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John C. Friedl

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A Code for the Healing Profession?

**Rev. John C. Friedl, S.J., Director
Institute of Social Order
Rockhurst College**

DURING its current fall-winter session, the Institute of Social Order of Rockhurst College has been conducting a well-attended series of lectures for the healing profession. This is a milieu group, an occupational group, bound together by the ties of a common interest in a very specialized environment: doctors, hospital administrators, nurse supervisors (Nun and lay), graduate nurses, technicians, chaplains, social workers, even representatives of non-profit as well as of commercial insurance plans. They constitute an institutional group, a form of community, like any other community where great masses of people are engaged in a complex variety of interdependent tasks and relationships.

While admittedly inadequate and prosaic, the designation "the healing profession" is currently the best available to convey the notion of an all-inclusive organic group, a tangible community resource, having certain functions, privileges and responsibilities eventuating in a distinctive apostolate. This is something over and above that high sense of dedication and moral accountability which is a standard characteristic of the good doctor, nurse or administrator as an individual. Because of this already existent sense of personal responsibility the normal member of the profession is inclined to take "group" responsibility for granted, the latter, as need requires, a sort of expansion of the former. And yet it just so happens that, in these days of "social welfare," collective duties, rights and privileges need to be clearly differentiated from those involving the more individualized doctor-nurse-patient relationships.

The organization in the medical world of all these peoples, forces, powers, abilities and resources both tangible and intangible is a natural one; as natural, in its way, as any physical organism which is a living thing characterized by correlation and cooperation of parts, forces and powers. This group, however, like any

other institutional group, is a moral or social rather than a physical organism. It is a corporate organization of rational beings who, by willing cooperation, are bound together by a moral bond which unites the members in a totality of the forces, the powers and all the material and spiritual resources which they possess. Unlike that of a physical organism, this bond is a suprasensible bond, actual and real nevertheless, and not just a fiction of the mind or a figure of speech. This bond, therefore, unifies and correlates diverse and reciprocal powers, forces and functions of the members all duly coordinated and subordinated to the good of the whole. As is the case with any other type of community, the healing profession is supposed to be a working and workable union of members as well as of services and goods. Its ultimate function is a social one because it involves the common good rather than the private or particular good of any single individual.

The emphasis of this distinctly functional responsibility, or apostolate, is on the "making of men" while engaged in the business of repairing them, in the same sense that any other occupational group, like industry, for instance, is meant to turn out work-citizens (whether these be management, salaried employes or wage-earners) while mass-producing consumer goods. The idea is that each industry or branch of industry, agriculture or branch of agriculture, each profession or branch of a profession constitutes a natural socio-economic aggregation which stands as a buffer midway between the individual and the state. The healing profession definitely is one of the segments of our domestic jig-saw puzzle which needs to be reassembled and fitted into our national mass production urban economy, now that we have deliberately outgrown the rural economy of our fathers' times. Like any other occupational group, the healing profession has the obligation to contribute to "the happy progress of society."¹

Just as man the individual, and man the member can be a great force for good or evil, so, too, groups. But there are groups and groups. No one would put into the same category the bridge club or the S. P. C. A. and the healing profession as such. Some groups are endowed with juridic personality and, by that very fact, are moral entities, capable of being influenced not only by

¹ Pius XI, On Atheistic Communism, 34.

natural moral principles of activity but also by Christian moral principles, that is, by Catholicity; understanding, of course, that "only man, the human person, and not society in any form is endowed with reason and a morally free will."²

