Doctors and Religion

Catholic Physicians' Guilds

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Overpopulation and family planning are only two of today's critical problems that intimately involve medical science, morality, and religion.

As recently as the past five years, it was not uncommon to believe that most major "religious" questions involving medical practice were settled. It is true that basic medical principles and applications in almost every detail a doctor may face are by now generally quite clear. The same optimism is not justified, however, when one reaches other fields intimately associated with medical practice— including all the fields of specialization, psychiatry, community health, etc.

Topics such as the practical relationships between clergymen and doctors, the defense both clinically and theoretically of the natural law approach to certain social and family situations, a more realistic ethical foundation in undergraduate and postgraduate medical education, these are just a few items in which knowledge and improvement have a long, long way to go.

Several weeks ago, the Journal of the American Medical Association announced the forthcoming first meeting of the new AMA Department of Medicine and Religion. The aims of the department, formed just this past summer, included among other things greater understanding of pertinent teachings of different faiths (dietary and fasting laws, Extremes of Punishment, etc.), augmentation of medical, nursing, and theological training, cooperation with medical mission efforts, treatment of problems of terminal illnesses, and some aspects of the topics mentioned above.

The contribution that Catholic doctors (and others such as philosophers, counselors, and psychologists) who directly or indirectly carry Catholic philosophy into the healing profession, is obviously considerable. Which raises the fervent hope that the recent AMA move will inspire even greater interest among Catholic doctors—for instance through the Catholic Physicians' Guilds. By 1963, the AMA department expects to be working on the county level. The influence of active and alert local Guilds at that time could be huge.

At the moment less than 7,000 of the 35,000 Catholic doctors in the country are Guild members, according to the latest LINACRE QUARTERLY (Journal of the National Federation of Catholic Physicians' Guilds). The fact that the AMA recognizes the intimate relationship between good medical practice and religion should help convince the doubtful of the advantage of an alert and effective local organization of Catholic physicians—(J.J.D.)

Editorial, Peoria, Ill. Register October, 1962

Material appearing in this column is thought to be of particular interest to the Catholic physician because of its moral, religious, or philosophic content. The medical literature constitutes the primary but not the sole source of such material. In general, abstracts are intended to reflect the substance of the original article. Parenthetical editorial comment may follow the abstract if considered desirable. Books are reviewed rather than summarized. Contributions and comments from readers are invited.

Resort to extraordinary means of treating the patient with advanced cancer has been condemned by social workers, philosophers, theologians, economists, and humanitarians. The individual physician, however, is committed to active treatment of disease and "must carry on until the issue is taken out of his hands." The rationale for such a philosophy is as follows: (1) treatable symptoms may incorrectly be ascribed to malignancy; (2) appropriate therapy may produce remarkable results; (3) most patients are eager to live and will insist on vigorous and continuous therapeutic efforts, and (4) therapeutic defeatism is a major barrier to advances in medical knowledge.


Since coincidence of the nephrotic syndrome and pregnancy is rare, opinions have varied concerning the management of this complication. On the one hand, therapeutic abortion has been advocated in order to prevent further renal damage. On the other hand, the availability of steroid therapy has permitted a more conservative approach. Support for the latter view is adduced from the case of a patient with the nephrotic syndrome who became pregnant twice during the course of her disease. Long-term, massive steroid therapy was employed with marked benefit to the mother and no apparent detriment to the infant. "Although the long-term prognosis may be guarded, there is