February 1966

President's Page: Distribution of Leadership

Fred M. Taylor

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Recommended Citation
Taylor, Fred M. (1966) "President's Page: Distribution of Leadership," The Linacre Quarterly: Vol. 33 : No. 1 , Article 3. Available at: http://epublications.marquette.edu/lnq/vol33/iss1/3
Pr sident’s Page

DISTRIBUTION OF LEADERSHIP

For six years at the annual meeting of the National Federation I have stood in admiration of my predecessors and hoped I should share their responsibilities as president. Now the time has arrived for the reality of what it means to hold that office. It is not a central, imitable time, but it is marked by uneasiness and apprehension. But it also has been asked by a confidant hope to do my utmost to continue the efforts of the past presidents to serve the federation well. In this connection I express to you, my congratulations and the National Federation’s tribute of appreciation of being your president during the past year.

Now, I shall not try to be a prophet foretelling the future of the National Federation, nor should I try to predict whether it will be sooner or in future decades from now. For both are beyond my power. But there comes a time when it is necessary to take stock of the National Federation. There comes a time when it is necessary to try to know better what it is, where it is, and where it is headed, and to determine whether its direction can be determined by those who constitute the Federation.

The National Federation is not a society for the promotion of a branch of medicine or a special science. Nor is it an association of physicians banded together for a common purpose. Instead, it is an alliance of comradely Guilds of individual Catholic physicians of diverse experiences, interests, and philosophies in an interlocking harmony of spiritual, moral, and social aims. In this regard the Guilds are the Federation. The Guild’s plan and shape the Federation. And as long as there are the Federation, so long—at least the national organization rests upon the constituent groups and associate members.

The purposes of the National Federation are quite definite and clear. But national Federation action alone, through its board and committees, is not adequate to achieve those purposes. Their attainment requires the participation of all the Guilds. In this respect, although the National Federation is everywhere, it should not everywhere be dominant. All impulse of leadership does not emanate from the President and the Board of Directors. Nor should the Federation’s action be preoccupied with instituting crash programs or with personal notions that say, “Let’s do something now.” Rather, in a time of perpetual change, it is to have a consensus of responsible motives develop among the Guilds and when the time is ripe, to help crystallize it in a concrete plan of national collective action. Thus, the administrative spirit of the National Federation should not be in the pride of prestige, nor in the hazard of power, but rather in laying great stress on what Weston* refers to as distributive leadership.


However difficult and however slow and disappointing it may at times be the very nature of a federation requires that the leadership be distributed evenly among the parts constituting the federation.

The essential role of the National Federation is not to assume local responsibility nor to swallow up the individualism and diversity of Guilds; it is always, and in the context of continuing change and of new and different moral and social dimensions, to give a relatively free rein to local imagination and initiative and to impart coordination and interest not just in moral and spiritual affairs that relate to the profession of medicine but also in the broad medical and social problems of family life, medical missions, health care of the religious; thus, the kind of activities that promote the temporal and eternal interests of all our neighbors.

In this connection any serious threat to the National Federation arises not from what the Federation is and where it is and how it would confront the future but from what the Guilds and the regions of Guilds do not do in influencing the direction of the Federation. The most serious mistake the Guilds can make is not to exert local leadership and effectual action, and especially when they have within their own power the talent and energy to be informed, critical, and adaptable, and thereby the capacity to shape and determine the content and direction of the Federation. One of the most serious breaches the Federation can commit is not to communicate with reasonable frequency with the Guilds, with their members, and with the non-Guild associates.

In this regard coordination is fundamental to any organization the size of the National Federation. In order to achieve coordination, however, it is essential to meet two minimum conditions: communication and cooperation. We are obliged to communicate our functions and activities and to assume the initiative and responsibility required to do so. Once communication is well established, indeed effective, there follows not only the spirit for cooperation but also the realism of coordination. Thus the distribution of leadership and responsibility is the only way for the National Federation to evolve and to grow and ripen—not as rapidly, perhaps, as anxious idealists demand nor as slowly as peevish pessimists predict. But distributive leadership does mean individual initiative. It means examining old practices and testing new ones. It means tackling new ideas and wrestling anew with the perennial problems of membership and dues collection. It means appraising critically our programs to learn whether they are realistic or obsolete and whether we are discharging our purposes or only pretending to do so. It means taking stock of the fundamental processes that impart a sense of substance and meaning to Guilds and the Federation, thus the sort of leadership that reciprocally influences the Federation and allows the Guilds freedom from bureaucratic influence. The most effective groups—and there are many—indeed the most effective local boards and committees, and of the National Federation as well, are those in which there is a continuous search for ways and techniques to make their purposes more functional, to be more curious about the Church’s great and extraordinary pronouncements and encyclicals that affect profoundly every facet of human existence, and, above all, to dare to participate actively and construc-

FEBRUARY, 1966
GOD NEEDS YOU

Prior to World War II a pamphlet appeared bearing the above title and was addressed to doctors. The layman’s role in the Church was not so clearly defined in those days and the pamphlet was an exhortation for doctors to become involved. “God needs you!” was the statement of an older surgeon to a younger one, as together they worked over a patient whose life hung in the balance. For any who might be hesitant to fill a needed post it is a challenging phrase, surely as compelling as St. Paul’s: “I exhort you, therefore, brothers... do not conform to this world’s way of life, but be transformed by the renewal of your mind, that you may investigate the will of God—ALL that is good, ALL that is acceptable to Him, ALL that is perfect.”

Leadership for all church-oriented organizations is a growing need, one which cannot be side-stepped without serious hurt to the Church. Physicians’ Guilds are no exception. A necessary work, poorly done, or left undone by a well-intentioned layman, and eventually completed by a priest, is the wrong method of problem solving, as far as the extension of the Kingdom of God is concerned. The development of leadership techniques in a formal teaching environment seems to be a better solution to the need.

Because of his intimate working with God’s greatest creation, the human person, it should be possible for every doctor to develop the self-confidence necessary for effective leadership. In his dealings with his patients he daily exercises self-trust in those independent judgments by which he seeks to lead them back to good health. The physician, to be effective, must be sensitive to what needs correcting, improving, and encouraging in the individual patient. How easy to transfer this sensitivity to the larger life of an organization or the Church herself.

A doctor, to understand and help his patient, must be an attentive listener, and be able to speak with such conviction and clarity that the patient will be stimulated and moved to act upon his medical advice. So, too, must the lay leader in the Church develop this skill to communicate so clearly and enthusiastically, that those listening will respond with promptness to his stated objectives.

And, finally, where would medicine be today without the creativity of outstanding doctors, past and present? Just as the health of the world has improved because of the leadership of these men, so will the Church grow and be strengthened by a lay leadership that is open-minded, flexible, original, constructive in its ideas, and willing to take the initiative, not just be prodded into it.

The constructive and truly apostolic leadership of many of our doctors in the areas of faith, morality, catechetics, missionary effort, and social welfare gives promise that, to an increasing degree, our medical men are aware of the trust that, for His works to be fulfilled on earth, God “needs” them. It will be the herald of a “Holy Year” for all our doctors if, in 1966, they heed the call of the Church to active leadership—a leadership that will seek out “ALL that is good, ALL that is acceptable to Him, ALL that is perfect.”

Best wishes for a happy and fruitful Holy Year!

REVEREND KENNETH P. MACKINNON

FEBRUARY, 1966