial insemination using the husband's sperm and in vitro fertilization (p. 101). On the question of abortion, Father McCormick would support the killing of the unborn under special conditions. For instance, he thinks that "almost no one" would today hold the view that abortion is wrong when necessary to save the life of the mother and the child would die anyway (p. 120). And without taking a specific position on the question, Father McCormick seems to suggest that if we are justified in taking life to preserve freedom, abortion when necessary to save the mental health of the mother could be justified on the same basis (p. 132). His tone is one of calm reasonableness. He prefers to characterize his own position as that of the "extreme middle." There is no element of stridency in the statement of his views, but throughout his work there is the distinct suggestion that those who are disturbed by the winds of change sweeping the Church are "prophets of gloom" and guilty of extreme montanism. One finds remarkably little argument in a book dealing with such controversial issues. Positions are frequently only suggested, analogies offered, conclusions left unstated.

Father McCormick is not insistent about the correctness of any single position taken, but he is most concerned to advocate the revisability of any moral teaching of the magisterium:

"But if the teaching office of the Church is to function credibly and persuasively, if it is to be a genuine influence in the formation of conscience for Catholics, it cannot be frozen into a single historical form. It must constantly be renewed to conform to what is effective teaching at a particular point in history. It must be a concrete example of "tradition in translation" (p. 61).

In the the context of discussing the traditional Catholic opposition to the intentional taking of innocent human life, Father McCormick writes that our formulations of behavioral norms are only more or less adequate, and for this reason are inherently revisable. The fact that some theological formulations have been thought useful by the magisterium of the Church does not change this state of affairs. Historical consciousness has made us freshly aware of the fact that it is our onerous theological task to continue to test the validity of theological formulations, even some very hallowed ones. If we do not, we become imprisoned by words and commit the ever fresh sin ofcodile Dei to unwarranted risks (p. 130).

At several points Father McCormick appears to place greater normative weight on the fact of doubt or dissent of sincere Catholics than on the formal teaching of the ordinary magisterium stretching back over the centuries (pp. 71, 96, 103-104). Father McCormick seems to move from the fact of doubt to the existence of only a doubtful obligation, and from that to the existence in practice of no obligation at all (p. 73). In doing so, in the opinion of this reviewer, he destroys the unique character of Catholic moral teaching. It now becomes a game any "sincere" person can play.

— Gary M. Atkinson
Philosophy Department, College of St. Thomas

The Call to Wholeness

by Kenneth L. Bakken, M.D.


Dr. Bakken is a physician on the faculty of Johns Hopkins School of Hygiene and Public Health and is the founder of St. Luke Health Ministries. This book is his attempt to describe how prayer, in conjunction with sound medical practice, brings healing and relief while also promoting the overall well-being of many different classes of patients. Dr. Bakken describes many instances where healing has come to patients as a result of prayer, and he also provides a number of examples from his own life of how prayer has profoundly influenced his medical practice and healing ministry.

Dr. Bakken is a man of deep faith and sincerity, and he does not make any pretentious claims for the power of prayer. He cites a small number of cases where prayer has had a clear and virtually indisputable effect on some clinical conditions. He does not assert in this book that prayer or faith are the only ways of

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turing or remediating all clinical conditions, but he is claiming that has witnessed it remedy many different kinds of diseases and conditions, which should not be contested. He rightly holds that many diseases are caused by spiritual affictions, and that the competent and insightful physician must seek to treat these also.

This book is valuable because of the testimony it can provide about Christian health care, but from a Catholic perspective it is somewhat disappointing. This is not true entirely to Dr. Bakken, because he is approaching health care from the perspective of the Lutheran faith. The disappointment arises from the absence of any clear motion of the Christian community itself having a central role in the ministry of healing. Dr. Bakken asserts that all Christian medical activity has a healing ministry. He provides many instances of persons being healed through private prayer, and he points out that groups often come together in order to pray and bring healing through their prayers, but that is not equivalent to the healing ministry of the Church. What is lacking, because of his Lutheran background, is the sense that the Church itself is an agent of healing and that the spiritual healing which comes through prayer is a healing which comes through the Church.

It was also a disappointment to see no mention made of the role of the sacraments. A strong tradition in the Church holds that the sacramental system is built around the ministry of healing, and it was hoped that this book would show in some fashion how the sacraments themselves are healing and life-giving signs. Instead of relating the sacraments to medical healing, Dr. Bakken rivets his attention to the effectiveness of charismatic prayer. I was hoping that he would be able to provide some insight, from the perspective of a medical professional, into the way in which these sacraments, in particular the sacrament of the sick, could bring healing and well-being.

It was also a disappointment to see no mention of the role of healing and charismatic prayer in relation to current medical-moral issues. I found it almost incredible that a Christian doctor would write about the role of prayer and faith in the medical profession and not utter a single word about abortion, infanticide or euthanasia. It appears as if abortion, infanticide and euthanasia are not problems in medicine which can be resolved with prayer or faith. Dr. Bakken found the opportunity to comment on the current nuclear arms race, yet he had nothing to say of the fact that some of his abortionist colleagues were still dealing on a grand scale, rather than being life-givers. Would not a word about the role of prayer in restoring the ideals of medical practice have order in a book of this nature? It appears almost as if he was afraid to demonstrate practices of abortion, infanticide and euthanasia because he was not absolutely certain that they were serious evils. His silence on these issues has somewhat compromised his testimony about the effectiveness of prayer and faith in others, but not in a devastating manner.

