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Editorial

Catholic Physicians' Guilds

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Editorial

IS THE Catholic hospital a haven of medieval medical practice? Does it place crippling restrictions on the medical and surgical practice of its staff members? Must the mother who enters a Catholic hospital be prepared to sacrifice her life for her child?

The sensational writings of several notorious religious bigots are bent upon giving the world this impression. Many ill-informed people of good will have been led to believe that these charges are true. Even some less informed Catholics have been shaken by the emotional rantings of those who attack Catholic hospitals and medicine.

We know, and the doctors in the Catholic hospitals know, that these charges are not true. We are deeply hurt by this type of criticism. It moves us to just but ineffectual indignation: we cry out against bigotry, but do we realize that we ourselves are partly to blame for the spread of this false propaganda?

Catholic hospitals and Catholic medical men have been on the defensive too long and have failed to tell the story of the Catholic hospital and practice of medicine by Catholics in strong, positive, and convincing language.

Let us consider the practice of obstetrics in the Catholic hospital—the area of so much unfounded but bitter and emotional criticism. What are the facts? Does a Catholic mother ever have to sacrifice her life for her child? Catholic obstetricians tell us this *never* happens.

But perhaps it's proof that is wanted, not the allegations of Catholic physicians—the proof of irrefutable statistics. By all means, let us examine maternal and infant death rates; let us compare the figures for Catholic hospitals with the national norms, or even state and regional norms. Few if any Catholic institutions would not make a favorable showing — the majority would do

better than the norm. Each Catholic hospital should make this comparison for itself!

To pose another question: how does the percentage of live babies to the number of confinements in a Catholic hospital compare with that of non-Catholic institutions? Again, this is a question Catholic hospitals should answer for themselves. We know this: there are many babies born in a Catholic hospital who might have been sacrificed by "therapeutic" abortion in other institutions.

Some non-Catholic obstetricians have held that sterilization of the mother after the second or third caesarean section is mandatory. Do not our statistics disprove this unscientific interference with motherhood? We know that not a few instances of five, six, and even seven caesarean sections are on record in our institutions.

In other words, the adherence to basic Christian principles of respecting the life of the unborn and the determination to save the life of the foetus if at all possible has been a wholesome pressure which has stimulated great improvement in the science of obstetrics, and resulted in bringing to the light of day hundreds of infants who in other circumstances might not have been born. And in accomplishing this we have not sacrificed the life of any mother.

Cannot our medical staffs be made more aware of these facts? Could not annual reports stress these facts? We have a duty to furnish this information to our friends and benefactors. We owe it to our medical staffs.

Let us resolve to cease our fumbling protests of a negative nature. Let us resolve to tell our story in positive, statistical language! The facts speak for themselves and they are all in our favor.

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