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Letter from Australia

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Medico-Moral Questions

Questions of a medico-moral nature are invited from readers, and should be directed to the Editorial Office of this journal, attention "Medico-Moral Questions." Answers will be supplied by qualified moral theologians whose names will be appended to the replies.

QUESTION: Recently the value of stock in a certain drug house has increased phenomenally, undoubtedly because of the popularity of an oral contraceptive manufactured by this company. What are the moral implications for the Catholic physician who buys or already owns stock in this firm?

ANSWER: The influence of an individual stockholder on the policy determination of a large multi-million dollar corporation is minimal unless he is a major stockholder. This fact alone should relieve him of doubt and anxiety regarding his moral obligations if the company is making a profit by the production and sale of drugs that are presumptively used primarily for immoral purposes. His cooperation involved in providing the means for people to commit at least objective sins is so remote that he would have no obligation to relinquish the stock he now owns or to refrain from purchasing further stock.

—Reverend J. Joseph Hofmann, S.F.
Chaplain, Kings County Hospital Center
Brooklyn, New York

MOUTH-TO-MOUTH RESUSCITATION: REPORT OF THE FIRST CASE?

But Giezi was gone before them, and laid the staff upon the face of the child, and there was no voice nor sense: and he returned to meet him, and told him, saying: The child is not risen. Eliseus therefore went into the house and behold the child lay dead on his bed. . . . And he went up, and lay upon the child: and he put his mouth upon his mouth, and his eyes upon his eyes, and his hands upon his hands: and he bowed himself upon him, and the child's flesh grew warm. Then he returned and walked in the house, once to and fro: and he went up, and lay upon him: and the child gaped seven times, and opened his eyes.

—Kings 4, 31-35

Letter from Australia

This is my first contribution as Australian correspondent and begins in a time of sadness. All Australians felt President Kennedy's death as a vivid personal blow — almost as though they had lost a member of their own family. We feel sympathy, too, for the American people in their great sadness. It is disheartening that goodness should be punished in this way; the fact that a man is good and great singles him out for an early and unexpected death. The young widow and the extremely young children remain the brave yet pitiful symbols.

I am proud to be Australian correspondent of a publication which proclaims itself a journal of the philosophy and ethics of medical practice. I am still more proud because of the notice on the front cover that it is the official journal of the National Federation of Catholic Physicians' Guilds. In Australia our organization is called the Guild of St. Luke, and it has seven branches, one in each State capital city and one at Newcastle, a large industrial city 150 miles north of Sydney. We are also affiliated with the New Zealand Guild of Sts. Cosmas and Damian.

The senior guild in Australia is that of New South Wales which was founded some forty years ago, and for nearly thirty years it has published an annual volume, the Transactions of the Medical Guild of St. Luke. The editor is Dr. J. P. Gallagher of Robert Street, Willoughby, N.S.W. Having lived in three States, I have been a member of three different branches. I have often wondered about the proper function of such guilds; since the ecumenical movement has gathered force I have asked myself if they could not be made the means of fostering mutual love among doctors of all religions. The most impressive religio-medical session I have ever attended was in June 1963 at the A.M.A. Convention at Atlantic City, when Bishop Sheen and Dr. Rynearson gave equally splendid religious discourses on the proper approach of the doctor to the patient.

Here is an interesting point I can make in commencing a regular Australian letter to America. Australia owes her existence as a nation to the Declaration of Independence. Before the American Revolution, 50,000 inmates of British galleys had been sent to America within fifty years. It is astonishing to record that when the thirteen colonies declared their independence the British authorities did not know that the transport of criminals had ceased. The treaty of Paris was signed in 1783; in 1784 Britain sent another cargo of convicts to America but these were rudely sent back. The official mind is strange; the British knew that immigrants were desired in the large and empty country but they could not see that immigrants of bad character would be a great handicap and not a help.

