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London, declared, "Without Semmelweis my achievements would be nothing. To this great son of Hungary Surgery owes most."

For the good of humanity, Semmelweis himself wrote, "When I with my present convictions look back upon the Past, I can only dispel the sadness which falls upon me by gazing into that happy time with my own eyes, from which misfortune may sooner or later arrive will cheer my dying hour." He did not see results then, but the world knows now.

Books Received...


The main change in this fourth edition of Father McFadden's book is the addition of a chapter entitled "Man's Life — His Duty to Preserve It." In the earlier editions, many references were given at the conclusion of the chapters. For good reasons, explained in the preface, the author has decided to drop these references. Other changes consist of a re-arrangement of some material and the use of new data on various topics. Readers of THE LINACRE QUARTERLY no doubt realize that we now have a revised edition of Ethical and Religious Directives for Catholic Hospitals. It would be well to note, therefore, that Father McFadden's book still has the text of the old Directives. Those who use his book for classroom purposes should call attention to this and should, if possible, provide their students with the revised edition of the Directives.


This is a doctoral dissertation. After giving the history of the operation and the moral principles that should govern it, Father Lohkamp considers practically all the possible indications for hysterectomy, cites medical authorities concerning its need or value, and then gives a moral appraisal of each case. Unfortunately, the author never gives a summary of these appraisals. A concluding chapter deals with the reasons and remedies for unnecessary hysterectomies. There is a glossary of medical terms, a bibliography, and a good index.

Religion and Medicine

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In mid-December the Medical Society of the County of Kings and the Academy of Medicine of Brooklyn sponsored a panel discussion on religion and medicine. Father John J. Lynch, S.J., our consultant on medico-moral problems, was invited to participate, presenting the Catholic viewpoint. Other panelists were Rev. Dr. Dwight J. Bradley, Counsellor, The Associated (Religion and Medicine) Counselling Service, and Rabbi Ralph Silverstein, Temple Sinai (Arlington Temple), Brooklyn, New York, imparting the Protestant and Jewish attitudes. Father Lynch's remarks are published here and will appear in the Bulletin of the Brooklyn Medical Society.

Ordinarily it is a breach of good taste for a platform speaker to make reference to his own qualifications. But may I, without apology, refer briefly to my limitations? I am not a psychologist; I am not a psychiatrist; and therefore I am not competent to express a professional opinion as to the impact which religion exerts as a therapeutic agent in the practice of medicine. If religion be understood in terms of a personal faith, i.e., in terms of one's own intellectual convictions with regard to the existence and nature of God and with regard to his own relationship with that God, I am not prepared to expound an empirical psychology which would define and evaluate religion's role as an adjunct to medicine. That type of discussion is properly reserved to the experts in a field other than my own.

Since I am a moral theologian, with something of a predilection for the problems of medico-moral-
to God’s will is a primary aspect of religion understood in that sense, and is the raison d’être of any legitimate system of natural ethics or moral theology.

Only the atheist or the agnostic will quarrel with the concept of God as Supreme Being. Only the atheist or the agnostic—or perhaps, too, the anarchist—will seriously question the duty of obedience we owe to God, if and when we become aware of His intention to oblige us to a particular mode of action. So when the sincere Jew and Protestant and Catholic differ with one another as to conscience obligations, it is not because any one or other of them denies our subjection to God’s will. Rather it is because we do not always agree as to what precisely God has expressed as His will for us.

That is as true of medico-moral-ity as it is of morality in general. Because the doctor makes himself professionally responsible for human life and bodily integrity, he cannot fail to recognize—unless he be completely godless—that he thereby necessarily assumes special obligations for which he is answerable to God. Will anyone, for instance, deny that the commandment, "Thou shalt not kill," should have more practical significance for the physician than it need have for the cloistered nun in her convent? I am sure we can all agree that men in general are subject to God’s moral law as expressed, for example, in the Ten Commandments; and that at least some of these Commandments have special application to the practice of medicine. If we could not agree to that minimal extent, then the presence here of a moral theologian would be a consummate waste of time for all of us.

