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Pope Pius XII to the Guild of St. Luke

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said very little about the moral, spiritual, and religious aspect of these problems. This is not because I underestimate them. In the last analysis, the excessive drinking of alcohol is a problem of human behavior. Like every such problem, it has theological implications, illustrating vividly the mysterious interplay of free will and divine grace within the human soul. The grace of God is all-important to the alcoholic. The physician by his skill, his understanding, his tact and his compassion can remove the obstacles to that grace. He can be compassionate without being mawkish. He can be tactful without pussy-footing. He can be forthright without crushing. But if alcoholism is a triple sickness, it has its medical side, and the general practitioner has a cooperative medical role to play. If he knows the facts about alcoholism, if he has the knowledge, the courage and the tact to make a forthright diagnosis, if he knows the available resources, he can guide these patients to recovery. Recovery means contented sobriety. The situation is no longer hopeless. The recoveries will soon be numbered in hundreds of thousands.

Readers will be glad to know that Father John C. Ford, S.J., was named this year's recipient of the Cardinal Spellman Award, for outstanding achievement in the field of sacred theology. In addition to his doctorate in sacred theology, Father Ford has received the degree of bachelor of laws. He has taught jurisprudence and domestic relations and is an annual guest lecturer at the Yale School of Alcohol Studies. He has been a member of the Governor's Commission on Alcoholism in Massachusetts. His writings and lectures, besides covering moral problems of alcoholism, have been concerned with the morality of obliteration bombing, and other moral, medico-moral and legal problems.

The Linacre Quarterly congratulates Father Ford on receiving this notable Award, with the wish that his work will continue with God's choicest blessings.

**FEDERATION EXECUTIVE BOARD MEETING SCHEDULED**

The Executive Board of the Federation of Catholic Physicians' Guilds will meet Dec. 8-9, 1956, beginning at 9:30 a.m., Hotel Statler, Cleveland, Ohio.

The officers of the Federation and one delegate from each active constituent Guild constituting the Board will conduct business.

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**POPE PIUS XII to the GUILD OF ST. LUKE**

**EDITOR'S NOTE:** The address of Pope Pius XII, given November 12, 1944, to the Italian Guild of St. Luke, was perhaps the most comprehensive of all of his talks on medical morality. Moreover, it seems to have been the first of his many discourses to the medical profession; and it contained in germ many of the subsequent and very important addresses. We believe that all Catholic doctors should be familiar with its content; hence, we are presenting here a very complete digest of the Pope's words. This has been made possible through the generous cooperation of Daniel T. Costello, S.J.; Mario Jaccarini, S.J.; and Richard J. McPartlin, S.J.

IN THE heavy atmosphere of an education at once intellectual and materialistic, an association such as yours helps to circulate a stream of fresh and healthy air. For it directs men's minds toward the fundamental truths of right reason and of faith — truths by which the great questions of medical morality are solved; it affirms Christian principles and applies them to the practical exercise of medicine as well as to the formation of young students.

**Basic Principles**

Medicine and surgery use many sciences in their protection of the fragile but perfect human body: anatomy, which manifests so well the power of the Creator; physiology, which explores the functions of that wonderful organism; biology, which searches out the laws of life itself. But more than any of these, medicine is concerned with man in the totality of his relationships to society and to God.

Man, a creature of matter and spirit, is part of the ordered universe; but his destiny lies outside of time; his destiny transcends nature. In him, matter and spirit unite into a most perfect unity — that of the human composite. And because this composite is part of the visible world, the physician must frequently give advice, make decisions, and explain principles, which affect the soul and its faculties, man's supernatural destiny, and his social purpose — although he is directly concerned in all these with the care of the body, its members and functions.

