Psychiatry and Religion

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In spite of all the problems in caring for the sick Africans, the work has its compensations. Andre Paré, the great French surgeon, once observed that we merely tend the sick, that God heals them. In this we concur, but it is soul-satisfying work to be an active partner in the Divine Plan. And deep within the heart of every humanitarian worker in Africa lies the hope and conviction that among our African people will one day arise those dedicated workers to pursue the work and ideals which we are striving to establish. Such is the history of progress—and the missions!

Author's Note: For those seeking an introductory book on the subject of disease in Africa, the author recommends, *The Sick African* by Doctor Michael Gelfand, published by Stewart Printing Company, Ltd., of Capetown, South Africa, with limited facilities plus a high incidence of leprosy in this locality there is already a long waiting list. But for these efforts much remains undone. For example, no effort at all is made to cope with the problems of defective vision or impaired hearing. Dental care is unknown, and no one would dare to start doing tonsillectomies—the work would be endless. Practically every African baby presents a pot-belly with an umbilical hernia. But no one thinks of repairing these hernias—the Africans regard them as a thing of beauty and a joy forever!

THE WHITE MASS is scheduled for October 18 to honor St. Luke, Patron of Catholic Physicians. Plan to assist at Mass with your Guild for this special observance.
It seems to me that, if the patient sincerely wants such information, the doctor is obliged to give it. Whether it would be advisable to volunteer such definite information would depend on many circumstances, especially on the judgment of what would help the patient to make a better preparation for death: and I doubt that any general rule can be given on this point.

What about non-Catholic patients, patients with no religious convictions, etc.? Even these patients, as the directive indicates, have the duty to prepare for death; and it is rare indeed that a man has no realization of this. Moreover, all have the right to know that the time has come to make this preparation; hence, whatever be his patient's religious convictions or lack of them, the doctor should see that they have the information. In fact, those who seem to be most callous spiritually are most in need of the information that their condition is critical.

Neither the doctor's question nor the wording of the directive is precisely concerned with telling the dying patient the nature of his illness. There is a special problem, it seems, regarding cancer patients. This problem, as well as some other important aspects of the question of notifying a patient about his condition, is discussed in the article "Should the Cancer Patient be Told?" in Medico-Moral Problems, II, 7-10.

Before concluding, I should like to refer to a practical point concerning the relationship of the physician to the nurses and hospital authorities. I am often asked by chaplains, nurses, and supervisors what they are to do when they know that a patient is dying and the doctor insists on withholding the information from the patient. The answer that I usually give to this question includes the following points: (a) discuss the matter with the doctor, pointing out to him what our Code requires; (b) if he admits that the patient is dying, but still refuses to communicate the necessary information, the relatives or guardians should be informed of this; and (c) if both the doctor and the relatives or guardians refuse to let the patient be told of his true condition, the hospital authorities should get legal advice concerning the possibility of adverse action in case they should act against the wishes of doctor and relatives or guardians. I insist on this last point because, despite the great importance of the spiritual welfare of the patient, we cannot risk the greater spiritual good of our apostolate by getting involved in an adverse lawsuit. I would welcome further suggestions as to how to deal with this delicate situation.

Another rather practical aspect of this question concerns the case in which a physician refers a patient to a specialist, e.g., a surgeon. Relatives are sometimes confused as to who should give them pertinent information. I am not sure of the professional etiquette in this matter, but I should think that, as long as the referring physician remains in charge of the case, it is his duty and privilege to give the pertinent information both to the relatives and to the patient.

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the Code of Canon Law orders that every aborted fetus, no matter when expelled, should be baptized absolutely if it is certainly alive and conditionally if the presence of life is dubious. Also, when theologians give doctors a practical rule as to what may be done in the case of rape, they say the doctor may do anything medically possible to remove the aggressor's semen but may not do anything to remove or kill a fertilized ovum.

3. Is baptism in utero ever justified, provided a presenting part is within reach and there is considerable danger that the child will be mutilated before delivery?

Canon 746 of the Code of Canon Law gives a number of practical rules that are pertinent to the answering of this question. In the first place, the canon directs us not to give intrauterine baptism without necessity, that is, unless there is a real danger that the child may die before delivery. When this danger exists, however, intrauterine baptism should be attempted by one who is capable of doing it. When it is given, it should be given conditionally; and then, if the child is later delivered alive, he is to be rebaptized conditionally in the ordinary manner, namely, by pouring the water on the head.

A word about these conditions. Baptism is given conditionally whenever it is probable, but not certain, that it can take effect. Because of controversies among theologians, we can be certain about the effectiveness of baptism only when the water flows over the head. Since the Church has not seen fit to end these controversies by any official decision, we must follow the practical rule that only baptism on the head is certainly valid: hence, baptism conferred on any other part is given conditionally. As for intrauterine baptism, it is always difficult to be certain that the water flows over the head, consequently this should also be conditional.

It is not strictly necessary for the doctor or the nurse who gives intrauterine baptism or baptizes a presenting part other than the head to put the condition into words. It is sufficient to have in mind that one wants to give baptism insofar as that is possible, while using the ordinary formula: “I baptize you in the name of the Father, and of the Son, and of the Holy Ghost.” This condition, if you are capable of being baptized, would cover all the situations visualized in this answer.

It may be helpful to note here that brief directions concerning many of the less usual, but very practical, situations concerning baptism are given in “An Instruction on Baptism,” Medico-Moral Problems, I, 48-50.

4. A doctor is called at night and given the information that a woman has just had a miscarriage, that the small fetus is discernible and apparently still alive. Should he go at once to baptize the fetus or should he give the directions for baptism to the person who has telephoned?

The question does not state whether the doctor’s presence might be required for medical reasons, though it implies that it is not. However, independently of this consideration, it seems to me that the better course concerning baptism is to give the instructions over the telephone so that the fetus can be baptized without delay. If the person who has telephoned has normal intelligence and is not emotionally unstrung, he (or she) ought to be able to perform the baptism properly, following the doctor’s directions.

(To Be Continued)