May 1966

Today's Catholic Physicians' Guild

Raymond B. Bauer

Follow this and additional works at: http://epublications.marquette.edu/lnq

Recommended Citation
sonnel, nurses and doctors. Tens of thousands of people are dependent upon the mission for medical and material aid. Coincidentally, in the large abode of physicians, many unable to pursue their profession because of a plethora of doctors. Invariably, a sum of $150 to $200 per month would be enough to induce a physician to serve the mission facility. The poor economy does not permit the average Latin American physician to practice among the Indians and support himself and family.

In specific instances, your committee has referred such applications for support to interested Guilds. It is too early to know the result but the plan is worthy of consideration.

As I see it, the problem is threefold. Supply of medicine and equipment is of utmost importance. This work is being done with maximum ability by such organizations as the Catholic Medical Mission Board and World Medical Relief. They deserve our support. Of equal importance is the need to recruit young doctors, uninhibited by the problems of the growing family and established practice, anxious to serve in the mission field for long or short term periods. There are several organizations capable and interested. Chief among these are C.M.M.B. and Mission Doctors Association of Los Angeles. The work of the latter group is known to you from previous articles in LINACRE. However, as the need is great and the supply limited, is there some merit to each and every Guild adopting a medical mission, raising funds to its capacity to support an independent physician to serve the mission of his choice.

Thus far the plan is adequate; indeed, there may be occasions for support to Indians and the family. The good accomplished by your dollars (purchased if you will) should far outweigh the occasional misfortune.

Thence, it is necessary of our problem, the shortage of physicians and nurses may be mor- terrorizing in some parts. For example, the problem of Eloy Prada, La Paz, Bolivia. The Bishop has established some six or more dispensaries in the poor parishes of La Paz. He is receiving some supply of equipment through the usual channels. In most cases $80 to $100 per month would allow him to maintain the services of a doctor and nurse for a dispensary. Are there not many Guilds in this country capable of supporting such a plan?

There are many similar situations begging for help. The National Federation is committed. It needs the help of the individual Guilds to see fulfillment of its plan. Each Guild can do its part. If a group is too small, let it join with another, pool its resources, do what can be done for our unfortunate neighbors. A nation such as ours, enjoying 46% of the world’s wealth and one doctor for every 760 people, must contribute more than it is doing. We all share in this obligation.

The National Federation, with the co-operation of Catholic Medical Mission Board, is able to refer any interested Guilds to parishes in Latin America needing support.

It is not too late but, it is time!

LINACRE QUARTERLY

Today’s Catholic Physicians’ Guild
RAYMOND B. BAER, M.D.

We are presently witnessing a re-emergence in the history of the Catholic Church. Changes in the spir- itual warfare have become popular, dial- ogues between the hierarchy and the laity has reached a new peak, both personal and literary communications, and the role of the laity has taken on new proportions. With the increased responsibilities arise, the need for the laity to train individual and group efforts closely to see if time is spent pru- dently, to examine goals, to assess efficiency and to see how efforts are related to the overall efforts of the Church.

Close examination of the present “movement” reveals that it is not simply “new.” It has all been said by Christ and recorded in Scripture. It is the interpretation, the concern, and the “action” resulting which is new for us. The truth remains that we are all sons of our Father, are all brothers and sisters in Christ, and that we will be judged by the talents we have been given, and as to how we use these talents to help our fellow man, both spiritually and materially.

As physicians, we have an in- creased responsibility. Although we may wish to contribute our position in life to just hard work and sacrifice, we nevertheless were gifted not only with sufficient intelligence, but also with the opportunity to make use of it. In other words, God has been good to us, and we have the responsibility to reciprocate.

How does this pertain to the Catholic Physicians’ Guild? It means that we have to examine our conscience, to take inventory at the local and national level, to humbly assess our successes, to critically evaluate our failures, and to investigate our environment to see what should be done and what can be done. It simply means to stop at times and ask “why” we exist as a Guild. It means dialogue with the Church authorities as to how we can be of service to them, to ourselves and to our fellow man. It means we should be productive of sound ideas as to how to help the medically indigent, the poverty-stricken, the culturally deprived, the children of broken homes, the “abandoned” inner-city parishes where the percentage of educ- ated parishioners is declining. It means that we should be participating in diocesan, parish, and community activities and organizations. It means we should not draw into our elite “comfortable” group who are immune to the hardships of others.

You might say that all of the above can be done by individuals alone, without participating as a structural Guild. Fortunately, this is partially true, and we are all aware of the many good works car- ried on by individuals, and are most grateful for them. But the Guild, because of its organization aspects at the local and national level, can
be of tremendous help by shaping a "community" of action, and also by its ability to communicate with each other across the local and national level. Not only is action efficient when performed as a group, if only because of the greater number of persons involved, but action becomes "contagious" if more persons are exposed to an activity and become aware of the action's merits.

One of the justifiable criticisms of a number of the parish organizations is that they have become, in addition to, or instead of, the originally intended "personal sanctity" function, unbalanced towards a "social" get-together, rather than a desired action organization. In other words, they are meeting more for the sake of meeting with little resultant action. Is this happening to the Catholic Physicians' Guild?

The already overcrowded work and medical meeting schedule of physicians probably precludes this from happening; and judging from the limited attendance at the recent local Guild and Federation meetings, the physicians are not meeting just for the sake of meeting; and neither are they meeting for the sake of "personal sanctity." This conclusion is reached from my observation of the limited attendance at Holy Mass at St. Patrick's Cathedral during the American Medical Association Meeting in New York City (June, 1965), the limited attendance at the Chicago Federation Meeting (November, 1965), as well as very limited attendance at our Detroit local functions such as St. Luke's White Mass, the Annual Guild Retreat and local Guild board meetings.