Should he forget, even temporarily, man's dual nature — that man has not only a place and a function within the order of the universe but also a spiritual and supernatural destiny — the physician may well entangle himself in more or less materialistic prejudices; he may allow the fatal conclusions of utilitarianism or hedon-
The juridical relation of society to the body, life, and corporal integrity of the individual is essentially different from that of the individual himself. Although it is limited, man's power over his members and organs is a direct power: for these members and organs are constituted parts of his physical being. Obviously, an individual parts united into the perfect unity of the physical organism, their only purpose is to contribute to the good of the whole. Consequently, any of them may be sacrificed if it creates a danger for the whole that cannot be otherwise avoided. However, the nature of society is altogether different. Its members, taken collectively, do not constitute a physical body. Society is a union that arises from many individuals working in common toward a common purpose; it is a unity merely of purpose and action. Accordingly, it can exact of its members all those services which the true common good requires.

When public authority would allow or demand some procedure or interference which regards the human body, the life and integrity of the person, these are the norms by which such procedures and interferences must be judged.

Suffering and Death

Reason alone can carry us thus far. But the law of suffering and death, more familiar to the doctor than to others, can be fully explained only in the light of revelation.

Of course, physical suffering, in one of its forms, safeguards health. It is a danger-signal revealing the existence of hidden, and often insidious, illness. Under its spur, the patient seeks relief and remedy. But sooner or later in the course of his studies, the doctor must acknowledge in death and suffering a problem he cannot solve. In his professional work, he will encounter them as an inexplicable and mysterious law against which his healing art is frequently powerless and his compassion fruitless.

In diagnosis, he relies on experimental and clinical data; he makes his prognosis scientifically; but within himself he knows that the answer to this enigma persists in escaping him. He suffers because of it; and he will continue to suffer the torture of unrelenting anguish until he comes to faith for an answer. Even then, the mysterious designs of God permit only an incomplete answer. The full explanation must await eternity. Still incomplete as it is, the answer of faith can bring quiet to the soul.

At his creation, the grace of God freely exempted man from that law of nature that binds all material, sensible being. Sorrow and death had no place in God's design. Sin put them there. But God, the all-compassionate Father, has taken them up into His hands: He made them pass through the body, the veins, the heart of His well-beloved Son—of that Son who, having the same divine nature as the Father, became man that he might become the savior of the world. For everyone who does not reject Christ, suffering and death have become the means of
is necessary to suffer and to die and thus to enter into glory."

We admit, however, that when speaking of the Christian orientation of science, one must keep in mind the science, not only in itself, but also in its devotees through whom it lives, grows, and is made known. Even physics and chemistry, which scientists and conscientious professional men employ to the advantage of the individual and society, can become, in the hands of perverted men, instruments of corruption and ruin. All the more reason, therefore, for insisting that medicine be kept in its place within the general order — a place guaranteed to it by the ties of multiple relation to component parts of the system. At the present time, some pretend to an objective or subjective freedom from these ties. It is plain that such especially, the sovereign demands of truth and goodness are opposed to any such pretension.

Christian Medicine

Evidently, therefore, the doctor — his person and all that he does — works continually within the limits of the moral order and under the sway of its laws. Whatever the diagnosis, whatever the advice, whatever the prescription, whatever the procedure, the doctor is never outside the domain of morality; he is never free, never independent, of the fundamental principles of ethics and religion. There is no word or action of his for which he will not be held responsible before God and his own conscience.

It is true that some reject, theoretically and practically, the notion of 'Christian medicine' as an absurdity. In their view, there can be no more be a Christian medicine than there can be a Christian physics or a Christian chemistry. The field of religion and ethics, they say, is distinct from that of the exact, experimental sciences.

Hence, these latter can know and recognize only the laws of their own science. What a strange and unjustifiable narrow way of envisioning the problem! Do not these men see that the objects of science are not isolated in a void, that they are a part of the whole world of diversified being? Do they not see that, within the hierarchy of being and value, each has its determined place? Do they not realize that the objects of every science are in perpetual contact with the object of all sciences and, in particular, that all are subordinate to the law of perpetual and transcendent finality that links them together in an ordered whole?

We admit, however, that when speaking of the Christian orientation of science, one must keep in mind the science, not only in itself, but also in its devotees through whom it lives, grows, and is made known. Even physics and chemistry, which scientists and conscientious professional men employ to the advantage of the individual and society, can become, in the hands of perverted men, instruments of corruption and ruin. All the more reason, therefore, for insisting that medicine be kept in its place within the general order — a place guaranteed to it by the ties of multiple relation to component parts of the system. At the present time, some pretend to an objective or subjective freedom from these ties. It is plain that such especially, the sovereign demands of truth and goodness are opposed to any such pretension.

