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Report

THE IX INTERNATIONAL CONGRESS OF CATHOLIC PHYSICIANS

MUNICH, GERMANY
JULY 25-30, 1960

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THE FOLLOWING is a brief resumé of some of the many papers presented at this Congress which we had the privilege of attending as delegates of the National Federation of Catholic Physicians' Guilds. Drs. John Muccigrosso, Arthur Buscenni, and J. Schreiner also attended as delegates. There were some twelve physicians registered from the United States. Professor Dr. Leo Norporth of Essen is president of the Catholic Medical Association of Germany, the host group. Professor Dr. Luigi Gedda of Rome is president of the International Federation of Catholic Physicians.

It was voted to hold the X International Congress of Catholic Physicians in London during August, 1962. Professor Dr. O'Sullivan has promised an excellent program and social events in true British tradition.

Make your plans now to attend this meeting.

*Dr. Joe E. Holoubek is first vice-president of the National Federation of Catholic Physicians' Guilds; both physicians are members of the Shreveport, Louisiana Guild.

There were many papers, all read in the language of the speaker and simultaneously translated into English, German, French, Italian, and Spanish. The theme of the meeting was "Physicians and the Age of Technology." Here follow brief statements.

PROFESSOR NEUNDORFER OF FRANKFURT

THE PHYSICIAN AND MODERN SOCIETY

Professor Neundorfer discussed the changing position of the physician in the modern society of Germany. Even though there are more doctors, the demand for health care under the Social Security system is much greater and the doctors are extremely overworked. The physician works for the public service system and there is no traditional doctor-patient relationship. The German practitioner is not only a physician who has to treat his patients, but he is burdened with many administrative duties; he must decide whether

or not a patient can be employed, how much disability he has, and how much compensation he will receive. He is bound by many regulations which limit his field of action. He must see many patients in one day.

Professor Neundorfer intentionally left most of the questions unanswered. He stated that Catholic physicians must work out these problems for themselves, applying the principles of Christ.

Dr. Mariano Alimurung of Manila, in discussing the above paper, stated that physicians must extend their activity into the political field in order to safeguard the professional practice of medicine. It was suggested that physicians take an active part in politics and serve as representatives in the National Assemblies in order to prevent legislation for immoral practices in medicine.

He further stated that there is no problem of over-population, but rather one of over-concentration. A logical and practical solution to the so-called over-population problem would be better population distribution.

PROFESSOR MAINX OF VIENNA

QUESTIONS OF HEREDITY IN THE TECHNICAL AGE

Professor Mainx discussed the effects of radiation in the development of embryo and mentioned that mutations can be produced by small doses. He stated that a physician is obliged to decide what x-ray examinations are necessary during the reproductive age. He also recommended protecting the gonads when large doses are used.

DR. JOHN CAVANAGH OF WASHINGTON, D.C.

HYPNOSIS

Dr. Cavanagh discussed the widespread use of hypnosis in the United States at this time and cautioned against the indiscriminate use of it by the untrained physician. Dr. Cavanagh described the various technics. He cautioned that full explanation be given to the subject. The results depend upon: 1. the willingness of the subject; 2. the skill of the operator; 3. the method of induction; 4. the previous experience of the subject.

He feels that it is a therapeutic instrument, but if not used correctly, there are physiological, psychological, psychiatric and moral dangers. Hypnosis should be employed by a stable, skilled individual who is competent to determine whether borderline mental illness exists in his patient. Since the removal of certain symptoms may precipitate severe psychiatric illness, it should be used in these cases only after a careful study of the personality structure. The limited use of hypnosis for dental anesthesia is usually without danger.

Dr. Cavanagh concluded with a quotation from the Holy Office, stating that "the use of hypnosis in medicine is not morally forbidden if it does not tend to an illicit or evil end."

DR. PHILIP C. ROND, COLUMBUS, OHIO

ETHICAL ASPECTS OF INTENSIVE PSYCHOTHERAPY

Dr. Rond stated that intensive psychotherapy has been considered a morally reprehensible procedure in the past by those who were un-

familiar with its true value. He stated that it is as important a tool to the trained psychiatrist as a scalpel is to the surgeon and that the results are comparable. The personal psychology of the psychotherapist can color his treatment and must be considered.

The practicing physician, the priest and others owe it to those in their care to determine the ethical fitness of the psychotherapist in the community and use his services for their benefit, spiritually and physically.

DR. C. J. KURTH OF WICHITA, KANSAS

PSYCHIATRIC AND PSYCHOLOGICAL SELECTION OF CANDIDATES FOR THE FEMALE RELIGIOUS ORDER

Dr. Kurth discussed the fact that it takes a stable character and personality to become a priest or religious. He said that rejection of a potential vocation is a serious decision, but on the other hand, to permit students to enter a convent or seminary who are mentally unfit is tragic. A careful selection of candidates for such a life would result in a marked decrease in mental illness in religious vocations. He believes that with suitable screening and testing, the pre-psychotic and psychotic could be eliminated.

Dr. Kurth is of the belief that the childhood environment is more important than the family tree.

