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Guilds Medical Students and the Medical Apostolate

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Guilds, Medical Students and the Medical Apostolate

MICHAEL D. McMANUS

There are but twenty-four hours in each day. With the passage of time, the individual is being asked to give more and more of his day to various activities. This is especially true of the Catholic physician. As a Catholic, he is asked to support his parish, participate in the dialogue, educate his children and his fellow men, assuming the responsibilities that are his as a layman. As a physician, he must see to his continuing education, perform his work well to achieve excellence in his field, and participate in research. As a Catholic physician, he must combine these two spheres in their natural unity: the voice of the Church must be heard in the world, and it is the responsibility of the Catholic physician to see that this is done in the field of medicine.

It is obvious that all Catholic physicians (and medical students) have duties to fulfill in a true and vibrant medical apostolate. All available talents are required. God must be served in the quest for personal sanctification; the family must be supported, loved, educated, the specialty or family practice or mission activity must be performed with excellence.

But this is not sufficient. It is not enough in the world of the 1960s to live as an individual. Group formation for organized action is the order of the day so that multiple talents may be combined for the more efficacious accomplishment of stated objectives. The Catholic physician is at a distinct advantage in that he already has an organization in which he may pool his resources for the common good. This group is, of course, the National Federation of Catholic Physicians' Guilds. This is not to say that the Guilds are the total answer, nor that they are being used most effectively. They are not and they will not be until their potential is realized.

The Guilds (as presently operating in most areas) are missing a real source of talent and are not fulfilling their obligations. All that has been said does not suddenly apply to a physician when he is ready to enter practice. What of the intern, resident and physician in the armed forces? Furthermore, the medical student must not be neglected, since he is the doctor of tomorrow, and is considered by many to be a doctor upon his entrance into medical school. In addition, the earlier a guiding influence is brought to bear upon a young doctor, the more receptive will he be to fulfilling the demands and responsibilities that are his.

The NFCPG has a committee for medical students, interns, residents and the Armed Forces. How many of their proposals, etc. are implemented on the local level, if indeed they are known? Is it the author's belief that each Guild should have such a committee, provided, of course, there is a medical school in the vicinity to work with students. The activity will vary in different areas, but with imagination and initiative the most feasible projects can be discovered. Suggested areas of endeavor will be outlined below, and the specific proposals for one locality will be detailed. If there seems to be emphasis on the medical student in what follows, it is explained by the present professional status of the author. Much has already been said in earlier editions of this publication, but is repeated for completeness and unity.

Every Catholic, whether a physician or a carpenter, must grow spiritually. How is the Guild implementing this growth? Among other ways, days of reflection, retreats, the White Mass, and Memorial Masses are recommended. All can certainly participate in these activities. It is absolutely necessary that each Catholic physician be knowledgeable concerning the position of the Catholic Church on medical moral issues. This must not be approached from a negative aspect. What does Mater et Magistra and Pacem in Terris have to say about the relation of modern medicine to our society? What did Pope John XXIII mean when he said every man has the right to medical care? Catholic physicians must be as well versed in the above as they are on the Church's teaching on abortion. How is the Guild furthering the individual physician's knowledge?

Everyone is interested in the mission, but how many medical students are aware of the real medical needs that exist? Have they heard of the Catholic Medical Mission Board and their publication Professional Placement News Notes? This is only one of several organizations providing services. Catholic students spend some time (summer electives especially) in the mission which each Guild sponsors or should sponsor. Usually it is not necessary to go beyond the city limits to find areas where medical aid is needed. It may be possible for a Guild to set up its own clinic, or help staff existing ones, interns and residents might be able to contribute a few hours each month; this could be a valuable teaching experience for medical students, in addition to assisting in the corporal works of mercy.

How is each Guild contributing to the health care of the clergy and religious in a given area, along with physical examinations for Catholic school children? Objectives must be stated and personnel utilized. Those who are established in their practice can give advice to those just beginning their professional medical life. High school students should be approached and urged to enter medicine.

What research is the Catholic physician doing? Is it not possible to implement the work of the Catholic hospital? Research into the rhythm method, and other possible methods which are both morally licit and effective, when there is need to limit the size of the family would be a valuable contribution. In some localities, Fertility Clinics are being established, with the approval of the hierarchy, so that the rhythm method may be more widely used, and used more effectively. There is also a need for medical-moral centers which can undertake a continuous evaluation of appropriate questions. Guilds might consider the position of the Catholic hospitals in their respective communities and help to encourage their role.

A number of proposals have just been outlined. It is obvious all would not be applicable, nor desirable, for each Guild; but some may be and should be implemented. The degree to which medical students can enter the activities is variable, measured by the time needed for studies, but there is certainly room for them to be considered in the plans. In following paragraphs the plans which are being developed in Philadelphia are outlined.

There are five medical schools in Philadelphia and four of them have an active organization of the Catholic
students. Meetings have been held and it is hoped that a union may be formed, possibly through the Newman Club Movement. It is planned to engage speakers to address the joint group and interchange faculty members for similar occasions. At present the Linacre Guild of the University of Pennsylvania, School of Medicine, publishes a newsletter—The Linacre Brief. Possibly a joint publication will result from the union, giving the students an opportunity to express their views.

