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# Two Forces, One Goal

REVEREND DR. PAUL B. McCLEAVE

Man is a whole being. It is impossible to divide him into separate areas or categories. His vocational life affects his mental attitude, his social well-being can create strength or weakness in his physical being. Though all men may not recognize it, each individual's faith gives confidence, certainty, and hope for whatever he does. In the art of healing we seek then to bring together the spiritual, medical, mental, and social factors to be applied to the patient or the parishioner that his health might be strengthened.

The physician and the clergyman, deep within their hearts, have a sincere and vital interest in the patient or the parishioner. In a sense each is called to his profession, a calling that underlying all of our front is a calling of compassion, tenderness, and concern. The cry of the needy is heeded by each one of us. As men of concern, we should strive then to make possible in times of illness to use all of the facilities that are at hand to bring about total health. It is not a matter that each patient that is seen requires consultation by colleagues of the medical profession or referrals to a clergyman. Nor is it true that each parishioner who seeks counsel from his clergyman requires consultation by other col-

leagues or referrals to doctors. But, there are times and there are areas involving the life of the patient and the parishioner in which the two professions could be of help one to the other in making possible the complete healing rather than partial healing.

Throughout all America, there is a new recognition on the part of many of the concept that man is a whole being. He is physical, he is spiritual, he is mental, and he is social in his total health. It is widely recognized that a weakness in any one of the four factors of his health can and does militate toward ill health in any one or all three of the other factors. We recognize immediately that all illness is not organic. The parents of the retarded child in some cases are more ill than is the child. Moments of shock, fear, hysteria, and grief are moments of serious illness and these illnesses can affect the whole being of the patient.

The faith of the individual patient is a vital factor in total health. The patient must be treated and cared for within the scope of that faith. There may be times that the physician would disagree and not approve of the concept or attitude that a faith group presents to his patient, but the fact still remains that it is the patient's faith and every physician knows that he must treat within that faith. There needs to be greater

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understanding between the physicians and the faith groups as to the requirements of those faiths relative to patient care. There needs to be greater understanding on the part of the clergy of the physician's attitudes and feelings. The clergyman must understand the physician's deep concern to help the patient and that the physician's decisions are oft times difficult to come by, but he must make decisions. In these decisions which the physician makes, he recognizes that *he treats, but God heals*. In the treatment and care of the patient the faith of the patient has much to do with the healing process — *the will to live or to die*. The faith of the patient gives him the courage, the strength, the patience, the assurance, and the hope all of which aid in the healing process. These are not things that can be purchased in a bottle at the drug store. This is that which underlies the very basic philosophy of life that each individual must have and does have which affects his total health.

If man is to find health, the abundance of life which has been promised him by his Creator, God, then it is essential and necessary that he develop to the fullest extent a perfect body, physically; a perfect mind, mentally; a perfect soul, spiritually; and a perfect life, socially. As we strive to accomplish this abundance of life so promised to us, we find that man is a complex being — a whole being. Whether our illness is physical or spiritual, we see the complexity that shows to us the need of the physician and the clergyman to

associate themselves with the physician to become concerned of this total man. Combining then faith with the knowledge of medical skill and science, with all the understanding of society and our emotional being, we may have that abundance of life so promised us.

"The church is primarily concerned with the patient's spiritual welfare and the physician with the patient's physical condition, but all of us are aware of the complexity of the individual and the importance of treating the whole patient," so says Doctor Edward J. Ryneason of Mayo Clinic. Among all the alliances in effect today, none, I believe, will prove more productive and beneficial to human well-being than the alliance of medicine and religion.