Principles in Teaching and Practice

Faithful adherence to the teaching of the Church begets a profound knowledge and understanding of the truths that guide medical studies and medical activity. Moreover, it helps the individual to solve, in conformity with the moral law, the difficult cases that arise in practice. It would be impossible in a brief discourse to discuss each of these: yet we wish for the benefit of doctors, to recall a few of the obligations imposed by the Ten Commandments.

Love is the greatest of all the commandments, love of God and its derivative, love of neighbor. True love — love enlightened by reason and faith — does not blind us; it makes most farseeing men of us. The Catholic doctor can find no better counselor in forming his judgments, in undertaking and prospering his cure of the sick. "Love, and do as you will!" This thought of St. Augustine — a concise maxim often cited out of context — finds its full and legitimate application here. What a reward it will be for the conscientious doctor to hear, on the day of eternal reward, the thanks of Our Lord: "I was sick and you visited me.

Such love is not weak. It does not lend itself to make diagnoses just to please others. It is deaf to the voices of passion which would win its cooperation. It is full of goodness, without self-seeking, without anger; it does not rejoice in injustice. It believes all things; it hopes all things; it endures all things. Thus the Apostle of the Gentiles describes Christian charity in his
Inviolability of Human Life

The fifth commandment, "Thou shalt not kill," synthesizes man's duties toward the life and integrity of the human body. It is a font of knowledge for the professor in his chair and the doctor in practice. The life of an innocent man is inviolable. Any act, therefore, which seeks to destroy this life directly is illicit, whether the destruction is an end in itself or a means to an end; whether there is question of embryonic life, or life in its full bloom, or life drawing to its close. God alone is master of the life of any man who is not guilty of a crime which demands the death penalty. The doctor has no right to dispose of the infant's life or of the mother's life: and no one in the world, no private person, no human power can authorize the direct destruction of either life. His task is not to destroy but to save. These are basic, unchanging principles which the Church has been forced to vindicate against error many times in recent decades. In them and in the teaching Church, the Catholic doctor finds a sure and certain guide in thought and practice.

There is another large area in the field of morals which requires of the doctor an especially clear understanding of principles and certainty in action: that in which a mysterious power implanted by God in the organism of man and woman procreates new life. This power is a natural one. Its structure, the essential forms of its activity, have been determined by the Creator Himself. It has a primary purpose: the procreation and education of children: it has corresponding duties — duties which bind man in his voluntary use of this faculty. Marriage alone, regulated by God Himself in its essence and in its properties, realizes this purpose in accordance with the dignity and well-being of the child and of the parents. This rule alone determines the whole delicate matter with clarity. It is a norm to which we must conform ourselves in all concrete cases, in all particular questions. It is a norm, finally, whose faithful observance guarantees the moral and physical health of each individual and of society.

To understand, to accept, and to make practical applications of this immanent finally lying deep in nature itself should not be hard for the doctor. And when he warns that whoever transgresses these laws of nature must sooner or later suffer the fatal consequences to personal dignity, to physical and psychic integrity, people will credit him more readily than the theologian.

Consider a young man who has recourse to a doctor under the influence of unfolding passion. Take the engaged couple who seek his advice on the eve of marriage — often enough, unfortunately, in a spirit at odds with nature and virtue. Think of the married who come in search of enlightenment and help or, more often, of connivance. The wilful violation of the obligations inherent in the use of marriage is the only solution.

Professional Secrecy

Among the duties that flow from the eighth commandment, the obligation of professional secrecy must also be mentioned. It safeguards the individual and, even more, the common good. Here too, conflicts can arise between private and public good, or between various aspects of the public good. It will be extremely difficult at times to measure and weigh equitably the reasons for speaking and for keeping silence. In doubts of this kind, the conscientious doctor will seek in the fundamental principles of Christian ethics rules which help to guide him correctly. These rules, while affirming clearly the obligation of keeping the professional secret — especially in the interest of the common good, do not have an absolute binding force. The common good itself would forbid professional secrecy to be put at the service of crime or fraud.