What is happening then although attendance at scheduled events has been somewhat disappointing, the response to requests for what amounts to a "social" activity, such as medical moral lectures to young adult and school age groups, performance of pre-camp and in-school examinations, requests to provide medical care to foster children has been very gratifying. In other words, the physician today is nonetheless willing to perform "actions," but a perhaps reluctant to attend scheduled meetings. The amount of time available is essential here. The short mentioned activities blend in more readily with physicians' training and ability, and in accord with the present spirit of personal involvement, and therefore, this approach is worthy of increased encouragement at the local and federation level. If, along with this, a balance of more purely religious function and meetings of an educational nature can be simultaneously achieved, so much the better.

What are some of the "action" activities to which a Catholic Physicians' Guild can be contributing? From our experience in Detroit, I would like to mention just a few, aware that this is a partial record of a limited experience, and at the same time hoping that other Guilds can share their experiences with us and stimulate further continued actions.

FAMILY LIFE CLINIC

The Family Life Clinic, under the auspices of the Chantry Office, began its studies over a year ago to counsel married couples in family planning. About thirty doctors participate in this program, each spending about two hours per month. The operation of this clinic is presented in detail in this issue by Dr. John R. Allison and Monsignor Sawher.

PRE-MARRIAGE PROGRAM

A Pre-Marriage Program is being conducted at a number of parishes throughout the area. This consists of lectures given on three successive Sundays: the first by a priest, the second by a married couple, and the third by a physician who speaks on anatomy and physiology pertaining to marriage. About forty physicians participate in this program.

MEDICAL MISSION PROGRAM

It is common knowledge to all of you that the Federation sponsors a medical mission in Guatemala. Although the major participation of physicians is of a monetary nature, in the past year four physicians from Detroit spent periods of one month working in Guatemala. This is also discussed in further detail elsewhere in this issue by Dr. Joseph Grady.

ARCHDIOCESAN OPPORTUNITY PROGRAM

In conjunction with the work on Detroit, the Archdiocese has opened number of educational centers for children in the inner-city grade schools, concentrating on the sixth, seventh, and eighth grades.

A series of ten weekly meetings are arranged, with talks being given on etiquette, dental care, hygiene, sex education, personality development, as well as on educational and employment opportunities. The physicians have been chiefly concerned with the two sessions on sex, one being given to the parents and children together, and a second being given to the children alone. Ample time is allowed for answering the multiple questions of children in this age group.

HEALTH AND PERSONALITY CLINICS

Taking the cue from the Catholic Nurse's Association who have been performing a similar function with parochial grade school girls, members of the Catholic Physicians' Guild with the cooperation of the Detroit Archdiocesan Council of Catholic Men and the Urban Parish Committee, have arranged an educational program for the parents and children in the inner-city grade schools, concentrating on the sixth, seventh, and eighth grades.
It is hoped that this program can be expanded so that high school students will also be included.

CATHOLIC SOCIAL SERVICE OF WAYNE COUNTY

Catholic Social Services of Wayne County is a large private multifunction family service agency which offers family, marital, and personal counseling and planning for unmarried mothers, adoption, foster care for dependent and neglected children. The agency has approximately five hundred and fifty children placed in foster homes, and about one hundred and sixty of these are in homes in five counties surrounding Wayne County, some as far as fifty miles from central Detroit. Through arrangements made by the Detroit Guild, physicians in these outlying areas (not necessarily Catholic physicians) have been able to provide medical care for these children; this obviates transporting these children to central Detroit for routine medical care. Not only is this financially advantageous to the agency, but is certainly more convenient to the foster parents and also provides better care for the foster children.

WEEK-END RETREATS

The current trend in retreats is for increased lay participation in giving the retreat. Instead of the spiritual director giving all of the talks, lay men and women are giving talks. The request for participation of Catholic physicians is steadily increasing. The physician is particularly suited to discuss with retreatants the basic knowledge, merits and problems pertaining to sex in marriage, population control, morality, and related subjects.

MEDICAL CLINICS

There are several free clinics for the indigent in Detroit which are voluntarily staffed by Catholic physicians in their spare time. These have a tremendous impact morally on a designated area, aside from the fact that medical care is sorely needed. The most important thing to these people is to know that someone cares for them, that they are not forgotten.

So much for examples. The above just touch the surface of the multiple possibilities for involvement of the Catholic physician. It is obvious that with the spirit of dialogue prevailing today, the opportunities are becoming more abundant. The area of human relations is crying for educated personnel to offer a few hours to help the oppressed and needy. Catholic Physicians Guilds do have qualified personnel to offer in any number of areas.

Our past national president, Dr. G. P. J. Griffin, stated in February, 1965, LINACRE QUARTERLY: "No longer can we see ourselves as individual doctors working for our limited personal goals but rather as a potent organization that must play its role in the program for the health and well-being of all peoples."

In the same issue our Moderator, Reverend Kenneth P. MacKintosh, stated: "If, in the changing pattern of life for the Church, and society at large, the Catholic doctor does not offer the best solution to the new problems awaiting his art, his re-

3rd ANNUAL CONFERENCE
National Federation of Catholic Physicians' Guilds
Houston, Texas
December 8-10, 1966
Shamrock Hotel

Sessions will concern

PROBLEMS CONFRONTING
PHYSICIANS, CLERGY and SCIENTISTS
in HUMAN ECOLOGY