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Letter from New Zealand . . .

In spite of its small population ($2\frac{3}{4}$ millions), New Zealand receives a disproportionate amount of interest and goodwill throughout the world. The outstanding medical event of the past year was the introduction of intrauterine foetal transfusion by Dr. A. W. Liley.¹ By transfusing blood into the baby's peritoneal cavity at about 34 weeks maturity he has been able on several occasions to salvage one otherwise doomed by severe Rh immunisation.

The Catholic medical status is improving rapidly. A doctor at the end of his professional life can remember being the only Catholic serving, say, half a million people. Now there would be at least 50 such doctors in a similar community. They are united in the Guild of St. Luke, which is affiliated with the English Guild. There are about four meetings yearly in the main centres, a retreat, and social events. Following the ecumenical spirit of the good Pope John, there are now joint meetings with doctors and clergy of other religions, and from these has arisen a warm feeling of fellowship and mutual respect.

In the recent past the main concern of the Catholic body has been for defence and consolidation, but now it seems likely to develop and flower once again. The incidence of Catholicism in the general popu-

lation is about 14%, but in the younger age groups it may be as high as 20%. After 90 years of secular education the milieu is largely de-Christianized, and in the medical field the main problems are those of contraception, therapeutic abortion, and sterilization. The outlook is, however, much more healthy in these respects than it was a generation ago.

The basic task for the Catholic profession is not merely to act as a brake on these errors but also to present positive ideals of the beauty and richness of Christian marriage and the intellectual life. There is a great need for Catholics to take on positions of leadership in all aspects of community life.

With its absence of illiteracy and poverty, and its uniform middle class structure (some would say mediocrity), New Zealand forms a convenient social laboratory in which many innovations have been readily introduced in the past. Physicians will be interested in the national health service which has been working for about 25 years. Unlike the British scheme it favours general practitioners rather than specialists, many of whom, especially in internal medicine, find it difficult to make a living. One lesson which can be learned from our experience is that the profession ought to take the initiative itself in introducing some comprehensive form of health insurance, rather than to leave it to the

¹Liley, A. W.: *Brit. Med. J.*, 2:1107, 1963.
Amer. J. Obstet. Gynec., 82:1359, 1963.

State, which then appears in people's minds as being more concerned with their interests than the doctors themselves. Catholic doctors should be first in the field in ensuring for patients a fair deal in medicine, and protection from economic disaster when illness strikes. The New Zealand scheme illustrates the folly of the State's accepting responsibility for every minor ailment in the community. Attempting this, together with an unwillingness to accept the barrier of a means test, leads to waste, extravagance, crushing taxation, and bureaucratic control of the profession. The Christian tradi-

tion has always been a limitation of the citizen's freedom by the State, whose duty is to organize service in distress, rather than to dominate the whole of life; but it is difficult to preserve a nice balance.

The Guild in New Zealand is grateful to its colleagues throughout the world, particularly the United States, Australia and Britain, for the sense of purpose and solidarity which it takes from them.

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The National Federation announces with great pleasure that Francis J. Braceland, M.D., Sc.D., F.A.C.P., will deliver the first Annual Father Gerald Kelly Lecture at the Breakfast scheduled at the Waldorf-Astoria Hotel in New York, June 23. Dr. Braceland, outstanding in the field of psychiatry, is well-known for his work at the Institute of Living in Hartford, Connecticut where he is psychiatrist-in-chief. The Lecture is named in tribute to Father Gerald Kelly, noted Jesuit moral theologian who died last August 2. As teacher and writer, over the years he interpreted for physicians the mind of the Church in the medico-moral field, and his devotion to correspondence and his own lecturing have left the profession forever in his debt.



Dr. Braceland

(Photo courtesy Fabian Bachrach)

Attendance is not limited to Guild members. Families and friends attending the A.M.A. convention would be most welcome to assist at the Mass at St. Patrick's and the breakfast in the Astor Gallery at the Waldorf-Astoria. Send for your tickets today.