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Healing the Whole Man

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The year is waning but the activities of our Guilds and the National Federation take new impetus with the winter season. The representatives of our affiliated Guilds will be meeting in Washington, D.C., on December 3-4 to carry on projects we initiated at previous sessions and new proposals will be introduced to offer wider fields of endeavor for our groups.

Among major topics of discussion will be the Health Care Religious Program which has been initiated and will be sponsored by the Catholic Hospital Association of the United States and Canada and the National Federation. The pilot study has been completed and report of progress will be made.

The Study Committee for a Mission Doctors Association will also report at the Board meeting. As you will have noted in the A.M.A. News, the American Medical Association is aware of the interest in medical aid to missions in foreign lands which gives impetus to any projects we could assist in this cause. This will occupy an important place on the agenda.

Our Federation is now in its 28th year of existence. We have come a long way from our handful of groups in 1932 to the total today of ninety-three constituent Guilds. It is very important, too, that we have full representation at the Board meeting to consider the projects that are to be developed in the name of the National organization. These meetings are held semi-annually. All business is transacted at these sessions; the winter gathering is most vital as more time can be given to proposed projects. The summer sessions are held as part of the busy A.M.A. convention schedule. Each Guild should have a voice in activities and policies; the Board sessions provide excellent opportunity to discuss problems and to enlighten other delegates with regard to local projects.

The Catholic Physician of the Year Award will be made during our sessions. It has become the custom to honor one of our colleagues in this way each year and our winter Board meeting has been selected as the most apropos time.

In the pages of this issue you will read notes from sister-physicians who have received honorary membership in the National Federation. We are always glad to receive more names of priests and religious who practice medicine. If you have knowledge of any who have not been added to our roster, please advise our central office in St. Louis. If we can have the information for our December meeting, the names will be announced and membership duly accorded.

The officers of the Federation are always glad to hear from our members. Feel free to call on any of us if problems arise and do not hesitate to make suggestions for projects that you may have tried yourselves and that would benefit other groups.

We are looking forward to having our Guilds represented in Washington, D.C., December 3-4. The Mayflower Hotel is the place and we will begin the sessions at 9:30 a.m.

EUSEBIUS J. MURPHY, M.D.

Healing the Whole Man

RT. REV. MSGR. JOHN J. ROACH

To the student of history, Greece stands for the civilization of persons, for the origin of the arts that shaped our western culture; but for doctors Greece means Hippocrates. It means the origin of a medical art in which ancient man understood much better than the modern man, the nature of the human person. It signifies medicine as understood by Hippocrates, Galen, and the Greek philosophers, a medicine which considered man in his unity and his totality, related to the environment in which he lived.

Students of medicine were taught to know their patients as individuals - as persons.

Hippocrates taught that the physician’s responsibility was to treat the whole man, not just the disease. One of Galen’s treatises entitled “The Best Physician Is Also A Philosopher,” argued the same Hippocratic teaching — that man, not the disease, was to be treated. At this point may I remark parenthetically that I refer to the theological and philosophical concept of man, not the medical one, thus avoiding the controversy.

Toward the end of the 19th century, the doctrine of evolution swept through the universities of Europe. Philosophy opened its door on doctor of medicine to the thought of man as a living organism. The doctor of medicine was confronted with the question concerning the organization of medicine into general practice or specialization. Whether specialization tends to give priority to organs over the organization is a medical question and not a theological one. But to continue.

Socrates wrote, “The reason for the frequent failure of Greek doctors is their inadequate knowledge of the whole. the health of which is a necessary condition to that of the part.” Later Plato in his Symposium wrote as follows: “... So neither are you to attempt to cure the body without the soul, and this is the reason why the cure of many diseases is unknown to the physicians of Helles, because they are ignorant of the whole, which ought to be studied also. For this is the great error of our day in the treatment of the human body, that physicians separate the soul from the body.”

