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President's Page

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What Next?

After our 1990 annual fall meeting at Notre Dame, I struggled to know what to write. I was troubled.

What I will say won’t consist of pious admonitions designed to make you feel good.

In planning the meeting I had attempted to present a program that would deal with some of the themes that are paramount in contemporary medicine and that raise ethical issues. How do we as Catholic physicians practice in a milieu that is often hostile to the principles we hold? Can we find useful guides in the Gospel and Catholic social teachings that can be applied in our daily lives?

Last spring I received a note from New York, written by a member of the Federation, asking how I could possibly plan a meeting at Notre Dame since “it hadn’t been Catholic since Knute Rockne”. I learned for the first time that Rockne was an early 20th century theologian.

The meeting was good. It was controversial. It challenged. Many of those who attended were inspired by the speakers and by the specially planned liturgies.

At our March board meeting, several members had attempted to persuade me to remove Sidney Callahan from the program “because she had signed Call to Action.” A bishop under consideration as our new Episcopal Advisor stated that he could not attend the meeting because of her presence on the program.

I am convinced of the evil and tragedy of abortion, but it is an issue that cannot be isolated from the broader social fabric. The “beginning of life”
and the meaning of life were not ignored at the meeting. The session on embryo research was valuable and offered new insights on how to focus our concerns. The reality of “maternal abandonment” that was central to that deliberation provided a new perspective. Sidney Callahan’s rejection of embryo research was superb, applauded and unchallenged. She demonstrated that one can recognize that there are problems in the Church and still be both wise and Catholic.

The discussions of both Dr. Edmund Pellegrino and Dr. David Solomon called on us to focus on the role of virtue in our lives. The panel and the participants looked at whether there are instances when we can justify not treating certain patients, especially AIDS patients, and remain virtuous physicians.

On that topic Doctor Pellegrino offered this observation:

\[\text{The Christian physician is impelled to act in the interest of the sick when it may mean exposing himself/herself to the danger, loss of time or income, or serious inconvenience. The moral claim of the sick person on the physician clearly exceeds what is expected in a business or contractual relationship. Unavailability, inaccessibility, abruptness, condescension, refusal to treat for economic reasons or fear of contagion are irreconcilable with a Charity-based ethic of medicine.}\]

We were told, in Dr. Pellegrino’s words, that Charity was “the ordering virtue of the Christian moral life.” But it didn’t stop there. That Saturday afternoon we heard of virtue in action. We saw it in Josefina Magno’s work in hospice and in Vicky Thorn’s ministry with the post-abortion counseling of Project Rachel. We saw it in the story of Herb Sorenson’s years of dedicated work in East Africa. Most dramatically we saw it, and felt it, as we heard of Sister Antonia Brenner’s sharing of her substance by living and loving in the Federal Prison, Tijuana, Mexico.

Throughout the meeting we frequently returned to one of Pope John Paul II’s favorite themes: the story of the rich man and Lazarus. To ignore the least among us was to be like the rich man. Sister Antonia went beyond that to jolt us with a reminder that because of the incarnation and redemption, each of “her people” — the prostitute, the thief, and the murderer — had special worth and dignity. And we should treat them with that message in our hearts, as Christ did.

Her words are nourished by the wisdom of Pope John Paul II laid out in Redemptor Hominis in which he called on us to recognize not the “abstract man” but “the concrete, historical man”, “each one of the four thousand million beings”. What is especially pertinent in that remarkable encyclical is the emphasis on the universality of human dignity, not just on the basis of creation, but more important, by virtue of the incarnation and redemption.

In his second encyclical, Dives in Misericordia, Pope John Paul added another dimension as he wrote

\[\text{... it is a love of all... men and women without exception or division; without distinction of race, culture, language or world outlook, without distinction between friends and enemies. This is love for people — it desires every true good for each individual and for every family, every nation, every social group, for}\]

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Sister Antonia pleaded with us to hear that message.

But still, there was a cross current. Friday night the keynote speaker, Notre Dame theologian Father Michael Himes, received a standing ovation. The next day at the sparsely attended annual delegates meeting, a priest characterized the keynote address as “deviant theology.” Four priests subsequently reviewed a tape of the Himes’ address and did not concur with the condemnation. Sidney Callahan’s talk on conscience and decision-making, given as a psychologist’s view, was identified as “not Catholic.” These were not the only rumblings; some even chose to organize and attend separate liturgies.

I make no claim as either theologian or psychologist. My regret is that the dissenters chose to defer their comments rather than present them openly in the presence of the speaker and panelists and before the entire gathering.

Why this tension? Why have we become polarized?

Open dialogue does not require compromise on principle. It may call for adaptation and patience. It may lead to mutual understanding. Self-imposed segregation, divisiveness and manipulation never will. Those of us who share common concerns need each other even though our strategies may differ.

A former college roommate whom I had not seen in over 30 years came to the meeting, in part, I am sure, because of our quiescent friendship, but also, in part, because of the content and format of the program. He had written me a month before that he “had great difficulty in identifying with the physicians’ guild” because “God has not given” him “the wisdom to be as dogmatic as they might be in individual decision-making.” I am convinced that he is Catholic and his life virtuous. Neither life nor the practice of medicine is simple. We sustain a delusion if we believe otherwise.

In recent years there has been a significant decline in Guild membership. This is especially tragic because it has occurred at a time when there has never been a greater need for forums in which we can discuss, debate and, most importantly, clarify controversial issues. If the understanding that we have of those issues with which we deal daily is so fragile that we cannot hear those we see as our adversaries, then we are in serious trouble. Even worse would be the tragedy of not being able to break bread together and to partake.

If we listen we might be surprised. We might even find that there is much we share and that we can learn from others. And, hopefully, they from us.

—Robert J. Barnet M.D.
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References


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