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Notes and Questions

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At times we have published medico-moral notes and at other times we have published answers to questions. The following very informal combination of both notes and answers might be a welcome change. Moreover, since most doctors apparently have but little time for reading complete articles, a preview of points to be included here may be useful. They can thus select one or two topics, even though they are unable to read everything.

Doctor Henry M. Rooney: A Delayed Tribute
New Codes and Directives
Are We Changing Our Principles?
New Printing of *Medico-Moral Problems*, Part IV
Catholic Hospitals for Catholic Doctors and Catholic Patients
Hypnosis as an Anesthetic in Surgery, Obstetrics, and Dentistry

Doctor Rooney

In its customary simple and direct style the *JAMA* for August 7, 1954, published the following announcement:

Rooney, Henry Michael, Los AngelesⓈ
University of Michigan Department of Medicine and Surgery, Ann Arbor, 1903; specialist certified by the American Board of Obstetrics and Gynecology; past president of the Los Angeles Obstetrical Society; chief of the department of obstetrics and gynecology at St. Vincent's Hospital, where he died June 6, aged 75, of cerebral hemorrhage.

I received word of Doctor Rooney's death almost as soon as it happened and I immediately planned to write some little tribute for *THE LINACRE QUARTERLY*. But, for some reason or other, I missed the opportunity; and I would like to make up for the

omission as we approach his second anniversary.

I had met Doctor Rooney personally only about a year before his death; but we had corresponded for many years before that. I can hardly express in words what his help meant to me during those years. He had the power — rare even among the best Catholic doctors — of understanding the very fine points of difficult moral problems. He knew exactly the kind of data the theologian needs* in order to determine the morality of a procedure, and he always gave this data adequately and in language that a nonmedical man could readily understand. This power came partly, no doubt, from his educational background. He

had the philosophical training of the "old fashioned" Catholic college before he went to Ann Arbor for his medical studies. But another reason for his exceptional appreciation of moral problems and moral values was the fact that he preserved and cultivated a lively interest in these aspects of medicine. He wanted not only to do the right thing but also to know why it was right. For the moral theologian, Doctor Rooney was an ideal medical consultant.

Long before I actually met him I had considered Doctor Rooney a Catholic physician in the best sense of both these words; and when I came to know him personally this impression was confirmed. He was devoutly Catholic in both attitude and action. As a physician from the horse- and- buggy days to our own streamlined decades, he was alert to all the rapid steps of medical progress, appraised them shrewdly, and used them wisely. He gave himself unsparingly to his patients (Doctor Braceland might aptly say that he "'prescribed' himself in generous doses" [cf. JAMA, Nov. 19, 1955, p. 1190]) and he eagerly imparted his medical knowledge and interest to his younger colleagues.

In 1951, Loyola University of Los Angeles presented Doctor Rooney with an honorary degree. An interesting newspaper announcement of this event cautioned the people to come early because there might be a traffic jam if all the babies (approximately 10,000) delivered by Doctor Rooney since his coming to Los Angeles would

be there to honor him. The sentiments of these babies' mothers when they learned of the doctor's death were aptly expressed by Mary Lanigan Healy in a newspaper column from which the following is a partial quotation:

Dr. Rooney was not one to demand words from his patients. He had a way of looking at them in his wise and kindly manner; there was not any need to hasten to hard words the pain, the fear, the anxiety which struggled for expression.

I always came away from seeing him with a lift in spirit such as a retreat or other spiritual experience might give. His goodness was that apparent. It could reach out and touch others and make them want to be better people.

His charity was never in the form of an alms, but rather as a gift it was his privilege to present. He was a truly Catholic doctor.

New Codes and Directives

Since we shall have to refer repeatedly to the new Codes and the revised *Directives*, it seems advisable to give here some information about these publications.

The *Code of Medical Ethics for Catholic Hospitals* was published by the Catholic Hospital Association of the United States in December, 1954. The reason for formulating this new code was that many of our hospitals wanted something brief that could be printed in chart form and placed on the wall in various departments, such as surgery and obstetrics. This is now the official hospital code in most of the dioceses of the United States. For convenience, we shall subsequently refer to it as the "U. S. Code."