Europe of the Middle Ages was the heir, through Rome, of Greek thought and culture in this regard as in others. When the great medieval universities first took shape, the three divisions of learning were: Theology, Medicine and Law. The doctor of medicine was concerned with knowledge of the relation of man to nature— the doctor of law was concerned with the relationship of man to man — and the doctor of theology studied the relationship of man to God.
Here also we recognize the concept of man as a unity, considered in his total aspect, with all his essential relationships in focus. A student was not only apprenticed to the theory of his particular branch of knowledge, but was also trained in the specific application of this knowledge to practice.

Medicine is an art as well as a science. It is based on attitudes, intuition and on wisdom. As an art, medicine may be divided conveniently into two parts: one the mastery of the theory, the other the mastery of the practice. To achieve the fullness of the art of medicine, the doctor must make medicine his whole concern: he must utilize all of his energies, and in doing this he will become a true artist. The doctor must bring the whole of himself to the study and healing of the whole of his patient.

To show the preservation till the thirteenth century of the Greek tradition viewing man as a whole, it would suffice to point out that according to the teaching of both Aristotle and Thomas Aquinas, the soul is the form of the body. The soul of man, as the form of the body, is related to the body as sight is related to the eye, and as the form gives the body power to act, so does sight give the eye power to see. Man is a vital unit of body and soul, separated even theoretically into component parts only at great risk to a true perspective of the whole.

Medical science is concerned with the body, the corporeal substance of man; but this must not be the exclusion of the body's relationship to the soul. Such exclusion is one of the fallacies of our contemporary thinking. The science of anatomy, in physiology, studies the body of a man as a thing, a mechanism devoid of any spirituality. It is equitably true that the economists study man as an instrument of production and consumption, while sociologists look upon him as an element in society. These concepts of man are a caricature. Man is something more than a mere animal; he is also a spiritual substance. But that the great psychiatrists pointed out that the difference between the medical man and the ordinary is, after all, the client.

The most practical and immediate concern confronting those engaged in the medical field is whether medical doctors, dentists, technicians or nurses, is to have a true concept of man. We have all been contaminated more or less by the concept of man solely as a group of reflexes, as a mind-machine, a bundle of instincts, a creature of drives and reactions, a mere product of instinct, heredity and environment. It cannot be denied that man has instincts, inherited characteristics, and environmental coloration. The problem is not what these forces do to man, but rather what can man, with the grace of God, do with these forces.

The catechetical definition of man is that he is composed of body and soul and made to the image and likeness of God. The doctor's primary concern is preventing disease or restoring health to the body. The functional relationship between the body and the psychic structure is the concern of psychosomatic medicine. But man also has a spiritual structure. It is an indisputable fact that man lives in three dimensions— the somatic, the mental and the spiritual. It is quite obvious that there is an inter-relationship between these three phases of human life, for psychological agency certainly involves a spiritual disorder, which will ultimately affect the physical order. Our late Holy Father, Pius XII, in an address in Rome on April 10, 1958, distinguished the somatic, the psychological and the spiritual dimensions of man, and defined personality as, "the psychosomatic unity of man insofar as it is determined and governed by the soul."

No one science can embrace all reality. Each has its proper sphere. Only it can be asked whether those engaged in the medical field are responsible only for the physical health of their patients. If not, then to what extent, and degree, have they an obligation to the psychological and spiritual form of the patient? Here is a moral obligation in the strict sense of a debt in justice, but rather of ideals in keeping with high medical standards— ideals that transcend what is of minimum obligation. It certainly appears by virtue of the interpretation of the law of charity made by Our Lord, reflected in the parable of the Good Samaritan and in the other spiritual and corporal works of mercy illustrated in the Gospels, that all of you have an obligation in charity to assist your patients with their emotional and spiritual problems to the degree that you are able.

Here we might pause to examine this charity that we encourage you to practice in your profession. Charity is love. Our salvation depends on our love of God, and loving our neighbor as we love ourselves. This is a triple responsibility— love of God, neighbor and self.

Love is an act of the will. Love is neither an emotion, a feeling, nor a sentiment. Love is rather a decision, a judgment, a promise. In the proportion that we know God, we will love Him, and in loving Him we will naturally serve Him, and serve Him in our neighbor who is "the image of God."

