MEDICINE: Science, Profession, Vocation

Fred M. Taylor, M.D.
Houston, Texas

Medicine is an intellectual adventure that explores ails of the human body and mind: as a profession it is a learned occupation dispensing relief and comfort; and as a vocation a humanistic summons to give oneself to God and service of man. Thus, doctors of medicine pursue knowledge of man as a whole being, assist him in health and disease, and exercise an art evolved in moral and spiritual laws.

SAFEGUARD OF LIFE

Safeguard of the living is a moral responsibility, a fundamental ethical fact neither oversimplifying nor overassessing medicine as a means of magnificent good. For medicine has within its grasp the power to bring relief and help to countless persons in need. But medicine faces challenges — not merely the bumbling challenges of recurrent cynics that spread distrust and nihilism amongst those upholding the idealistic aims of medicine, but hard-rooted alien challenges that threaten it with loss of its divine heritage and its power to bring relief and help to countless persons in need. But medicine faces challenges — not merely the bumbling challenges of recurrent cynics that spread distrust and nihilism amongst those upholding the idealistic aims of medicine, but hard-rooted alien challenges that threaten it with loss of its divine heritage and its power to bring relief and help to countless persons in need.

ONE ERA TO THE NEXT

Two thousand years ago the mean life span of human beings was approximately 18 years. In 1961, it was approximately 65 years. Whether disease be physical or social, or social and mental, as well as mental and spiritual; and whether human beings are sick or well, young or elderly, needy or not, the kind of disease that threatens life is innumerable. For as long as human beings exist, whether on this earth or outside it, regardless of continuous increase in knowledge of genetics and molecular chemistry, medicine will be practiced. For medicine is a profession. With neither boundary nor limitation its primary aim is always to provide the greatest number of human beings with the best possible medical care.

PHYSICIAN AND SOCIETY

We in medicine are in part shaped by the society in which we live and particularly the unfortunate consequences of its materialistic schism. And we, as well as laymen, are capable of excessive preoccupation with material welfare and personal distinction, and — unwittingly or unwittingly — of defection to a kind of security bloc that not only lacks purpose and zest but even respect for human beings and indeed life itself.

University of St. Thomas, Houston.
Dr. Taylor, Treasurer of the National Federation, is a member of the Houston Catholic Physicians' Guild, and lectures frequently throughout Texas. He is a faculty member of Baylor University College of Medicine, Department of Pediatrics.

LINACRE QUARTERLY
al and cultural problems. And intertwine it should. For a physician's individual security in medicine bears directly not on the snug security of the well-being of his own professional herd, but on the infallible security of service to mankind.

We physicians comprise a unified professional culture; but there are intraprofessional group differences. We comprise a learned occupation, but there are mutual incomprehensions and naive dialogs. For we are human beings: some of us might even be cads and shrews, but the majority are dedicated servants. Some act and speak irresponsibly, but most are fully aware that optimum performance requires optimum responsibility. Some are shrewd business men, but innumerable physicians put aside all consideration of personal advantage or disadvantage. Nevertheless, as physicians comprising a vocation, each of us is obligated to stand above the common herd at least in this respect: to practice not a trade but an art.

**KIND OF PHYSICIAN**
Every generation has its ideal physician and its special brand of medicine: from the beloved doctor with the black satchel stuffed with pills and hypodermics to the futuristic-like doctor-scientist with an awesomely equipped laboratory of electronic-minded instruments. Yet either example, regardless of generation and exigencies of society, is obligated by oath upon becoming doctor of medicine to relieve and comfort, and have reverence for the superior good of human life.

The physician heals wounds and relieves distress, and for the priest penetrates secrets, shares sorrows, comforts the dying and eases the bereaved. All these things he does with an attitude of dedication and persistence and of conviction and enthusiasm with the authority of an expert, the austerity of a monk, the mastery of an astronaut, and the versatility of a university president. But whatever kind of doctor of medicine, his devotion and interest serve to make his hours the longest. And however long his hours — without regard for 40 and 50 hour weeks — his financial income may be the smallest or the largest. And however valued his professional interests, as well as individual personality and capability, the doctor is the person entrusted with the confidence of a child, and the hope of the aged.

And wherever we go there are physicians: from the family physician — traditionally a generous, kind, sensitive person, an all-around doctor who is not to be regarded as the very foundation of medicine itself — to the Esquire avenue-like doctor, a still sophisticated, cool character, the merchant of medicine, one not likely to be medicine's choice as doctor of the year.

There are physicians who are administrative directors of large or small hospitals. Others serve medical corps of the federal services. Some direct vast medical programs of insurance companies or specialize in industrial medicine.

**MEDICINE NEEDS THE BEST**
Standards of medicine are as high as the degree of knowledge and morality allows. Therefore, the profession of medicine, like the priesthood, needs persons with the best mental ability, the best physical stability, and the best emotional fitness. A person with intellectual capability thus is a candidate for medicine. But it happens this is a characteristic also sought by deans of other professional schools, as well as by corporations and industry recruiting aggressively and effectively in this regard. A candidate for medicine, however, needs more than intellectual capability. Thus his selection, as well as education, is a difficult but important task. For mere intellectual and technical competence is not enough. A candidate for medicine must be sensitive to human beings, and even like them. And he should be capable of knowing as they know, living as they live, thinking as they think, worrying as they worry, and understanding as they understand.