There are two Guilds of the National Federation in Philadelphia and it is hoped to establish a working arrangement with one or both of them, through their Medical Student, Intern, Resident and Armed Forces Committee, with the thought that the union of medical students might be given a voice in the activities of the Guilds. When this is accomplished, many of the previous suggestions could become fruitful. A center for medical-moral evaluations might be established; there are at least two clinics in Philadelphia where the members of the Guild could serve: Casa del Carmen and St. John’s Hospice. Those of Pennsylvania a number of lectures are given and seminars are held; these can serve as a beginning for the proposed union’s activities. Such topics as the following are being covered: Conflicts in Psychoanalysis, Human Experimentation, Medical Confidentiality, Mission Medicine, Pacem in Terris, and Medicine, and the Child Psychosis.

This article has attempted to outline some activities that might be appropriate for the National Federation of Catholic Physicians’ Guilds and local units. Some of these are being pursued, others need development. Particular emphasis has been placed upon the need for including the medical student in the full program of the Guilds. All that has been said has meaning only in the following context: The future belongs to us and we will have only ourselves to blame if it is not what we wish it to be. The Catholic physician, from medical student to practitioner, must know what the Church teaches us and we will have only ourselves to blame if it is not what we wish it to be. The Catholic physician must realize that the world will not come to us, but that we must go to the world, bearing the Christian message, as Vatican II is urging us to do; the means presented to us by the Church must be known, appreciated and used. Non-Catholics in the medical profession must be made aware of the essentials of Catholic thinking. We have a work to perform and we must do it effectively.

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### MEDICAL SCHOOL CHAPLAINS — Continued

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**LINACRE QUARTERLY**
In Memoriam

With sadness we advise of the death of Mr. M. Raymond Kneifl, loyal friend and former executive secretary of the National Federation of Catholic Physicians' Guilds. He was stricken by a heart attack on the evening of July 11, 1964.

Many of our Federation associates remember him for his wise guidance and genuine interest in the growth of the Guilds in the years after the central office became housed with the Catholic Hospital Association with which organization Mr. Kneifl then served as executive secretary.

Members of the National Federation are asked to join with his many hospital friends in praying for the repose of his soul and the consolation of his widow, Eleanor. May he rest in peace!

Letter from England...

The most salient feature of English medicine at the moment is the seething discontent exhibited by its general practitioners. Overworked and underpaid, they are reduced to a state of penury that is fast driving them to revolt. As this letter is being written, some 300 doctors are meeting in London to prepare their case for a review of their claim for increased remuneration and better terms of service. At the beck and call of any on his list, the G.P. is paid 23/- a year to look after a person for a year and that is gross. When he deducts expenses and pays tax, he has considerably less.

To exist at all comfortably one needs to have at least 2000 patients and one is permitted over 3500, which means work that frequently leads to coronary thrombosis in comparatively young men. To give an example of the absurdities to which doctors are subjected, a doctor recently answered a night emergency call from a woman patient only to find that she had run out of contraceptive pills and wanted more. This led to a question in Parliament early this month when the Minister of Health said that a doctor is not obliged to answer calls late at night from women who have run out of birth-control pills. Is it mere coincidence that on medical record cards the space formerly designated "Christian Name" has been changed to "Forename"? Yes, after 16 years, G.P.s are learning bitterly the price of selling their freedom, albeit most of them had no choice in 1948. The specialists who have much more freedom and who are given merit awards for outstanding work are not complaining so much, but there is some evidence of deterioration in the standards of diagnosis and work compared to that before the Act.

At the annual general meeting of the Catholic Doctors' Guild the Chaplain, supporting the Church's ban on the contraceptive pill, made an impassioned appeal to its members to refuse demands by patients for it and to face a mass desertion of patients rather than give massive scandal. He closed his sermon with these words: "Giving glory to God is not necessarily exempt from sweat and blood and tears or free from hardship, pain and trouble." Notwithstanding, many Catholic doctors still write asking for definite instruction in the matter and seem to think that the Vatican Council will have second thoughts on the matter. They seem to hope for wider acceptance of Dr. John Rock's views on "the pill" as expressed in The Time Has Come.*

The first annual Symposium of the Guild or National Congress of Catholic Doctors in England will be held in Stonyhurst College in April. The subjects for discussion:

- The Catholic Doctor and the Contraceptive Pill
- The Catholic Doctor in His Professional Life
- The Catholic Doctor and the Church
- The Guild and the Medical Missions

The scene of the Congress is of great Catholic historic interest, for Stonyhurst's foundation goes back to Elizabethan days—1592—when penal laws prohibiting Catholic education at home prompted Father Robert Parsons, S.J. to establish a Catholic college at St. Omer, across the English Channel. For those interested, Education Under Penalty by A. C. F. Beals (Athlone Press: University of London) tells the full story.

W. B. J. Pemberton, M.A., M.D., D.P.H. 50 Grange Road, London, S.E. 1

*Since writing this, Pope Paul VI has directed compliance with present teaching of the Church in the matter.

W.B.J.P.