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ARE CATHOLIC PHYSICIANS ADOPTING A NEGATIVE ATTITUDE TO A VITAL SOCIAL PROBLEM?

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Dr. Ryan, a visitor to the United States from England, in the summer of 1957, observed hospitals and the practice of medicine in many areas of the country. Following are some of his observations.

An article appearing in the *Eugenics Quarterly*, March 1956, written by Father William J. Gibbons, S.J.,¹ once more gives definite guidance to Catholic physicians on medico-moral problems in marriage, particularly those associated with fertility. For those who wish to study more fully the justification of the Church's teaching on the subject, the article is accompanied by an excellent bibliography.

There has been a spate of literature in the last few years regarding the Catholic point of view on marriage, with particular emphasis on the moral aspects. As a result of this, the public has become increasingly interested not only in the medical and social aspects of fertility, but also in the influence of past and present religious teaching on this subject.

Many may think, as I do, that whereas the moral issues have been clearly defined, the medical issues are somewhat obscure; main-

ly because the Catholic medical approach has been all too negative. The real question we must ask ourselves as Catholic physicians is whether or not we are adopting a negative medical attitude to a vital social problem. Secondly, whether we are making the most of our opportunities to present to our non-Catholic colleagues facts and figures resulting from investigation of the problems of fertility, such studies having been conducted in accordance with our moral principles. In brief, can we submit scientific data to support our view that, not only is our approach, both in the field of research and treatment, morally correct, but also equally sound medically?

In order to present this picture, we must have the same facilities for research and team-work as our non-Catholic colleagues. There would appear to be a need for constant encouragement in Catholic medical schools to impress upon students the importance of research; a fact that has been referred to in a report on medical

¹"Fertility Control in the Light of Some Recent Catholic Statements," *Eugenics Quarterly*, March 1956, Vol. 3, No. 1.

education and research in American Catholic medical schools and hospitals.²

In the United Kingdom medical research under the auspices of a Catholic hospital in the field of fertility is almost impossible. Catholic hospitals are few and far between. None has the status of a teaching hospital; they all work under the voluntary system with no State support and they are relatively small—the most prominent Catholic hospital in London has only 200 beds. Its out-patient department is antiquated; its staff is very small, and no research of any sort is pursued.

In the United States, on the other hand, there appear to be definite possibilities. I understand that some 1,141 Catholic hospitals are included in a national total of 6,970, and that there are six four-year Catholic medical schools.

Recently, I had the pleasure of visiting the United States and seeing for myself some of the magnificent Catholic hospitals and learning of plans to construct others. I had the pleasure of meeting many staff members and retain most happy memories of the hospitality and welcome extended to me. I was deeply impressed by the determination and keenness of these men to ensure these hospitals attaining a standard of work second to none. Nevertheless, I was reminded frequently that there are

²Medical Education and Research in Catholic Medical Schools and Hospitals: Report of a Special Study by John J. Butler, M.D. and Edna M. O'Hern, Ph.D. (The Catholic Hospital Association of the United States and Canada, St. Louis 4, Missouri.)

still many problems to overcome, particularly relating to extension in the field of research, generally. I was surprised that it was so difficult to find a Catholic clinic attached to any hospital, dealing extensively with the problems of fertility and physical maladjustments of married life. I had envisaged a research clinic on problems such as fertility consisting of a team composed of at least the following: an obstetrician, a gynecologist, a genito-urinary surgeon, an endocrinologist, a psychiatrist, a biochemist, a radiologist, a general physician, and specialized auxiliary workers.

I was left with the impression that there is in the United States, as in the United Kingdom and Europe, a prejudice against the establishment of Catholic fertility clinics, prevailing particularly with some of the clergy who seem to associate this type of work and research exclusively with birth control and planned parenthood. No doubt, a limited amount of activity in the clinic would be concerned with advice on family spacing when considered necessary. It does not seem to be realized, however, in Catholic circles, that both in the United States and in the United Kingdom one out of ten marriages is involuntarily sterile and that sterility is a problem of great magnitude offering an immense field of research. As Catholics, we stress, perhaps sometimes unduly, the primary object of marriage — reproduction — and therefore, one would expect that the Catholic medical profession would lead the way in research on this

subject. I feel very strongly that team-work is a *must* in any research on this subject, even though, as I observed in America, there have been many valuable contributions by individual physicians which might well, with advantage, be co-related under one roof.

I am not suggesting that if a Catholic couple that is sterile were to attend a general clinic in the United States or in the United Kingdom, there would be an enforced examination which would be against their moral principles or advice would be given contrary to their moral beliefs, but I do suggest that if they are placed in the position of having to refuse to undergo certain tests or accept specific advice, they may believe that the investigation of their problem is thereby incomplete. This, of course, can be proved otherwise, but only if they can attend alternative clinics where proof can be shown. The absence of a Catholic clinic has fostered a state of mind, not uncommon in the United Kingdom, which predisposes Catholics to believe that because they are Catholics, their problem cannot be fully investigated. This state of mind may well exist in the United States also.



The approach to medicine as a science can never be denominational; it is against its very essence. It cannot be merely nation-wide; it can only be international. Nevertheless, until the medical profession and the public have the same concept on moral issues relevant to marriage, there will be a necessity for Catholic clinics to deal with marriage problems in their medico-moral aspects.

The non-Catholic doctor, as I pointed out in *Marriage*³, is not a metaphysician nor a moral theologian, and if you want to convince him, you must give him facts. It is little use arguing with him *a priori*, for he is trained and conditioned to judge by objective evidence.

In a world where there is a tendency to put science in the place of God, there is an urgent necessity for the Catholic medical profession to unite and prove that good morals make good medicine and to deflate the popular conception that the practice of Catholic medicine is second rate because of the moral restrictions placed upon its physicians.

³*Marriage: A Medical and Sacramental Study*, Alan Keenan, O.F.M., and John Ryan, M.B., B.S., F.R.C.S., F.I.C.S., p. 8. (Sheed & Ward, New York, 1956.)