Unfortunately this image is at times hard to discern because we tend to be the judges. Christ on many occasions cautioned us, "judge ye not." In other words, we are commanded by Our Lord never to sit in judgment on our neighbor. I mention this because in the medical field you are often called upon by the judge and have moral implications. We must remember that we can know the morality of acts but not the culpability of persons—only God knows this.

Finally, we must love ourselves as we love our neighbor. We must love ourselves created to the image and likeness of God. We must recognize our own uniqueness and individuality. This love of self is not to be confused with selfishness—a selfish person does not have the capacity or ability to love. Karl Stern, the psychiatrist, and a convert to Catholicism, indicates that the mystery of our per-

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sonality is in some way related to the mystery of the Trinity. The analogy is not hard to see. Just as God, knowing Himself, generates the Son by an intellectual filiation, and these two Persons, loving each other, breathe forth the Holy Spirit in oneness of will and infinite beatitude, so in us there is knowing—which leads to loving. And as the endless goodness of the Trinity overflowed on us in the bounty of creation, so must our love go out to others in selfless giving beyond the demands of mere obligation.

The whole of oneself is at the service of the whole need of the patient. This is the ideal held up to the medical profession. This concept of personalized medicine, or humane medicine, does not destroy, duplicate or conflict with the role of religion. The goal of medicine is to heal the body, as the aim of psychiatry is to heal the psychic structure. The air of religion is something essential different—it is to save the soul. However, all of these disciplines have side effects that intrude on them. Emotional disorders can and do create pathological problems in the physical structure and spiritual disorders can affect both the psychic and physical nature of man. Medicine, psychiatry, and religion are all adjacent, they merely assist, on a physical, mental or spiritual level, in the work of God who is the ultimate source of all health. For “in Him we live and move and have our being.”

FEDERATION EXECUTIVE BOARD MEETING SCHEDULED

The Executive Board of the National Federation of Catholic Physicians' Guilds will meet December 3-4, 1960. Time: 9:30 a.m. Place: Mayflower Hotel, Washington, D.C. The officers of the National Federation and one delegate from each active constituent Guild constituting the Board will conduct business.

THE DOCTOR and OVULATION DETERMINATION

G. C. Nabors, M.D.

The current emphasis on “population explosion” has added new impetus to the willingness of Catholic couples to want to space their pregnancies. The modern urban housewife turns to her gynecologist, often without discussing the matter with her spiritual adviser. More often than not she is rebuffed by discouragement, laughter, and trite remarks. If her gynecologist happens to be non-Catholic, his attitude is likely to be one of impatience and unwillingness to instruct her in any method that does not involve contraceptive greases and gadgets. Even the Catholic doctor may instruct her with the impression that rhythm is not trustworthy. If she does not succumb to sin, she goes to the priest, who sends her back to the doctor.

The obsolete “rhythm calendars” were never truly reliable and for good reasons: first, they used a technique of guessing at a body function as opposed to measuring a body function. It can be compared to older methods of determining anemia. Doctors trained in former times were known to hold down the patient’s lower eyelid, peer into the mucus membrane and diagnose the presence or absence of anemia. Fortunately, this method has been replaced by measuring the blood count. A second reason for the failure of rhythm calendars was the inability of a woman to collect a significant amount of data to average out her cycles. For most women, it did not seem important for them to know the length of their cycles until marriage approached. More often than not, pregnancy occurred soon after marriage and subsequent pregnancies came in quick succession that they failed to give enough menses to find out what their “average” was. As a result of this series of circumstances, this group of women maintain that rhythm does not work.

There have been a number of methods devised to measure the body function of ovulation. These were recently reviewed by Speck. Of the now known methods, there are two that are practicable and adaptable to home use. They are basal temperature determinations and detection of cervical mucus. The value of basal temperatures is well established. Its chief popularity with gynecologists is its valuable use with the infertile couple. It has been used as an index of ovulation since Van de Velde.

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