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John J. Flanagan

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THE MEDICAL APOSTOLATE IN A CHANGING WORLD

JOHN J. FLANAGAN, S.J.

THE APOSTOLATE of the Church is a continuing mission and will not terminate until the end of the world or at that time when there are no more souls to be won for Christ. This apostolate began with the Apostles and has continued through all the chapters of the Christian era. It has gone through many phases since the time of the Apostles. It has flourished under the influence of great dynamic Saints. It has been stimulated by the blessing of royal influence; it has been spread by European clergy carrying the faith to newly discovered lands. It has always been succored by the unceasing financial and material help of the lay people in the Church and by the influx of young men and women into religious life and by the many vocations to the priesthood. In general, however, the leadership has come from a limited group within the ranks of clergy and religious, who by education and training were prepared to act in leadership roles. All of us here today owe our faith to one of these great influences. We pause to acknowledge our debt of gratitude to those who have made possible for us the great gift of membership for the Catholic Church.

A new phase of apostolic work is, however, opening up to the Catholic world. Because there is so much to be done, apostolic leadership is being offered to the Catholic laity of the world. This is most appropriate and opportune; not only is there the need of apostolic assistance; not only is there an inadequate supply of religious and priests, there is, providentially, a great and almost untapped resource of lay men and lay women who are capable of playing important roles in the Apostolate of the Modern Church. Catholic collegiate and university education in many parts of the world have provided thousands of graduates; other thousands of Catholics have prepared themselves in non-Catholic universities and have emerged with a full consciousness of the importance of Catholic lay leadership in our modern world. Intellectually prepared lay leaders are available. The Church has manifested its willingness to use lay people.

It is well understood that the lay apostolate beckons to Catholic lay people in all walks of life. It is also most significant that lay people are accepting this role. We find Catholic men and women working with priests and religious in Catholic colleges, universities, high schools and elementary schools. They share the work in Catholic hospitals and in Catholic welfare work. They serve as catechists and exponents of the faith in
We know that thousands of them Catholic physicians on the frontiers in modern mission spots in the United States, assisting the poor and the medically indigent. They have been generous in providing professional care for priests and religious. In recent years we have found that our Catholic universities and colleges were doing very little in research. A study of Catholic hospitals indicated, at one time, that our Catholic physicians in medical profession? It seems to me that because of their professional and scientific education, because of their unique position in society that they have unusual opportunities to render outstanding service to the Church.

We are already familiar with the great good that Catholic medical men and women have done in preserving the moral aspects of medical practice. We know that hundreds of them in the role of personal counselor give of their time and money in assisting the poor and the medically indigent. They have been generous in providing professional care for priests and religious. In recent years we have found that our Catholic universities and colleges were doing very little in research. A study of Catholic hospitals indicated, at one time, that our Catholic physicians in medical profession? It seems to me that because of their professional and scientific education, because of their unique position in society that they have unusual opportunities to render outstanding service to the Church.

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have no theological foundations.

We Catholics protested and quoted theology in vain. Two Catholic scholars and Catholic physicians have investigated it statistically and according to a methodology. All non-Catholics oppose us because they do not accept our theology. Many weak non-Catholics accept birth control because their arguments are not convincing to them. Intellectually our efforts have been fruitless because we have not utilized the medium which is understood in the intellectual and scientific world of influence. Ironically, the most significant contributions to the problem of the population have been written by non-Catholic scholars. Our Catholic professional people and our Catholic colleges and universities are not conducting research on these problems which mean so much to the Church. It is almost certain that the rhythm theory is the most effective method of planning families. It is approved, yet it frequently fails because doctors do not understand it. Its potential is not exploited because we have not made it a matter of research.

His Eminence Cardinal Leon Joseph Suenes has complained in a recent work that although chastity, continence and restraint are key problems in Catholic life, no Catholic university has a department to study these problems and to develop spiritual, psychological and physical help for people. Why should we not use the psychological and medical resources to help our Catholic people. We cannot rely on theology alone.

