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moral dangers. The only practical way to guard against these deviations is to choose an analyst whose principles and practices are known not to offend against Catholic morality.

The above article first appeared in The Vincentian, April 1953. In reprinting for LINACRE QUARTERLY, Father Ford has asked that the following be added:

* On April 15, 1953, His Holiness addressed the Fifth International Congress of Psychotherapy and Clinical Psychology in Rome. He referred explicitly to the above excerpt, reiterating it, and discussed the findings of depth psychology, treating the subject with considerable sympathy but definite reserve wherever traditional moral principles are involved.

The Doctor as an Apostle

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It is a truism that doctors work hard. Most of them feel, with good reason, that they are overworked. In spite of this situation, they are constantly being showered with advice to undertake new studies and projects. Many of these suggestions involve purely professional advancement. There is the need to keep abreast of new discoveries and techniques. Beyond this there is the constant effort to draw the doctor into broader community responsibilities. He may be asked to give talks in schools or before organizations. He receives scores of invitations to serve on committees and to give his time to various welfare projects.

Against such a background, any writer is bound to be timorous in outlining new duties and responsibilities for devoted, but overextended, men and women. Yet the average Catholic doctor must wish to add a distinctive Catholic tone to his profession. He does this frequently enough in a negative fashion. He is careful not to prescribe or assist in practices which are contrary to the moral law. A Catholic physician would not perform a direct abortion or prescribe contraceptives. Such restraint is the only possible course for a Catholic. But the zealous doctor can often find occasions for a more positive form of Catholic Action.

Today there are many chances for a physician to serve his Church in the course of his practice. Often he can do apostolic work in areas which are closed to the clergy. Most of the time this work of zeal will not add to the burdens already besetting the doctor. Catholic Action may consist merely of a word of advice, a direction of inquiry, or a tone of approval or disapproval. Possibly the suggestions he offers may be available from other sources. But, coming from a trusted physician, they have a weight of authority which may make the difference between acceptance and rejection.

It is the very authority of a doctor which gives him unique opportunities for Catholic Action. In the modern world, traditional lines of authority are breaking down. Parents and the home, unfortunately, do not have the influence that they once had. Discipline in the schools is being relaxed. Among some Catholics, at least, the clergy is treated with a certain ambivalence. Sacramental ministrations are sought, but advice or even stern warn-
ing is sometimes disregarded. By contrast, the authority of the doctor has been enhanced, rather than diminished, with the passing of time.

Thus it happens that the doctor may well reach Catholics whom the priest cannot touch. He may run into problems which are never presented in the confessional. He may help prevent evils at an early stage, long before they become hopelessly aggravated. Some concrete examples illustrate this point.

As a first illustration, we might take the sexual side of marriage. Much is being written today about the importance of adjustment in marital relations. It is possible that the importance of the subject has been exaggerated by popular writers. Yet two facts seem clear. This is an important phase of the total pattern of marriage. Maladjustment here may sometimes lead to serious frustration and start a chain of events which may culminate in the breakdown of the marriage. It is likewise clear that many persons need instruction in this field. Otherwise, there is the chance of traumatic experiences which may weaken or even destroy the tender love of the marriage partners.

The doctor has unique opportunities to give sound advice both to couples who are about to marry and to married persons who find difficulties in marital adjustments. In many communities he is the only available source of authentic information. Parents are often unwilling or unable to instruct their children in these matters. Schools or the clergy may, by default, give generalized sex instruction. It is obvious that they cannot and should not give the detail needed for marriage. Books and pamphlets may be helpful to some degree, but much of the literature in this field would be morally unacceptable to Catholics. But the doctor can speak with authority and assurance.

For sound guidance in this field, however, more than medical knowledge is required. The psychological and emotional aspects of sex关系s are far more important than the physiological. Few young persons of either sex comprehend the emotional pattern of the other sex. Sound teaching along these lines, before marriage, can prevent many heartbreaks. Even when advice is sought after some damage has been done, it is possible to remedy most of the evil.

The doctor with an apostolic mission towards marriage and the home can often take the initiative in uncovering problems. His advice may not be sought on this specific point, but he may sense tension and unhappiness. If the doctor is engaged in Cana or pre-Cana work, his opportunities for service will be further enlarged.

