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## President's Page



### ***“POPE JOHN PAUL II TO WRITE FOR LINACRE”?***

A publisher recently sought publicity for his chain of newspapers by claiming that the Pope was to become a regular columnist. It turned out that his big scoop involved nothing more than the intention to reprint excerpts from some of the Pope's uncopyrighted talks. Following the example of that publisher, I would like to announce that the Pope will be the guest columnist for this month's President's page — I would like to, but I won't. I will, however, use this space to quote from the Holy Father's address to the World Congress of the International Confederation of Catholic Hospitals last October at which the NFCPG was represented by Dr. William Fitzsimmons (*L'Osservatore Romano*, Nov. 25, 1985).

“From Jesus' example, the Catholic health care worker derives the duty not to limit himself to the care of the body, though this is also urgent and necessary, but to extend his concern to the evangelization of the soul, inasmuch as patients *have the right* to be instructed on the meaning of life and death in the light of the Christian faith. Rich in this spirituality, the health care worker . . . is called to carry on an important activity among the sick *and their families*, and activity founded on Christian hope. Beloved brothers and sisters, be credible and attentive witnesses of this hope at the bedsides of those who look to you for relief of the body and comfort of the soul. (Emphasis added.)

"No one is unaware of the way in which technological evolution and social, economic and political changes have altered the foundation upon which the whole life of the hospital rests in today's world. Here we see the need for new dimensions in the educational process, especially in technical training, but above all in the moral preparation of health care workers at all levels. . . .

"Since Catholic hospitals are called to witness to the Church, they must reexamine in depth their organization, making sure that it ever better reflects the Gospel values echoed in the social and moral directives of the Magisterium. May they not let themselves be absorbed by the 'systems' that aim only at the financial component and the clinical pathological aspects. May they be capable of drawing ever nearer to man and of assisting him before the anxieties which assail him in the most critical moments of illness. May they be capable of creating a culture directed towards *humanizing* medicine and the hospital environment. (Emphasis in original.)

"There is one specific form of service that I would like to suggest once more for your consideration, for in this matter too I am convinced that Catholic hospitals ought to be an example to other health services and structures. In every part of the world there is a vigorous increase in the phenomenon of voluntary service, whereby large numbers of people, especially among the young, offer to spend at least a part of their time in doing unpaid work for the community. For Christians, assuming such responsibility for the public good is a practical way of showing a willingness to follow Christ's example by sharing the problems and difficulties of one's brothers and sisters. . . .

"Voluntary service, if it is properly coordinated, can help improve the quality of the care provided, adding an extra touch of human warmth and attention which can obviously comfort the patients and probably also have a positive effect on the course of therapy."

The Pope says that the Catholic health care worker has a *duty* to evangelize, and that "patients have the right to be instructed on the meaning of life and death in the light of the Christian faith." He seems to be saying that clinical competence, though necessary, is not sufficient. Unless we are concerned in an active way with our patients' souls, we are inadequate as Catholic physicians. A pretty demanding standard. How can we meet it?

Our job, I think, is twofold, following the two names we are given: physician and doctor. As physicians we are caregivers, workers in charity. We perform our art not primarily for recompense, but for the good of our patients. We accept recompense as an expression of gratitude, a gift in return, not as something to which we have an absolute right. (The question arises whether this attitude is possible if we yield our independence and become agents of corporate or governmental institutions, but that is a question for another day.)

Our second role is that of doctor, that is teacher. Individually we are teachers of our individual patients, and collectively we are teachers of

society. As teachers of health, although we are Catholic and our faith informs our teaching, we should not adopt a religious or theological mode of expression. If we try to do someone else's job, even if we do it well, we miss an opportunity to do our own. Our job as Catholic doctors is to find those modes of expression, derived from our training and expertise in science and medicine, as well as from our knowledge of Catholic social and moral teaching, which will communicate effectively to our secularized, materialistic society. It is our job, I think, to develop clear, cogent explanations why a life-style consistent with the Gospel of Christ, as taught to us by His Church, is a healthful life-style, and why a life-style opposed to that Gospel and that teaching is a harmful life-style.

This is not always an easy task. We may know, for example that certain medical procedures like *in vitro* fertilization or contraception or certain organ transplants are immoral, but we are not teachers of morality. It is up to us to express in a convincing way that the Church's teaching about these procedures is not an expression of a perverse Roman Catholic pleasure in denying people happiness, but embodies the truth that these procedures are unhealthful and will ultimately cause unhappiness to those who undergo them.

Therefore, the principle that there can be no conflict between good moral practice and good medical practice finds twofold expression in our lives. As Catholic physicians we apply the principle to the specific problems which confront us and our patients. As Catholic doctors we seek to explain why the principle and its applications are valid.

The Pope goes on to warn Catholic hospitals not to "let themselves be absorbed by the 'systems' that aim only at the financial component . . ." (Does the same warning apply to Catholic physicians?) He then offers a possible solution to the financial problems which plague many Catholic hospitals: increased use of volunteers. Are there ways in which we physicians who are committed to the Catholic health care apostolate can serve as volunteers, not only in administrative roles, but even in clinical care? Must we always look for governmental reimbursement for our services to the poor, or might we be freer to practice according to our convictions if we offered our services as partial fulfillment of our duty to evangelize?

The rest of this space is devoted to a few salient excerpts from the Declaration of the Holy See at the United Nations Conference on Women in Nairobi, Kenya, last year. (*L'Osservatore Romano*, August 5, 1985)

" . . . Only if the family retains an important place in the reflections about women (as well as men) can we look toward the future of humanity with hope.

"(The delegation of the Holy See concurred in) activities in behalf of . . . the poorest women, rural women, indigenous women, migrant and refugee women, old women, handicapped women, women forced into prostitution and those under 'apartheid.' Special attention has been given here because a preferential option for the poor is a Gospel imperative emphasized in the constant teaching of the Church.

“A participation of a larger number of women in social life of and by itself is not sufficient. Women are not simply ‘human resources’ to be used. If the usual sexual stereotypes are not to be repeated because of their discriminatory character, the alternative cannot be a uniformity of human beings. This would be a sad impoverishment of humanity. Women’s original contribution and particular qualities are not reflected enough in the (conference’s consensus statement) so that the diversity and richness of humanity fails to appear.”

“Certain practices of family planning, which presume an ideological base of sexual freedom as the final liberation of women are of great concern. Often promoted by rich and powerful institutions, they threaten the unity and stability of marriage and the family and they menace the cultural values of the Third World countries, notably the healthy vitality and joy of living of their families.”

Thus a few of the perennial and ever-new teachings of our ancient, living Church: may they be for us both comfort and challenge.

— William White, M.D.  
President

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#### **Note on Publishers**

The following information has been provided by Dr. Elisabeth Moberly regarding the availability of her books:

*Homosexuality: A New Christian Ethic* (James Clarke, Cambridge, 1983: Available in U.S. from: Attic Press Inc., Route 2, Stoney Point, Greenwood, SC 29646

*Psychogenesis* (Routledge and Kegan Paul, New York and London, 1983): Available in U.S., Routledge and Kegan Paul, 29 W. 35th St., New York, NY 10001

*The Psychology of Self and Other* (Methuen/Tavistock, New York and London, 1985) Methuen, Inc., 29 W. 35th St., New York, NY 10001