Scientific Formation and Development

Finally, we would not omit a word on the doctor's obligation to possess a solid scientific training. But training alone is not enough: he must continually develop and cultivate his knowledge and his professional skill. There is a question here of a moral obligation in the strict sense, of an obligation which binds in conscience before God, since it deals with an activity which intimately concerns the es-
sential goods of the individual and the community. Just what does this obligation involve?

For the medical student during his university formation: the obligation of seriously applying himself to study that he may acquire the requisite theoretical knowledge as well as the practical ability necessary to apply it.

For the university professor: the duty of teaching and communicating to his students in the best possible way knowledge and its applications. He must never give a diploma certifying professional ability without being assured of this same ability beforehand by a thorough and conscientious examination. To do otherwise might involve serious moral fault because it might expose both private and public health to very grave dangers.

For the doctor in practice: the obligation of keeping abreast of developments and progress in medical science. To this end, he should read books and scientific journals, participate in conventions and academic courses, converse with his colleagues, and consult with professors of medicine. This obligation of striving constantly to better himself binds the doctor in practice insofar as it is reasonably possible for him to fulfill it and insofar as the good of his patients and the community require it. You should manifest a knowledge and professional ability that is second to none. Indeed, you should exceed, in this way, you will convince others of the moral principles you hold.

Conclusion

Luke, whom St. Paul called "our most dear physician" (Col. 4:14), wrote in his gospel: "And when the sun was setting, all who had persons sick with various diseases brought them to Him; and laying His hands on each of them He cured them" (Luke, 4:40-41). Although he does not possess such a miraculous gift, a Catholic doctor of the kind that his profession and the Christian way of life demand will be sought out as a refuge by the afflicted. They will seek care at his hands. God will bless his learning and skill that he may cure many. And, though he may fail in this at times, he will at least solace those in distress.

With the hope that God may grant you such gifts in abundance with a full heart. We impart to all of you here, to your families, to your dear ones, and to the sick entrusted to your care Our paternal Apostolic Benediction.

The Resident Surgeon and the Private Patient

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WHAT restrictions would moral theology impose upon the surgical activity of student doctors in residency training? Apparently the question is of more than ordinary concern to physicians at the present time, since in varying forms it has been asked with a remarkable frequency within the past year or so.

The problem, as I understand it, emerges from an accumulation of several facts, the first of which is the imperative need that hospitals, for the good of medicine and consequently for the common good, engage in educational programs. Secondly, it is beyond question that a sine qua non of any such program is the provision of actual surgical experience for resident surgeons. And, thirdly, it is alleged that the number of service patients in some hospitals is not sufficient to provide residents with the amount of surgical experience desirable in the ideal order. Hence I am convinced that what doctors really want to know when they ask questions such as this is whether it is morally permissible to make use of private patients in the training of surgical residents.

For the sake of clarity let me suggest two hypothetical cases:

1) While traveling, Mr. A is stricken with severe abdominal pain and nausea. Proceeding to the nearest hospital, he is examined by an intern whose diagnosis of appendicitis is confirmed by a staff physician. Mr. A authorizes the hospital to provide surgery, and the appendectomy is performed by a resident surgeon under the supervision of his chief.

2) Advised by his physician that an appendectomy is imperative, Mr. B engages Dr. X, a surgeon of considerable repute, to perform the operation. Dr. X is present in a supervisory capacity during the entire procedure, but allows Dr. Y, a senior resident with a brilliant record, to perform the appendectomy.

Concerning each of these cases the question is the same: is the resident surgeon justified in doing what he does? Or perhaps the question should be worded: is the qualified surgeon justified in allowing the resident to do what he does in each case?

TWO RIGHTS OF THE PATIENT

In attempting to solve a problem such as this, the moralist would instinctively begin his thinking in terms of two fundamental rights of the surgical patient: (1) his innate right to be protected from all unnecessary surgical risk, and (2) his contractual right, if any, to be treated by the surgeon of his own choice.

Of these rights, the first is the