Does the healing profession meet the responsible specifications for its existence? This leads to another question. Does such a functioning group with a keen sense of its social responsibilities actually vindicate for itself more than mere nominal existence? Thanks to modern diversification of tasks in a total national economy such as ours, the healing profession has been left quite free to pursue its business of repairing men in a way and to an extent utterly amazing to the general practitioner and midwife and practical nurse of a generation ago. Moreover, the skill of industry and manufacture has supplied it with instruments, tools and gadgets, services and supplies to a point where the "busy" doctor of yesterday can't begin to match the marvelous productive strides of modern medicine, surgery and nursing care under these "privileged" conditions. Granted the skill, brilliant research and experiment on the part of the profession itself, has there been an adequate group recognition that in the final analysis this freedom to work undisturbed has been in great measure due to a gigantic producing employe economy which has permitted the beneficent specialization of modern medical care? In turn, has the responsible job of the total health of such a producing employe economy been adequately shouldered by the group? Where it belongs naturally, by right, by privilege and by occupational function? Years ago Father Rickaby wrote: "A privileged class tends to become a selfish class, even a privileged working class, or a privileged clergy. This does not mean that there should be no privileged class — but every growth has its worm. What the members of a privileged class should remember, and often forget, is that they are privileged in the public interest."³

Just as old state constitutions have had to be revised with the passing of the horse and buggy, so the professionally self-sufficient individual in the medical world has had to disappear with the passing of the horse and buggy doctor. It is taking a long time for some of these individuals to grasp the meaning of a structural

² *Idem*, 29.

³ *An Old Man's Jottings*, p. 84.

change in our political and social economy, but the stark fact is there, as stark as the passing of the economically self-sufficient individual in today's market place. The idea, as well as the awareness, that a "group" responsibility, or apostolate, exists is not easy to inculcate, particularly among conscientious doctors and nurses who generally feel put out when lectured on such a topic or even when they are invited to sit down to think, to learn and then to do something about the new frontiers of organized medical care.

For several years the Institute of Social Order at Rockhurst College has made attempts to entice these people, particularly the doctors, to sit down and discuss this generally unexplored field of group action. That the response had not been encouraging in the past is perhaps largely due to the ineptness of the Institute itself in not providing a sufficiently attractive come-on. You just can't ask "busy" people, "over-membershiped" people, to come out once a week and ruminate on that vague subject of social responsibility. But we have discovered that some of them, Catholic and non-Catholic, white and colored, will come out to hear something about medico-moral problems as these are indicated in the Revised Code for Catholic Hospitals; especially if the lecturer is a nationally-known authority in this field, and currently the president of the Catholic Theological Society. Carrying the burden of most of the talks, Father Gerald A. Kelly, S.J. has done a superb job on all the usual topics from abortion to religious care of patients. Without any derogatory implications he was, however, just the lure. He was to make the occasion for the regular staff members of the Institute to insinuate into the series a few lectures which might arouse the suspicions of the audience that perhaps the healing profession still had new worlds to conquer; perhaps, even, that it might write a distinctive group code such as some social-minded people in industry have recently formulated.⁴

That these "bootleg" lectures caught on is perhaps due to the fact that at the moment the healing profession, under the impact of a threat of government intervention, is just becoming conscious of the need to do some straight thinking and soul searching in the face of its first full-blown crisis in public relations. Some of its members are plainly worried over the fact that in the absence of a

⁴ *Human Relations in Modern Business*, Prentice-Hall, 1949.

group formulated, cohesive and valid social philosophy of its own, it has had to go out on the open market to buy the professional services of those who would ghost-write it for them. For the first time, too, some of the audience have had dispelled for themselves the notion that the social doctrine of the Church, as formulated in the great social encyclicals, is directed solely to management and labor groups.

In the reflected glory of Father Kelly's informative presentations, the case for the urgent social implications of the medical group conscience got a sympathetic hearing. It was a coat-tail or apron-string technique, but it worked. If a foil is anything that serves by contrast to adorn or set off another thing to advantage, then Father Kelly's series on the Code constituted the perfect foil. He could speak of a Code, already in existence, from immemorable times, perhaps, if we were to consider the Hippocratic oath as such a code. We, on the other hand, could not speak of a Code, but of a social document that is still to be written. He went behind the Code and discussed the moral principles on which it is based. He emphasized the moral analysis which the individual doctor, nurse supervisor, etc., must make in any given situation. "After all, we moral theologians must leave something to the conscience of the individual" were the concluding words of one of his lectures. He spoke to the individual conscience. We had to assemble sound social moral principles like the principle of sociality, subsidiarity and universality, and apply them to the group conscience. A group conscience takes on meaning only after a social consciousness, awareness or sensitivity, call it what you will, has been stimulated. He spoke of the person-to-person relationship involved in repairing the patient; we had to speak of the group-to-group relationship, person-to-group relationship, group-to-person relationship involved in the "making of men" in a total and integral social economy. He spoke of the "apostolate of hope," achievable by the individual doctor, nurse or administrator; we spoke of the "social apostolate" attainable only through the readiness of individuals to shed their Yankee individualism, to shake their complacency and to manifest their willingness to achieve results through group action, group discipline, self-imposed and self-regulated.