Although intended primarily for a chart, the U. S. Code is also

available in a pamphlet edition. Both chart and pamphlet can be obtained from The Catholic Hospital Association, 1438 So. Grand Boulevard, St. Louis 4, Missouri.

At about the same time as the U. S. Code was formulated, The Catholic Hospital Association of Canada began work on a new code for use in Canada. This new code was officially adopted by the entire Canadian Hierarchy at their annual meeting in October, 1954; and it was published in pamphlet form in both English and French in early 1955. The official title of the English edition is *Moral Code*; of the French, *Code de Morale*. For clarity of reference, we shall designate it as the "Canadian Code." It can be obtained from The Catholic Hospital Association of Canada, 1 Stewart St., Ottawa, Ontario (L'Association des Hôpitaux Catholiques du Canada, 1, rue Stewart, Ottawa, Ontario).

Both the U. S. Code and the Canadian Code state that they are based on the booklet, *Ethical and Religious Directives for Catholic Hospitals*, which was published by The Catholic Hospital Association of the United States and Canada in 1949. Nevertheless, though based on the *Directives*, each of the new Codes contains some material that was not included in the old *Directives*. This is particularly true of the Canadian Code.

In order to establish greater conformity between the *Directives* and the Codes, as well as to make other desirable changes and additions, a revised edition of the *Directives* was carefully prepared and published early this year. Al-

though this revised edition of the *Directives* is not an official code unless the diocesan authorities adopt it as such, it is an especially valuable booklet for doctors and all others who are interested in medical morality. Besides being more comprehensive than either of the Codes, the revised *Directives* also contains several pages of very useful references. Another decided improvement over the first edition is that in the revised *Directives* (as in the Canadian Code) the individual *Directives* are consecutively numbered for handy reference.

To sum up: it will make for clarity in your subsequent reading if you keep the following points in mind —

The "U. S. Code" means the *Code of Medical Ethics for Catholic Hospitals*, which was published in chart form in 1954.

The "Canadian Code" means both the English and French editions of the *Moral Code (Code de Morale)* which was published in 1955.

By the "old *Directives*" is meant the first edition of *Ethical and Religious Directives for Catholic Hospitals*, which was published in 1949. By the "revised *Directives*" is meant the second edition of the same booklet, published in 1956.

Changing Principles?

The announcement of changes in our hospital codes almost inevitably leads some people to wonder whether we are changing our moral principles. Thus, a question that has long been in my files

reads: "Some non-Catholic doctors are amazed when they discover that the Church has changed a point in its code of ethics to conform to modern scientific findings. How can one explain the Church's right to do this?"

Both Article 3 of the Canadian Code and n. 2 of the revised *Directives* give a brief answer to this question. Since both of these are substantially the same, it will suffice to quote n. 2 of the *Directives*:

The principles underlying or expressed in these Directives are not subject to change. But in the application of principles the Directives can and should grow and change as theological investigation and the progress of medical science open up new problems or throw new light on old ones.

This provision, by the way, is identical with the provision of the old *Directives*, with the exception that the word "Directives" has been substituted for "code." The reason for this slight change is that the first edition of the *Directives* was intended to be an official code for the dioceses of the United States and Canada and was the official code in most of the dioceses for several years until the new codes, as previously explained, were prepared. This also explains why many of the articles in the various booklets of *Medico-Moral Problems* refer to the old *Directives* as "the Code."

An explanation of the content of n. 2 of the *Directives* is given in *Medico-Moral Problems*, I, 2; and II, 2-3. Those who are using the French edition of the Canadian Code will find a very clear explanation of the same matter (Article 3 in the Canadian Code)

in *Morale et Médecine*, by Father Jules Paquin, S.J., pp. 25-26, 464. Very briefly, the explanation may be reduced to these two points: (1) Moral principles do not change; but our knowledge of them may improve and we may thus learn to formulate them more clearly and precisely. (2) The applications of the principles to concrete situations may change considerably and even rapidly.