They, of course, have not approached the problem from a theological point of view, but have investigated it statistically and according to a methodology that the problem of birth control becomes more pressing. All non-Catholics oppose us because they do not accept our theology. Many weak non-Catholics accept birth control because their arguments are not convincing to them. Intellectually our efforts have been fruitless because we have not utilized the medium which is understood in the intellectual and scientific world of influence. Ironically, the most significant contributions to the problem of the population have been written by non-Catholic scholars. Our Catholic professional people and our Catholic colleges and universities are not conducting research on these problems which mean so much to the Church. It is almost certain that the rhythm theory is the most effective method of planning families. It is approved, yet it frequently fails because doctors do not understand it. Its potential is not exploited because we have not made it a matter of research.

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They, of course, have not approached the problem from a theological point of view, but have investigated it statistically and according to a methodology.
in professional schools. Was the apostolate of teaching and research ever mentioned to you in your student days? I doubt it seriously. I know that young people can be guided into these fields. The Church stresses its role as a teacher—does this not indicate the importance of teachers and researchers in medicine?

Problems in new nations will challenge the Church. Do we have twentieth century answers for twentieth century problems? One thing is certain, we must operate from positions of professional strength and excellence. We cannot exercise leadership if we are weighted down with mediocrity, compromise and a spirit of trying to get by with the minimum. I am not a scholar; I belong to the group which would be classed as administrators, but it would do my heart good to have opened the way just a little for one who has the potential to do great things for the Church and for souls. Many of you have settled in a professional status; it may not be possible for you to rise to this challenge of our decade, but you may be the ones to change attitudes, to give counsel, guidance and encouragement to younger men. The apostolate of medical excellence is only now enfolding; you may have the distinction and satisfaction of giving it direction and meaning. In your own way you are part of the same apostolate.

In May of last year, THE LINACRE QUARTERLY carried an article entitled, "Who Should Get Surgical Privileges in Hospitals?" by C. Rollins Hanlon, M.D. of St. Louis. Several lengthy responses were received and we have permission to publish the two appearing below.

I am writing in protest to an article that appeared in the May issue of THE LINACRE written by C. Rollins Hanlon, M.D. and entitled "Who Should Get Surgical Privileges in Hospitals?"

I do not believe that the LINACRE should engage in the political side of medicine. This article mentioned little or nothing of the ethics involved in this question. Since it was written and printed, I would like to offer a rebuttal. As you have probably already assumed, I am a general practitioner in my ninth year of practice. Dr. Hanlon spoke of the inadequately treated mole and its fatal complications. I do not believe anyone with any education today "inadequately" treats a malignant melanoma. If he does, then he has committed a moral wrong—whether he is a G.P. or a "super" surgeon. Yes, I will excise a mole for pathologic microscopic examination and will do a good job of it. No, I will not do a gastrectomy because I would do a poor job of it.

He also mentioned "The most deftly performed operation will fail to benefit the patient if it is unnecessary..." I am afraid that I bristle at that word after all of the poor publicity the medical profession has recently received. Any operation that is "unnecessary" is morally wrong. This is the crux of the matter and it is wrong whether performed by G.P. or surgeon.

Dr. Hanlon—it would be interesting to know what you would do in the hypothetical case you proposed of the acute appendix at a later date or would you go ahead and do the resection on an unprepared bowel? It appears that a number of details were omitted. You also mentioned "That the patient takes all the risks in such a misadventure by the operating surgeon." Now, who takes the "risks" regardless of who the operating surgeon is?

The G.P. of today probably does re-admit more post-operative bleeding tonsils. In most areas he is probably being extra cautious because he knows he is being watched. Regardless of his reasons, he is offering good medical care for this uncommon (34 per thousand) complication. Is he to be condemned for this practice?

The remainder of Dr. Hanlon's article is spent in condemning the Hospital Preceptorship Program and exalting the merits of the Hospital Residency Program. He admits that "There are physicians who by long years of surgical practice or by preceptorships and self-education have made themselves into competent surgeons." I maintain that these plans are only as good as the men who are being taught.