I was informed of this from The Journal of a Voyage to New South Wales 1790, by John White, Surgeon General to the First Fleet and the settlement at Port Jackson (Angus and Robertson, London, 1963). This interesting document has recently been reprinted with a biographical introduction—plus an extremely informative general historical introduction. White was in fact the first doctor to land in Australia; besides being an intelligent physician he was an observant naturalist and provided large numbers of drawings of the many previously unknown animals and birds he encountered in Australia.
Captain James Cook, in his report to the British Government after his voyage to New South Wales (1768-1771) said that land in Botany Bay would be suitable for cultivation. So the British government sent six ships with 1000 people (669 male and 90 female convicts) with orders to settle somewhere near Botany Bay and become self-supporting as soon as possible. The humane thing would have been to send enough food to keep the whole party alive for two or three years. They all made tremendous efforts in the cultivation of wheat and in the breeding of cattle and sheep. But heavy losses were incurred through lack of knowledge of the Australian conditions—what would be the best cereals to grow and at what time of the year. Before the colony was eighteen months old it was faced with starvation. White describes this clearly. Over and over again he reported to the Governor that convicts were dying of starvation; but Governor Phillip could do nothing except send a ship to Batavia and another to Capetown. Thus the Dutch were the first to relieve starvation in New South Wales. 

William Redfern, a naval sickly attendant transported after the mutiny of the Nore, became Sydney's leading surgeon. Sydney University was founded before 1850 but a medical school was not established then until 1880. 

Though the city of Melbourne was not founded until 1835, its university and medical school were established in 1862. During the fifties a good rush of good-class immigrants had swelled the population of Victoria to equal that of New South Wales. Before the opening of the Melbourne medical school a considerable number of Australians had done medical courses in London. The second medical school opened in Australia was that of Adelaide in 1879—a year before Sydney. The next was Brisbane in 1929, then Perth in 1956 and Hobart in 1963. Since World War II a great flow of population to Melbourne and Sydney has necessitated the foundation in each of a second University with a medical school. 

During the past fifteen years the medical schools of Australia had not been providing sufficient doctors for the increased population; consequently the intake of doctors from England has been large. A good deal of publicity has been given by the British Medical Journal to the flight of doctors from England (700 per year since 1950). Most of these have gone to America but the yearly average number to Australia in the years 1957-1961 was 113. This is the equivalent of the combined production of the medical schools of St. George's Hospital and the London Hospital. Many of these doctors describe themselves as “refugees” from the National Health scheme of Britain and there is little doubt that the socialization of the profession there was a retrograde step. 

A journal of philosophy should be interested in the basic medical truths and it is these which are being lost in this day of ultra-specialization. The attacks on the freedom of the private doctor and of the patient are coming through pseudo-scientific advances made by super-specialization. At Canberra an anti-socialist (Liberal) Government has been in power since 1949; it took over then from the Labour Party, which had built into the Australian constitution the foundations of a medical service like that of Britain. The Liberals, however, have not put this into reverse but have steadily extended bureaucratic control over medicine. 

As it happens, the greatest inroads on freedom were made while a general practitioner of Queensland was Federal Minister of Health. The individual whose freedom is most threatened is the patient suspected of having tuberculosis. In 1947 the Labour government set up a Department of Tuberculosis with a medical man in charge who regarded tuberculosis as the only disease that mattered. Just after this the antituberculosis drugs were discovered; the death rate from tuberculosis fell in Australia as it fell in all other countries of the world. However, the Federal Department of Tuberculosis has claimed the near-extinction of the disease as due entirely to its efforts. Now further moves are being made to “stamp out” tuberculosis; the Federal and the six State Governments have made X-rays of the chest compulsory, and people are being fined for refusal to cooperate. Instances are known of people in perfectly good health being compelled to undergo treatment for tuberculosis on insufficient evidence—an opacity in the chest wrongly diagnosed as tuberculosis. 

I believe questions like this should interest Catholic medical guilds all over the world. Truth is important, and particularly when it is related to the freedom of the patient and the freedom of the doctor. Ultra-specialization of scientific medicine has reached a stage of nihilism when it is unable to regard the patient as an individual. Medical associations and their officials should always be ready to fight these trends.

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