The "changes" in our codes are most frequently concerned with the second point. And I must say in all frankness that it is rather surprising that a doctor, whether non-Catholic or Catholic, should lift his eyebrows at this. Surely every good doctor realizes that some procedures that were good medicine a few decades ago are no longer good medicine. And if they are no longer good medicine, they are not good morality. But this certainly does not mean that any moral principle has changed.

Let me illustrate what I mean by what we call unnecessary surgery (cf. the revised *Directives*, n. 48). On the basis of principle, unnecessary surgery is and always was morally wrong. But whether surgery is actually called for as the proper treatment of certain pathological conditions is certainly a matter that can and does change with the progress of medicine. It is obvious, I think, that the discovery of the antibiotics greatly reduced the necessity of many surgical procedures: e.g., mastoidectomy, routine vasectomy with prostatectomy, etc. For similar reasons, it is possible that some of the surgical procedures now permitted may later

become medically outmoded and thus morally objectionable.

Another difficulty concerns "the shifting opinions" of theologians on some particular problem. A quasi-classic example of this is the morality of ectopic operations. It would be beyond the scope of these informal notes to discuss this problem. It suffices to say that an adequate explanation is given in "The Morality of Ectopic Operations," *Medico-Moral Problems*, I, 15-20.

New Printing of MMP, IV

In the discussion of the previous point, mention was made of Father Jules Paquin's excellent book, *Morale et Médecine*. This reminds me of the recent reprinting of *Medico-Moral Problems*, IV, and also recalls an oversight. This booklet begins with a bibliography of recommended readings. The list needed revision; and naturally I wanted to include Father Paquin's book. But, in my haste to make the revision without holding up the printer, I neglected to give the publishers of the book.

To make up for this omission, let me note that *Morale et Médecine*, by Jules Paquin, S.J., can be procured from: Comité des Hôpitaux du Québec, 325, Chemin Sainte-Catherine, Montréal 8, P. Q., Canada.

Some further information about the new printing (4th Printing, Feb., 1956) of *Medico-Moral Problems*, IV, may be useful, especially for those who use these booklets in class. I had hoped to revise the entire booklet, in order to bring about a more exact con-

formity with the new *Directives* and to add recent literature on some topics. But this proved impossible; hence, I had to content myself with making some needed changes and additions in the bibliography, rewriting one article ("Is Our Code Official?"), and appending brief notes to several other articles. These changes are slight, but it would be advisable for teachers of medical ethics to note them if both they and their students use the booklets.

Catholic Hospitals for Catholic Doctors and Catholic Patients

The last number of THE LINACRE QUARTERLY (Feb., 1956, p. 30), suggested that members of the Guilds send information to the Federation office regarding staff vacancies in their hospitals. The purpose of this, I believe, is to be able to supply this information to Catholic doctors in crowded areas who may wish to fill these vacancies. This very laudable suggestion reminds me of several other points, one of which concerns the Catholic doctor who cannot, or perhaps even should not, move from his present locality.

I have heard of cases in which Catholic doctors lament the fact that they cannot get on the staff of a Catholic hospital and cannot bring their Catholic patients to such hospitals. I certainly do not wish to meddle in the administrative aspects of our hospitals; but I think this may be a real problem and that anything that can be done to solve it would be a contribution to a great apostolate.

Obviously, I am not recommend-

ing that incompetent doctors be taken on a staff merely because they are Catholics. Nor, when I speak of Catholic patients, am I denying that our hospitals should minister to the sick, regardless of creed. Nevertheless, it is a plain fact that this function of caring for the sick is merely a purpose that our hospitals have in common with other hospitals. The distinctive purpose of a Catholic hospital must be *Catholic*; otherwise, why the name? Because it is Catholic, it should be able to give the sick more than excellent bodily care; it should provide them with spiritual and religious care according to the mind of Christ and His Church. In a word, the Catholic hospital exists not only to minister to the sick (as do all hospitals) but to minister to them in a Catholic way: i.e., according to the principles, moral and religious, that are taught by the Catholic Church. This implies, it seems to me, that the Catholic hospital must do everything reasonably possible to provide Catholic doctors with a place where they can practice medicine according to these principles.