He listed ten points that should be considered in selecting or rejecting a candidate for psychiatric reasons. He stated that Catholic physicians and psychiatrists should

create a positive program that could be used by religious superiors as a guide for the selection of candidates. Ten years ago at the St. Joseph Convent in Wichita such a program was inaugurated with the collaboration of the family physician, a psychologist, a psychiatrist and the superior of the community. The results have been very satisfactory and were described. Dr. Kurth advocates such programs elsewhere.

These last three papers will be published in detail in the *Bulletin of the Guild of Catholic Psychiatrists*, 1703 Rhode Island Ave., Washington 6, D. C. Every Catholic physician should receive this publication. Subscription price is \$5.00 per year; send to the above address.

HIS EXCELLENCY, F. ANGELINI, TITULAR BISHOP OF MESSENE

POPE PIUS XII AND MEDICINE

Bishop Angelini reviewed the life and works of Pope Pius XII related to medical care and physicians. He discussed the Holy Father's deep interest in the most complex matters of genetics, morals, psychology, reanimation and related all of those to the doctrine of Christ. The physician must be able to master the new world of technical progress. Since every new technical advance comes from God, it must lead him back to God. Man must master technical progress and not let it master him. Pope Pius XII wrote that physicians have a privileged position because of their close contact with

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humanity and so must treat the whole man, body, and soul. The Catholic physician who has the true spirit of humility will always be a solace to human misery and will always ask for God's Grace to help him do His work.

PROFESSOR POUMAILLOUX OF PARIS

THE LIMITS TO HEART THERAPY

Professor Poumailloux reviewed the tremendous advances of diagnosis and surgical correction of cardiac defects. He stated that the pre-operative examination must be extremely thorough and performed by a skilled team. The anesthesiologist must be specially trained in pre-operative and post-operative care. The surgeon must be a complete master of the entire procedure. The diagnostic team is morally obliged not to put a patient through any unnecessary examination. He quoted the statements of Pope Pius XII on human experimentation.

The professor stated that the public demands a "glamorous" operation and that it is the duty of the physician to decide whether the patient's cardiac condition justifies extensive examination, treatment, or the risks of surgery.

However, physicians and surgeons should continue experiments on animals and when perfected to use these procedures on human beings in order to develop safer techniques, providing the rules of experimentation are justified.

DR. J. V. O'SULLIVAN OF LONDON

PROBLEMS OF PREGNANCY

Dr. O'Sullivan is one of the few Catholic obstetricians in London. NOVEMBER, 1960

He discussed the results of obstetrics practiced in two Catholic hospitals there. These are state-aided but not state-controlled. From 1948 to 1960 they had approximately 12,950 unselected deliveries in these hospitals. Many of these were referred by the clergy because an abortion, or a fourth section with sterilization, had been recommended at state-controlled hospitals. There was no *maternal mortality*. He stated that therapeutic abortion is never medically justified. Obviously there were no therapeutic abortions or sterilizations performed.

DR. MARIANO ALIMURUNG OF MANILA

PROBLEMS OF CATHOLIC MEDICINE IN ASIA

Dr. Alimurung gave an outstanding review of the position of the Catholic physician in Asia.

FRAU PROFESSOR DORER

INDIVIDUALITY OF MAN

Professor Dorer discussed the individuality of man and his identity as a person from the moment of conception. Man is a person at that moment and has a right to live whether one minute old or fifty-years old. Therefore, the fetus and embryo should be referred to as "he" and not "it." This distinction in terminology in the English language would do much to make everyone understand that the fertilized egg is a distinct person, a unit of body and soul.

DR. LY TRANG DUNG OF SAIGON

MEDICAL ACTIVITY IN SOUTHEAST ASIA

Dr. Dung described the lack of medical facilities and of physicians

in Asia. There is a particular lack of Catholic physicians, medical books, and other literature. He stressed the need of help from Catholic physicians who live in more fortunate areas.

DR. DECKER OF SOUTHERN RHODESIA

THE WORK OF MISSIONARY DOCTORS IN SOUTHERN RHODESIA

Dr. Decker discussed the work that she and several missionary doctors from Germany are doing. It was interesting to note that although there are several American non-Catholic medical missions in the area, there are no American Catholic medical men or women there.

DR. ALICE BAKER HOLOUBEK,
SHREVEPORT, LA.

HEALTH CARE OF THE CLERGY AND RELIGIOUS

Dr. Alice described the health care program being sponsored by

The Catholic Hospital Association of the United States and Canada and the National Federation of Catholic Physicians' Guilds. The Health Record form was distributed. The paper was well received by the audience.

DR. JOE HOLOUBEK, SHREVEPORT, LA.

ACTIVITIES OF THE NATIONAL FEDERATION OF CATHOLIC PHYSICIANS' GUILDS

This report was published in THE LINACRE QUARTERLY, August, 1960. The activities of our Guilds will be a stimulus to those in other countries. Dr. Alburung discussed this paper and stated that he was first introduced to the work of the National Federation during his three years in Boston where he was inspired by the retreats of that Guild. He has since formed a Guild in the Philippines and was chairman of the First Asian Congress of Catholic Physicians.