Cases may arise, either in the marital field or in general medicine, in which some form of psychiatric treatment is indicated. Normally the general practitioner does not have the time for such specialized work. He may hesitate to send the patient to specialists, either because of the cost or because of the emotional block which many persons have towards psychiatric treatment. In some cases, he may be able to advise a more limited and less expert counseling which may suffice in uncomplicated situations. He may send the patient to some priest, social worker or marriage counselor who has had success in handling similar cases.

As an illustration of the above, we might consider the matter of alcoholism. The alert general practitioner may detect the warning signs long before they are evident to the patient or the patient’s family. Friendly advice or a stern warning, as the situation indicates, may head off a tragedy. Possibly an occasional evening with the local Alcoholics Anonymous may give the doctor contacts who may be available to help a patient. Or the doctor may advise the patient to see some priest or social worker whom he knows to be skilled in helping alcoholics.

The fields of crime, juvenile delinquency, and social maladjustments may seem remote from the practice of most physicians. Yet he is often in a position to observe the causes which lead to later problems. A tense teen-age girl who comes for a treatment for a "case of nerves" may have a very unhappy home life. Her parents may be building tensions which may lead to many evils, ranging from a hasty and impetuous "marriage of escape" to outright delinquency. Some doctors may be able to call in the parents and reason with them. Others may be able to work with a priest or a social worker in meeting the situation.

As a final point, the Catholic physician might well consider the field of medical economics as an apostolic work. Problems connected with the cost of medical service are highly complex. We do not have the space to discuss them here. But it is evident that there are wide ramifications to this subject. Thus, if the cost of having a baby seems prohibitive, there will be economic pressures towards family limitation. Some at least may take the "easy way" of contraception.

It may seem captious, in this area of family automobiles and TV sets, to single out medical costs as a problem in family life. It may well be that, with proper budgeting, a necessity such as medical care could readily be handled by the average family. Possibly an educational campaign for pre-payment methods might be the answer. We have such campaigns for life insurance, diet, hygiene, and early detection of such chronic ailments as cancer, heart disease, and tuberculosis. But positive programs for medical
economics often limp along on one cylinder, while the high-powered car labeled "state medicine" and "status quo" whiz by in a frenzied race.

In summary, the doctor today has the authority and opportunity for broad work of Christian charity. He already does a great work of mercy in ministering to sick bodies. But he may go further and minister to sick souls. Many times, in this modern world, he alone can help.

At the eighth annual convention of the Catholic Theological Society held in Baltimore the latter part of June, Father Gerald Kelly, S.J. of St. Mary's College, St. Marys, Kansas was given the annual Cardinal Spellman award for outstanding achievement in the field of sacred theology. Father Kelly is an authority on medico-moral problems and a frequent contributor to LINACRE QUARTERLY.

Relations Between the Chaplain and the Hospital Staff

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(An address given at the 17th Annual Hospital Chaplains' Conference Catholic Hospital Association Convention, Kansas City, Mo. May, 1953)

If the functions of a Hospital Chaplain were only those implied by the etymological or literal meaning of the two words, that is, an authorized priest who serves the Chapel in a hospital, the subject of this paper as well as the occasion in connection with which it is presented would be somewhat irrelevant. Some topic on the rubrics of the Mass or other sacred rite at a convention of liturgists might be preferable. But it is generally recognized that the principal function of a Hospital Chaplain is to minister to the spiritual needs of the patient. And we know that in order to be hospitalized, the patient must be under the care of a physician on the staff. It is, therefore, obvious that any discussion which tends to promote better relations between the Chaplain and the medical staff is not only appropriate but also desirable and practical.

BASIS FOR RELATIONS

To have true meaning, the relations between the Hospital Chaplain and the medical staff, like all relationships between human beings, closely joined in a common objective, must be based not merely on a natural sympathy and feeling of fellowship, but on justice and charity.

Justice is the rendering to every man that which is due to him. It is the granting of rights and the acknowledgment of duties. With justice, the strong can live with the weak, the friendless with those blessed with influence and prestige. Justice makes men noble. Indeed, unless a man is just, he is hardly a man.

Charity is a supernatural virtue by which we love God above everything for His own sake and our neighbor as ourselves for God's sake. If any one virtue more than another is emphasized in the pages of the Scriptures, it is the virtue of charity. The parable of the Good Samaritan is not only a