I have a strong suspicion that comparatively few of the religious who are devoted to the apostolate of the sick would be so engaged if they were not religious; just as I believe that a large percentage of us who are educators would not be such if we were not religious. I do not mean that we lack interest in these avocations of nursing, teaching, etc., I mean rather that it is the special purpose, the distinctively Catholic purpose, that

has attracted us and to which we have dedicated our lives. It would be strange indeed if we gave so much of what we have and what we are to the founding of Catholic institutions and then did not take special pains to enable Catholic doctors to practice their profession as Catholics and to have Catholic patients cared for as Catholics.

I would suggest, therefore, that the Guilds might give serious consideration to providing opportunities for Catholic doctors to be accepted on the staffs of our hospitals in the places where those doctors already practice and where they may be badly needed. The problem may be an unusual one; but it has been brought to my attention often enough to warrant my mentioning it here.

Another problem not infrequently referred to me concerns young Catholic doctors who wish residencies in such specialties as obstetrics and gynecology, surgery, urology, etc. These young men often ask where they can do such a residency with the assurance that they will not be asked to cooperate in procedures which they know to be illicit. I cannot answer their questions because I do not have the information; and, since recommendations for Guild apostolates are in order, I recommend some kind of centralized source of information on this point, too. It would be very helpful indeed if we could provide these young men with information about residencies which would not only furnish the requisite professional background but would also give it without

creating unnecessary conscience problems.

A last word — and this with a decidedly personal approach — about the Catholic patient. After I had recovered from my first coronary I resumed a normal routine which included quite a bit of travel, giving talks, institutes, etc. When someone asked me what I would do if I were in a strange city and experienced a return of the coronary pain, I replied that I would take some nitroglycerin and if that did not help I would ask to be taken to the nearest Catholic hospital. A doctor who is most enthusiastic about high professional standards was puzzled by this answer.

"Why," he asked, "do you say 'Catholic' hospital? Why don't you say 'the best hospital'?"

His question jolted me as much as my statement had puzzled him. First of all, there is no necessary conflict between "the best" and "a Catholic" hospital. Our hospitals — like our other institutions — should have high professional standards. And I certainly agree with those who are promoting such standards; in fact, if I did not agree I would not be thinking with the Church.

Nevertheless, I think the notion of "best" can be overdone and that zeal for professional standards can distort true values. To illustrate what I mean, let me make the supposition that in a certain place there are two hospitals, one Catholic and the other non-Catholic (or secular), and that the latter is easily the better from the purely professional

point of view, better equipped to care for cardiac cases, etc. Even in this supposition I would prefer to be taken to a Catholic hospital. To me, as a patient, the tinkle of the bell as the priest distributes Communion, the crucifix on the wall, the reassuring sound of the Sisters' beads, the hope that a Sister or perhaps many Sisters will be at my bedside during a crisis — these things mean far more than professional excellence. For the critically ill Catholic patient there is no adequate substitute for the Catholic hospital — except, in certain cases, the truly Catholic home. There is, after all, only "one thing necessary"; and that one thing is not professional excellence.

Hypnotism

In the last few years I have received an increasing number of questions concerning the morality of using hypnotism as an anesthetic in dentistry, surgery, and obstetrics. Perhaps this subject should be discussed at great length. However, I am not prepared to do that at the present time and I doubt that any moral discussion would be satisfactory without a more complete medical picture than is now available. But it seems that something ought to be said on the subject — and soon — because the number of questions is becoming a burden on the time that I am permitted for answering letters. If the following points are kept in mind, there may be very little need of sending in questions on this topic.