Medicine is humanism in an ever-changing time and environment, and those who practice it with full heart must also understand man in his economic perspective and social evolution. For physicians serve mankind. Thus there is need in medicine for persons not with poverty of mind and fixed intolerance, but with keenness of comprehension and richness of understanding. Medicine needs the best: persons liberally-minded and educated, and capable of highest standards of medical practice and greatest humanitarian concern.

But it is true that a physician also learns to learn for himself, and to have respect for learning, as well as for ignorance and fear.
Regardless, four years of medical school can only assure physicians the acquisition of the rudiments of clinical medicine and skills, not for its relevance to future practice but to future learning.

Last year 86 medical schools across the country admitted approximately 8250 students, 18 and 21 years of age. Since 1948, however, the number of applicants to schools of medicine across the country has decreased from 24,242 to 14,951 in 1960. Yet undergraduate enrollments have increased. Therefore, in order to maintain a ratio between physician and population (heretofore approximately 130 physicians/100,000 population) the number of applicants accepted for medical education was increased from 6,973 in 1948 to 8,510 in 1960. Obviously the ratio of physicians to population varies widely across the country. As examples, the ratio in New York State is 187/100,000 population; in Colorado, 145/100,000; in Alabama, 74/100,000; and in South Dakota 68/100,000.

Approximately 30 years ago there was one specialist for every five physicians in general practice. Today there are approximately 78,635 specialists and 81,957 physicians in general practice. In addition, over the period of the past three decades, physicians have increased 20 per cent, but the population has increased at twice that rate.

Medical schools generally require for admission an academic grade average of B, or its equivalent. (Pennmanship is still not a requirement.) The Medical College Admission Test (MCAT), however, must be passed successfully, for it reflects fairly well learning abilities of applicants, and in addition measures potential achievement in chemistry, biology, and physics. But there is need for prospective physicians at the university level to participate more and more in courses concerned with the humanities and social sciences. Indeed, there is extraordinary need for a reasonable parity between humanism and natural and social sciences.

Persons contemplating the study of medicine face education costs. The mean total cost for four years of medical school education is approximately $11,640 or $2,910 a year. Tuition in private schools is between $1000 and $1500 a year, and in state schools approximately $700 a year. The cost, however, may be met in several ways. Eighty-two per cent of students meet it with gifts and loans from parents, relatives and friends, as well as from a wife's income. Eighteen per cent, on the other hand, derive help as loans from agencies outside the family. But there is nothing wrong with working one's way along. Many physicians do this. As a matter of fact, up to 59 per cent of medical students work in medical schools, and 70 per cent of these work up to 20 hours a week at night and on weekends, either as laboratory technicians in hospitals, as research and teaching assistants, or...
as externs in hospitals.

**THE OPPORTUNITY**

Such students of medicine are capable of facing challenges to medicine as a profession and vocation. And there really has never been a better time to face challenges — nor to become a physician. For opportunities in medicine, like challenges, are greater than ever before: the opportunity and challenge to pursue idealism and quality, and to determine the fate of freedom by what we do with freedom. Our standards of quality are unerringly determined by how we bend our energies to see that what is done is done carefully and well, achieving thereby a degree of high-grade individual responsibility greater than ever before. *Quid hoc ad aeternam?* ("How does this look in the light of eternity?")

---

**CATHOLIC MEDICAL MISSIONS**

During the week of the A.M.A. convention in New York, the Catholic Medical Mission Board will sponsor two sessions on medical and paramedical services by lay personnel in overseas hospitals. The purpose of the meetings is to aid in coordinating efforts to help interested personnel get to places in the field where their talents and training will be most effectively employed.

Dates for the sessions — JUNE 26 and JUNE 29 at 2:00 p.m. each day. The meeting place will be in the WARWICK ROOM of the WARWICK HOTEL, 6th Avenue and 31th St., New York City.

Those interested in efforts to aid this important movement are urged to attend.

---

**Tenth International Congress of Catholic Doctors**

The Guild of St. Luke, SS. Cosmas and Damian, the Catholic Physicians' Guild established with headquarters in London, with the support of the Midland Catholic Medical Society, has undertaken the formidable task of organizing this Congress to be held in that city, July 9-13, 1962.

The Cardinal-Archbishop of Westminster, the Apostolic Delegate, and the Hierarchies both of England and Wales and of Scotland have given the project their approbation and blessing.

Previous Congresses, each specially blessed and favoured by the Holy See, took place before the last War in Brussels and Vienna, and since the War have been held in Lisbon, Rome, Paris, Dublin, The Hague, Brussels, and Munich.

These remarkable manifestations of international solidarity among Catholic doctors provide a forum for the discussion of important medico-moral problems and an occasion for gracious hospitality (both official and private) and the forging of numerous and enduring bonds of friendship for the participants.

A large attendance from Europe, America and the Commonwealth is anticipated. The Congress Committee is working to ensure that this Tenth Congress will maintain the standards previously established and be not unworthy, intellectually and socially, of the capital of the British Commonwealth.

The Congress theme, "The Catholic Doctor in Changing Societies," will develop the following topics:

The Catholic Doctor and the Problems of the Adolescent
The Catholic Doctor and the Aging Population
The Catholic Doctor and the New Approaches to Mental Health
The "Hopeless" Case
The Catholic Doctor in the Newly Independent Countries

The Scientific Sessions will be held at Church House, Westminster (near Westminster Abbey). Its situation, ample accommodation, and general arrangements, which include a restaurant and a cafeteria, make it the most suitable place in London for the Congress meetings.

**Linacre Quarterly**

**May, 1961**