Two Forces, One Goal

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an objective obligation to provide ordinary care for her unborn child. If she refuses to do this for whatever reason, the state, *parens patriae*, has a right to step in.

However, under the circumstances of this kind of case, I believe that the state should not exercise that right. Even if both the mother and the child will otherwise die—

1. To force a conscious Jehovah's Witness, on the point of death, to submit to a blood transfusion to save the life of her unborn child might well bring her human and religious feelings into such deep and confusing conflict as to endanger her own spiritual welfare at this uncertain and critical moment. Hence, if the obligation for her to accept the transfusion is verified, it should not be urged under these circumstances at risk of her eternal salvation.

2. I am inclined to believe that the precedent of physically invading the human person contrary to her conscience is so dangerous to the conscience of the unborn child.

Finally, by way of a recent development in this general problem, it might be noted that although there has been some discussion as to whether or not both blood for the use of, a particular Jehovah's Witness for autotransfusion, the solution has been rejected by the Watchtower Bible and Tract Society (New York) which is an official organ of the Jehovah's Witnesses.
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 oftentimes 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 into becoming concerned of this total man. Combining then faith with the knowledge of medical skill and science, with all the understanding of society and 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 D. Rynearson of Mayo Clinic. Among all the alliances in effect today, none, I believe, will prove more productive and beneficial to human welfare 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 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 minds 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 committees 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. 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 viewpoint will come the means for providing the most effective care and treatment of the patient as a whole man. This is the new concept. There are the two forces — medicine and religion — with one goal that you and I may receive the first care and treatment in our illness, knowing full well that illness may be organic, may be spiritual, may be emotional, may be social. This, then, is our goal — total care.

QUO VADIS . . . ?

Whether 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 span 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 . . . too fast in fact if we pause to look at that future, we often find it is 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 a life. Now they are treated routinely.

Who had the foresight to see that the by-product of our space into space would provide us with new metals, new alloys, and marvelous new plastics from which to shape a whole new catalog of prosthetic devices . . . modern tools with which the surgeon using now, bold techniques, now repairs the values 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.

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Creighton Memorial Saint Joseph's Hospital, Omaha, Nebraska

Letters to the Editor . . .

Brief communications are welcome and will be printed as space permits, subject to the usual editing.

TO THE EDITOR:

I have read with great interest your articles on doctors in the mission fields in The Linacre Quarterly. However, I cannot make a comment on same.

It appears to me that from my own experience working in Harlem among the Negro population of New York City, and after a somewhat extended visit to Mississippi where I toured the areas where the Negro is concentrated, that the great need for the missions of the Catholic Church in this country is to the disenfranchised Negro in the South. With all the good will in the world towards the missions of foreign countries, I believe our own country is in great need of missionaries — priests, brothers and sisters as well as physicians — to attend the spiritual as well as the physical needs of our American Negroes.

A great tragedy of American life is to me the fact that a segment of our population has been exploited by another much larger segment, namely the white American population. I believe that the American Catholic physician can do much to provide medical help for the Negro.

Daniel F. Casten, M.D.
Director of Surgery, Sydeman Hospital
Attending Surgeon, St. Clare's Hospital
New York

TO THE EDITOR:

It was very disappointing for me to see an article entitled, "Ovulation Regulation" by Harold M. Groden in the February, Linacre Quarterly. Part 2 of same is characterized by sweeping medical statements not borne out by medical data or references. Your editorial note on Page 6 stating that "the reprint, if the claims turn out to be true, should win him the Nobel Prize, and yet he will not be specific about what the specific and exact makeup of the tablet is. Other errors and suspicions claims made by this author are too numerous to elaborate. I would suggest, if you do not receive letters from other interested gynecologists who are concerned as I am, that you submit this article to some of your obstetric colleagues for their evaluation and that some sort of retraction or explanation be made in the next issue of The Linacre Quarterly. There is enough confusion about this subject without adding more.

G. C. Nabors, M.D.
Dallas, Texas

May, 1965