The advances of modern medicine, the skills and knowledge of the physician, the facilities of our hospitals and institutions, the wonderful advances in drugs, creates and makes necessary decisions which many times in the past were not required of the patient or the patient's family or the doctor. But these decisions are in the midst of us. It is easy for us to say it won't happen to us, but it does happen to us — catastrophic illness, a tragic accident, the birth of a deformed or retarded child. These are things that are in our everyday lives. They happen to our neighbors, but more than that, they happen to ourselves. Too frequently, the patient has the thought that regardless of his illness — organic, spiritual, emotional or social

— he may go to his physician, and his physician with all of his knowledge can give him a pill or take the surgical knife and care for the diseased area. He feels that all then will be well. But this is not true. Too frequently our illnesses are not organic that can be handled by drugs. They are not a diseased area that can be removed by a surgeon's knife, but our illness requires something deep within our heart and within our life. Because of the stress and the strain and the pressures of the world in which we live, we have forgotten that faith plays a vital and important role in our total well-being.

In recognition of this, the American Medical Association established the Department of Medicine and Religion to create the proper climate for communication between the physician and the clergyman that will lead to the most effective care and treatment of the patient in which both are interested. It is an expanding concept of health care.

To achieve this purpose, the department is working through physicians to establish contacts with the clergy and is directing studies in areas where there is continuing correlation involving medicine and religion. The department is to bring together physicians and clergy of all faiths to discuss the areas of need of their local communities in which the two professions working together may be of service to one another and to the patient and his family.

Each state Medical Society has been asked to establish state commit-

tees on medicine and religion to encourage the physicians in each of the local communities to invite the clergy to meet with them and discuss together these vital concerns of man's total health. You will be interested in knowing that in this short period of time in which the department has been active, 47 states have now implemented the program and over 500 County Medical Societies of the 1900 County Medical Societies have implemented the program having had from two to seven programs in which this dialogue takes place. The response on the part of both physicians and clergy has been tremendous, far beyond any expectation, for there is a sincere desire on the part of both to do all that they can to bring total health to every patient and every parishioner.

In addition to the local programs, we are also carrying out programs of this nature in medical schools and theological seminaries throughout America, for it is the desire and the need on the part of medicine that the young physician in his medical training be informed of the total health of man; that he is going to be confronted with patients who are seriously ill, but not organic; that as a physician, he needs to know concerning all faith groups, the demands of the tenets and the doctrines of those faith groups. For his patients are going to be patients of faith groups other than his own. The young man planning to be a clergyman needs to know his relationship to the physician, to the hospital. He needs to be informed

of the seriousness of illnesses other than organic illness. He needs the guidance and the direction which medicine can give as he counsels with his parishioner. It is through these programs that the two professions may find a new understanding, a new relationship, and become colleagues.

The confidence that the average family places in its clergy and physician requires that the two consult with each other whenever necessary.

From their collective judgment will come the means for providing the most effective care and treatment of the patient as a whole man. This is the new concept. Then, are the two forces — medicine and religion — with one goal — that you and I may receive the finest care and treatment in our illness, knowing full well that illness may be organic, may be spiritual, may be emotional, may be social. This goal — total care.

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### QUO VADIS . . . ?

Whither thou goest . . . ? This has been a leading question in the mind of man ever since the beginning.

The Twentieth Century and its busy society has left modern man, it seems, only a sparsity of time to ponder his future. Today, our civilization, spurred on by the accelerated pace of modern science, is plunging into that future at a fantastic rate . . . so fast that in fact if we pause to look at that future, we often find it has already become the past.

Who would think that within two decades of World War II modern science would have given us protection from many deadly diseases? Polio, smallpox, pneumonia and tuberculosis, to name only a few, twenty years ago still claimed many lives a year. Now they are treated routinely.

Who had the foresight to see that the by-products of our race into space would provide us with new metals, new alloys, and marvelous new plastics from which to shape a whole new catalogue of prosthetic devices . . . modern tools with which the surgeon using new, bold techniques, now repairs the valves of a human heart or reshapes the deformity of a twisted bone?

Such advances just don't happen. They are the results of research. This research is the product, itself, of our universities, our teaching hospitals, and our laboratories. Research requires dedicated minds following the leads of painstaking procedures . . . testing, weighing, evaluating and assembling knowledge into a meaningful whole.

Even though the accomplishments of the past few decades seem enormous, and the promise of the future of medicine is greater than ever, the deeper we dig into this vast region of the unknown, the more we begin to realize the vastness of creation and the skill and wisdom of the Creator.

— *im'pe tus*

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