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Current Medical-Moral Comment

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Sister Gerlinda Hondt, S.S.P.S.  
Sister Gerlinda is presently completing her Sophomore Year at Marquette University School of Medicine. At the end of her Freshman year Sister Gerlinda ranked #1 in her class and she is maintaining equally good scholarship at the present time. She has no definite assignment in mind but, if given a preference of places in which to serve, Indonesia would be her choice.

Joseph Tombers, M.D. (Marquette M.D. 1964) Dr. Tombers had indicated to the Catholic Mission Board that he was interested in mission work and following his internship at St. Mary's Hospital in Duluth, Dr. Tombers was placed at the Clinic “Las Mercedes” in El Progresso, Yoro, Honduras. The clinic is operated by the Jesuits (Missouri Province) and is now completing its third year of operation.

Dr. Tombers writes: “The clinic is run primarily out-patient style and the doctor is free to treat the people he wants, the poor people of course. The first doctor here and myself (second) both felt the greatest need for medical care is with the children of the area. For that reason, 95% of the patients are children.

Dr. Tombers is the only trained person, medically speaking. He does his own lab work and does minor surgical procedures. He is assisted by two local girls whom he has trained to help him. In addition to the outpatient facilities the clinic has three beds and he can, when needed, keep patients overnight. When this happens the mothers stay with the children and act as “nurses.” He sees about a thousand patients a month with a variety of diseases which range through tuberculosis, measles, diarrhoea, parasitosis, malaria and skin problems.

When Dr. Tombers went to the Clinic last July he was given a four-year deferment from the Air Force (Berry Plan) to serve at Las Mercedes. The time was practically over and he had to leave the Clinic by the end of May and to report to Brooks A.F.B. in July tenth. He has made since efforts to find a replacement for the clinic, but with the military situation as it is at present, he has been unsuccessful.

In addition to the group of men and women whose activities in the mission field has been narrated above, Marquette's own physician now in active service with the Peace Corps, and a second one who expects to go to Brazil with the Corps next fall.

Ronald du Pont, M.D. (Marquette 1965) Dr. DuPont is now interned at St. Mary's Hospital in Grand Rapids, Michigan, and is now in service with the Peace Corps in Kazarao, Iran. Dr. DuPont's wife and two children are with him in Iran.

Joseph Pilos, M.D. (Marquette 1965) Dr. Pilos is presently completing his internship in the Carolinas. He has very recently been accepted by the Peace Corps and expects to be with the group sent to Brazil next fall. He will complete the basic training given to Peace Corps trainees at Marquette University this summer and, with his wife and baby daughter, will leave for his assignment in the Fall.

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THOMAS J. O'DONNELL, S.J.

As psychiatric evaluation and testing, as well as therapy, becomes more commonly accepted in general, the psychiatrist is likely to be dealing more frequently with members of Religious Institutes in these areas of practice. Since a member of a Religious Institute has a special and unique relationship to his or her Religious Superiors, which is not always understood by physicians, the concept of professional secrecy can become somewhat obscure.

The Hippocratic collection reflects how sacred and serious the obligation of secrecy has been from the dawn of medical history. This is expressed strongly and succinctly in the words of the traditional oath: "... whatever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets ..."

The Code of Medical Ethics that Dr. Thomas Percival brought out of the administrative turmoil of the Manchester Infirmary, in England, at the close of the 18th century, and which has become the basis of most modern codes of medical ethics, directs that: "Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed. And the familiar and confidential intercourse, to which the identity are admitted in their professional visits, should be used with discretion and with the most scrupulous regard to fidelity and honor.

Half a century later the American Medical Association held its first formal meeting in Philadelphia, Pennsylvania during May, 1917 and adopted its original Code of Ethics. The delegates simply took the above quotation from Percival and added the following: "The obligation of secrecy extends beyond the purview of professional services; none of the privacies of personal or domestic life, no infirmity of disposition or flaw of character observed in professional attendance, should be divulged by him (the physician) except when he is in duty bound or when he is required to do so. The great necessity of this obligation is indeed so great, that peace and order among men have, under certain circumstances, been protected by the observance of secrecy by court of justice."

As the A.M.A. Code of Ethics was revised and rearranged in 1939, 1912, 1947 and 1955 the section on professional secrecy remained essentially intact. In 1957 the House of Delegates approved the following amendment:

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1. Percival's Medical Ethics, edited by Chauncey Leake, Williams and Wilkins, Baltimore, Maryland, Ch. II, No. 1, 1827.

LINACRE QUARTERLY

288

289
Delegates adopted a radically new form of expression of the "Principles of Ethics." It was designed to eliminate various dicta of mere etiquette which were scattered among the ethical directives. Section nine became a summary of all that had previously been held regarding professional secrecy and reads as follows: "A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary to protect the welfare of the individual or of the community."

Against the background of these very sound directives, the special status of a member of a Religious Institute suggests the following considerations.

A man or a woman who has entered a Religious Institute has voluntarily limited the exercise of certain human and legal rights in the interest of a greater good, and has entered into a relationship with his Religious Superiors which is both paternal and administrative. The former (paternal) is confined to what is called "internal forum" and is concerned with a fatherly solicitude and care for the individual. The latter (administrative) looks to the external government of the Institute in its corporate work. Of course, in the day to day life of the Religious Institute, these two spheres of activity often overlap and are sometimes indistinguishable.

In this context the Religious has devoted his abilities and potential to the corporate work of the Institute. In turn the Institute supplies all of his needs (including medical care) and it is understood that the Superior is party to the professional contract in regard to medical care. He has a right to be informed of the subject's state of health and prognosis in view of administrative and paternal roles which the subject has accepted by asking to be admitted to the Institute.

This right, however, while it extends to all ordinary health report and therapeutic measures, is not an unlimited right. It does not extend to any invasion of privacy concerning the subject's moral conscience, his inner feelings and desires, or his hidden mortal transgressions. While the subject is free to impart such information to the Superior, and is even encouraged to be open with him, the Superior is forbidden, by the Code of Canon Law, to exact such information in any way. Moreover, if the subject chooses to communicate such information to him in the "internal forum," the Superior can use it only in his paternal and not his administrative role.

Therefore, the physician should remember that if a member of a Religious Institute reveals matter protected by this area of privacy, whether in an interview or in psychometric tests which he or she has been told to undergo, such

* The Code of Canon Law, canon 538.