Good will on the part of the healing profession was not our

main obstacle. The main hurdle was the apathy and diffidence of those who were inclined to take refuge behind the "busy" signal, contrived by taking the receiver off the hook. Over-membershiped and (if he is the least bit inclined that way) over-worked, the medical doctor can always, with perfect honesty, claim that he is "too busy" for this, that or the other thing. For that matter, so can the hospital administrator, the nurse supervisor and the nursing Sister. In fact, the "too busy" excuse is a good out for most consciences when it comes to giving time to anything over and above their prime interest, whether it be medicine, nursing, manufacturing or just plain business. That is the trouble with the work-citizen in the nation today.

Time and again serious students of the times have insisted "that representative government can succeed only when enough individuals, engaged in the ordinary routine job of making a living, allocate enough of their time to make it succeed through contributing to the solution of their own problems by solving the problems of the community." What is true of the local civic community or the national political community, the State, is true also of the socio-economic community: the occupational group on the local level, the nation on the all-inclusive level. The democratic and truly representative pattern of either type of community is in serious danger today because many individual members of such communities are "too busy" to play their role in the democratic process, a role that cannot be ceded or superseded, not even by heroic devotion to "my work." They delude themselves with the false notion that they can be exempt from this group duty, or they rationalize their failure to allocate "community" time for themselves under the guise of "heroic" devotion to the time-consuming demands of their profession. "Too busy" often means "I'd rather do something else."

This is not an article on socialized medicine. It is on responsibility, group responsibility for "the happy progress of society." It attempts no direct argument against compulsory health insurance or for voluntary forms of sickness compensation. In the absence of a social conscience, mass assault on the physical integrity of the human body, or on the spiritual integrity of the body politic, is just as possible under any system of non-public insurance as under public forms. There are other problems facing

the healing profession besides the current all-absorbing threat of further federal or state intervention.

The very glory of the healing profession in contributing to the prolongation of life has superinduced a new problem, not of the chronically ill, but of the chronically old. Industrially, wage-earners and salaried employes are already old at 40. Chronologically, they are old (and a medical problem) at 65. Too old to work, too young to die, but susceptible to the ills of old age (not the least being the psychosomatic complications of insecurity or sheer inactivity) there are 10,000,000 such today; and statisticians promise us a nation of old people (over 65) numbering 25,000,000 by 1975. Shall it be another Buchenwald or a Christian solution by those who know most and could do most about gerontology?

"Not enough doctors, nurses, hospitals!" This is an argument for, not against, intensive effort by the healing profession to meet this challenge. So is the problem of maldistribution of doctors, nurses, technicians and hospitals; urban concentrations, rural voids; medical missionaries and world health; the tendency to make community chests and city welfare departments the only organized agencies responsible for the relief of economic, social, physical and mental misery that saps the life out of the most basic societary unit of all, the family, and highlights a losing struggle between moral standards and social pressures.

These and other such problems are the breeding ground of future disorder and chaos. Besides religion, the two prime agents of order are institutions and laws. Where the institutional group abdicates its social responsibility, history demonstrates that political means, enacted public law, will fill the void.

An empty stomach, a running sore or a flattened purse, of themselves, do not make a communist, or a socialist, or a fascist. But if to these are added an empty heart, an empty mind, emptied, that is, of confidence in his more privileged fellowman, then watch out. If non-public social organizations will not help solve the problem, he will go to the government to help him. Failing that, don't be surprised if he would welcome other Hitlers, other Mussolinis, other Stalins as warlords of a new order, as protectors of the forgotten man. He may prefer a secure slavery to a risky and unpredictable democratic freedom.