I must say, however, that this book was a cause for hope and relief. My sincere wish would be that all physicians would be as devoted to healing and the spiritual well-being of their patients. Dr. Bakken truly is a credit to his profession, for in many respects he incarnates what is best in the Christian physician. This was his first book, and I hope that it will not be his last. His heart is truly in the right place, which cannot always be said of all physicians, and for that I have not just respect, but reverence for him. Our churches and our society certainly are in need of physicians such as him who have such clear and evident trust in the healing and life-giving power of Christian faith and prayer.

— Fr. Robert Barry, O.P., Ph.D.
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Linacre Quarterly

Current Literature


On the basis of a retrospective analysis it was concluded that patients with Down's syndrome did not exist. Half of the patients referred late (after 1 year of age) and had Down's syndrome were found to have become inoperable because of the development of pulmonary vascular obstructive disease. "Children with treatable medical conditions should not be denied routine care because of other handicapping conditions."


A historical review of the phenomenon of the stigmata is presented. Attempts to explain the stigmata as symptoms of illness have been generally unsuccessful. Psychological mechanisms may play a prominent role in the genesis. Whatever your beliefs, the study of the stigmata does typify the fascinating relation between physiology, psychology, and spiritual phenomena.


The currently accepted classification of mental disorders is embodied in Diagnostic and Statistical Manual III (DSM III). Criteria derived from this source were used to analyze the life of Joan of Arc in psychiatric terms. The resulting conclusion is that "... we are left with a spectacularly different individual who approximates but does not meet completely the diagnostic criteria set forth in DSM III for any of the psychiatric entities."


Freud considered religion to be a neurosis which should be discarded along with the other superstitions of the past. However, mystics have always defined scientific explanation. Joan of Arc is a case in point, as are Abraham, Moses, Elijah, Elisha, Isaiah, Jeremiah, Zechariah, St. Paul, St. John, St. Peter, Augustine, Ignatius of Loyola, St. John of the Cross, and others. "The best explanation we can offer to explain why mystics confound scientists is that the thoughts of scientists are too small (Isaiah 55:8). Scientists do not choose to believe that there is possibly a supernatural dimension in which God really does exist...."


The wide variation of clinical cases makes the application of general ethical norms impossible. Situation-relative definitions are needed. Furthermore, there can be no absolute definition of what constitutes a "good." Hume pointed the way by rejecting a categorical or rationalistic ethics in
favor of one that was hypothetical or naturalistic. "Ethics, and medical bioethics specifically, will have its ideas grounded in and justified by biological thought."

Brody EB: Patients' rights: a cultural challenge to Western psychiatry. 

The psychiatric patient is already impaired by his disease in matters such as decision-making. In cases of severe mental illness, the psychiatrist must try to resolve ethical dilemmas of justice, autonomy, and beneficence. The Kantian ethical ideal involving a physician/patient contract may never be achieved in this situation. Paternalistic intervention may therefore be required since most mentally ill patients are not truly autonomous.

Perkoff GT: Artificial insemination in a lesbian: a case analysis. 

Artificial insemination of a woman with her husband's semen generally poses few ethical problems. Artificial insemination by an unrelated donor (AID), however, raises serious ethical questions. And when the AID involves a member of a lesbian and interracial relationship, the ethical problems are compounded. In the case described, there was felt to be no basic ethical difficulty with undertaking the insemination, and this was accomplished. Nevertheless, there occurred a serious breach of confidentiality regarding the case. In addition, one of the involved physicians had been accepted for a teaching position at another medical center; the acceptance was withdrawn when the applicant's involvement in this case became known. Ethical aspects of the diverse features involved are analyzed.

Fletcher JC: Artificial insemination in lesbians: ethical considerations. 

The above-cited article by Perkoff raises at least three ethical issues. First, was the (Catholic) medical school acting unethically in withdrawing its acceptance of the physician who had performed AID in a lesbian? (No.) Second, did the physician discuss the patient's sexual orientation and his colleague's involvement in AID? (Yes.) Third, did the patient's physician have a positive duty to initiate AID on her request? (No, because there was no clear medical indication for AID in this case.)

Horan DJ, Grant ER: Legal aspects of withdrawing nourishment. 

The law regarding withdrawal of nourishment for some patients is far from settled. Some maintain that nourishment is a basic and ordinary form of life-support that should be continued, while others suggest that it is no different from other modalities like respirators or hemodialysis machines. The opinion of the appellate court in New Jersey in the Matter of Conroy may have great impact on the development of law in this field, since it was marked by "a noteworthy sensitivity to the two-fold rights of incompetent patients—the right to be treated and the right to be overtreated. . . ."


In vitro fertilization (IVF) has become a clinically successful intervention. It has consequently raised ethical, social, and political issues. These include production of drugs, cancer diagnosis and therapy, genetic screening and diagnosis, and curing of genetic disorders. Because of the importance of the problems and because of the rapidity of developments in the field, some type of oversight mechanism is needed.