It is only when we get involved with the more recondite implications of such a commandment as "Thou shalt not kill," that we begin to encounter disagreement as to conscience obligations for the medical profession. Such disagreement need not necessarily imply that some doctors are repudiating either God or His right to oblige us. Rather it is indicative of the extreme difficulty at times in discerning with any great degree of certainty to what extent and in what detail God has de facto obliged the physician in the exercise of his profession. But differences of opinion there are. Jew will differ from Protestant and Protestant from Catholic on many of the moral issues of medical practice. Precisely for that reason, I presume, are we three sharing this platform tonight.

It would be the grossest sort of discourtesy on my part to inject into a discussion such as this any spirit of controversy, any polemical note whatsoever. I have a personal distaste for religious controversy and decline to indulge in it. My purpose—and please trust my sincere conviction—is not to argue the issues of medico-morality; it is not to evangelize; it is merely to inform. May I then present myself as a limited source of information as to the Catholic position in this sphere of medical morality?

I have always believed that from a purely professional standpoint, if a limited source of information as to the Catholic position in this sphere of medical morality?

I have always believed that from a purely professional standpoint, merely as a matter of professional competence and integrity, every doctor should understand and respect the conscience convictions of his patient, even though the doctor himself in all sincerity may differ. If by virtue of his office the physician is irrevocably committed to the best total interests of his patient. I simply do not see how the doctor can, in professional integrity, hold in contempt, or even disregard or be ignorant of, the conscience convictions of his patient, insofar as those convictions pertain to diagnostic or therapeutic measures.

Furthermore, it is my own opinion that many of our disagreements on medico-morality are due to nothing more than misunderstanding, and that mere information can suffice to dissipate much of that misunderstanding. Perhaps, for example, we Catholics sometimes occasion the impression that we consider ourselves as having a monopoly on moral principles and moral practice in the field of medicine. Certainly that is not and should not be the attitude of informed Catholics. I have met many a non-Catholic doctor whose moral principles and practice are just as orthodox as we consider ours to be. And I believe it to be the rule rather than the exception that the physician who is professionally honorable will, to the best of his knowledge, at least respect the consciences of his Catholic patients, regardless of his own convictions at times to the contrary.

At the professional level of medico-moral theorizing, I have been able to read with a good deal of admiration writings of such men as the Reverend Das Kelley Bar-
medical procedures, then those restrictions are properly imposed and are morally binding on the medical profession? If medical science were to deny that suppos-

sersists human life from wanton at-

tack. And just as surely no doc-
tor worthy of his profession would
seriously contend that innocent hu-
man life is not to be considered
sacred in the hands of the physi-
cian.

Let me quote briefly from the
Geneva version of the Hippocratic
Oath as adopted by the World
Medical Association: "The health

and life of my patient will be my
first consideration... I will main-
tain the utmost respect for human
life from the time of its concep-
tion." Do you and I speak the
same language, or does that pledge
to your mind represent something
less than the medical profession's
acknowledgment of one phase of
God's moral law? When theologians
refer to the natural law as it
applies to medicine, that is all
they mean: God's own law as it
concerns the exercise of medical
art and science.

This next point I must ask you
to accept upon my word as an hon-
est gentleman — to prove it ade-
quately would take far more time
than I am allowed. The Catholic
Church has never pronounced on
medico-morality except with the
conviction that she was expressing
not her own human law but the
law of God Himself.