1. The treatises on moral theol-

ogy usually discuss hypnotism under the First Commandment because when these treatises were first written the main problems of hypnotism apparently concerned superstition and errors with regard to faith. The idea of a strictly medical use of hypnotism was secondary. Today these notions are reversed. It is rare that hypnotism is associated with superstition or religious errors. I say it is "rare," because it certainly does happen even today — as seems to be the case in the sensational account of Bridey Murphy. I have not read *The Search for Bridey Murphy*; but the reviews clearly indicate that it is associated with the notion of reincarnation. This notion is certainly a philosophical and religious error.

2. As regards the medical use of hypnosis, the first thing that comes to one's mind is its use in the treatment of mental illness. On this there should be no need of questions because the treatment is explicitly permitted by the U. S. Code, the Canadian Code, and the *Directives*. For example, n. 45 of the revised *Directives* makes the following provision:

The use of narcosis or hypnosis for the cure of mental illness is permissible with the consent at least reasonably presumed of the patient, provided due precautions are taken to protect the patient and the hospital from harmful effects, and provided the patient's right to secrecy is duly safeguarded.

An explanation of all the conditions given here can be found in the article entitled "Narcotherapy in Catholic Hospitals," *Medico-Moral Problems*, I, 44-47. What is said in that article about the use of narcosis in the treatment of

mental illness is also applicable to the use of hypnosis.

3. The problem that concerns many doctors, nurses, and hospital administrators today has to do with the use of hypnosis as an anesthetic. This, it should be noted, is primarily a medical problem; therefore, the solution rests more with the medical profession than with the moralists. In a word, if the use of hypnosis as an anesthetic or as an aid to other anesthetics is good medicine it is also good morality.

It is not for me to say what is good medicine. I should think, however, that doctors who are determining whether or not it is good medicine would consider some of the following points: the competence of the hypnotist; the emotional stability of the patient; the possibility of exposing the patient to dangers that are not easily controlled; the utility of hypnosis in comparison with other forms of anesthesia; etc. These and similar factors would be taken into account whenever there is question of some new medical procedure; hence, it seems wise to weigh the same considerations as regards the use of hypnosis as an anesthetic. We should all have open minds on the subject and we should unemotionally apply the maxim: good medicine is good morality.

I understand that some of the more recent literature on this subject will be briefly reviewed by Father John J. Lynch, S.J., in the June, 1956, number of *Theological Studies*. (*Theological Studies* is a Jesuit quarterly published at Woodstock College, Woodstock,

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Maryland.) One of these recent articles is "Hypnotism in Pregnancy and Labor," by S. T. DeLee, M.D., in *JAMA*, October 22, 1955, pp. 750-754. I have read Dr. DeLee's excellent article. His conclusion is definitely on the encouraging but conservative side. But, even though the general tone of the article is conservative, I found myself wondering as I read whether the use of hypnosis in childbirth does not entail more trouble than it is worth. That is simply my own impression — the impression of one who is distinctly a layman in this particular matter.

One more point about the use of hypnosis in obstetrics occurs to me. The notion is found somewhat frequently in the medical literature of recent years; but a perusal of this literature shows that the meaning of "hypnosis" is not always clear. It may mean "light hypnosis" or "deep hypnosis"; or it may merely mean "natural childbirth," as explained by Grantly

Dick Read. That this last method satisfies the demands of good morality was clearly stated by Pope Pius XII in his address to doctors on January 8, 1956. (Cf. pp. 39-45.)

Incidentally, it may be noted that at the beginning of his address the Pope referred to deep hypnosis in delivery and suggested that one danger of this method might be emotional indifference of the mother towards her child. He was careful to add, however, that some doctors thought this indifference need not be attributed to the use of hypnosis. It seems to me that the very manner in which the Holy Father referred to the use of deep hypnosis shows that he considers this as primarily a medical question and that the judgment of its morality would ultimately be based on sound medical opinion. And — as I have already explained — the same must be said about the use of hypnosis in surgery, dentistry, etc.