Now I ask the non-Catholics
among you to accept on my word
alone only the fact that that is her
conviction, because that suffices for
my present purpose. The truth of
that conviction I cannot ask you to
accept merely on my word; be-
cause I know, not only from per-
sonal intellectual experience but
also from the teaching of my own
Church, how difficult it is for hu-
man reason, left to its own devices,
to perceive all the ramifications of
what we call natural law. And I
would be false to my own Cath-
olicism if I did not maintain that
my faith is calculated to facilitate
my own perception of natural law.
But if one concedes that God's
moral law applies also to medicine;
and if one concedes that it is one
function of churchmen to teach
God's moral law, would not a
church be derelict in her duty if
she did not apply that law as she
knows it to medical procedures?

Because I promised you in cour-
tesy to avoid controversy, permit
me to transmit the next obvious
question, viz., by what right does

the Catholic Church presume that
her answers to these problems are
necessarily correct? The answer to
that question is irrelevant to my
present purpose. I have been try-
ning only to establish, on the basis
of certain assumptions, that there
is a legitimate place for the theo-
logian in the field of medicine, and
that the charge of unjustified tres-
passing is not an indictment where-
in "res ipsa loquitur."

But is religion in this sense of
morality an obstacle to the pro-
gress of medical science? Allow me
for the moment to put aside theo-
ology and to talk in terms of med-
ical values alone.

The persistent opposition of the
Catholic Church to therapeutic
abortion is common medical knowl-
edge. It has occasioned some mis-
understandings; it has provoked in
some quarters this charge of ob-
structionism. One such misunder-
standing has been expressed in the
so-called mother-or-child dilemma,
whereby it is alleged that in Cath-
olic hospitals and according to
Catholic teaching, the life of the
mother must be sacrificed, if neces-
sary, for that of the child. Merely
in passing I would like to say that
what we actually teach is rather
this: the lives of both mother and
child are equally sacred; neither
life may be directly attacked in
order to save the other. (Still in
passing: do we talk the same
language, or do you mean any-
thing less than that when you
pledge "the utmost respect for hu-
man life from the time of its con-
ception"?)

The more pertinent point, how-
ever, is the medical issue. Is it not
true that medicine at its best has
exploded, or is at least in the proc-
ess of exploding, the very founda-
tion of the dilemma itself? Dr. Sa-
uel Cosgrove whose work has dis-
honoured him at the Margaret
Hague Maternity Hospital and
who is a non-Catholic is by no
means alone in his contention that
medical indications for therapeutic
abortion are very rare, if not actu-
ally nil, and that the obstetrician
who resorts to therapeutic abor-
tion is practicing inferior medi-
cine. It seems to be the undeni-
able trend in obstetrical literature
of recent years to reach that same
conclusion. Have you yourselves
not seen statistical studies which
apparently prove that, when good
obstetrics is practiced, the maternal
death rate is no higher in hospitals
which forbid therapeutic abortion
than it is in hospitals which permit
it? A system of morality which
decrees therapeutic abortion can
scarcely be called obstructionistic
to a science which repudiates the
very same practice!

Let me cite another instance. It
is likewise commonly known that
Catholicism will not admit the licit-
ness of direct sterilization for ther-
aputic reasons. More specifically,
I maintain that routine steriliza-
tion after any specified number of
months, let me quote from the
Obstetrical and Gynecological Sur-
vey of August, 1956. The editor,

Amer. J. Obs. and Gyn. Sept.,
1944, pp. 299 ff. [A.M.A. 137
(May 22, 1948)] 31-36. C.f.
also R. J. Heffeman, M.D.
and W. A. Lynch, M.D., "Is Therapeu-
tic Abortion Scientifically Justified?" in Lin-
acre Quarterly 19 (Feb. 1952) 11-27.
The main theme of the paper is that uterine rupture during subsequent pregnancies is more frequent in women who have undergone more cesarean sections. The incidence of rupture is higher in women with four or more cesarean sections compared to women with fewer sections.

It is concluded that routine sterilization after a second or third cesarean section is not recommended, as the risk of rupture is significantly higher in such cases. Patients with four or more cesarean sections should be closely monitored and managed in a specialized obstetric setting to minimize the risk of complications.