Is the Catholic Physician Living His Religion?

James H. Masterson
In conclusion, we have attempted to examine some of the factors involved in the experimental use of drugs in humans. Accurate definitions are seldom possible. We have listed a basis for moral codes of conduct and commented on the guiding principles which have been proposed.

The purpose of limitations to human research is not to stymie scientific progress but to point out the rights of each individual man. The purpose of guidelines is not to attempt to channel it. Again in the words of Pope Pius XII:

The great moral demands force the impetus flow of human thought and will to flow, like water from the mountains, into certain channels. They contain the flow to increase its efficiency and usefulness. They dam it so that it does not overflow and cause ravages that can never be compensated for by the special good it seeks. In appearance moral demands are a brake. In fact they contribute to the best and most beautiful of what man has produced for science, the individual and the community.


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3rd Annual
FATHER GERALD KELLY
Lecture
will be delivered by
Reverend Dr. Paul B. McCleave
Director,
Department of Medicine and Religion
American Medical Association
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Dr. McCleave
Photo courtesy Father Bachrach

IS THE CATHOLIC PHYSICIAN LIVING HIS RELIGION?

JAMES H. MASTERSON, M.D.

It is now almost a year since the close of Vatican II and the various documents which have come from the deliberations of the Bishops gathered in Rome under the leadership of Pope John XXIII and Pope Paul VI have been published, translated and in some instances even studied. No one will argue that they have given a new look to the Catholic Church. In most parishes, Mass is being offered facing the people; the congregation is responding in the vernacular. Many ideas which were considered unalterable are now being up-dated for which we all can thank the Holy Spirit.

Man is always learning more about himself and the world in which he lives and it should be clear to teacher and student alike that there is a role to be played which is not limited to the hierarchy alone, to study this new knowledge and to meld it with Christian revelation. More and more interfaith groups are working and worrying together on a widening horizon of battles against poverty, ignorance, misery and despair. By and large, the Catholic physician has been largely untouched, except in scattered instances of identifying himself with these struggles. We can point with pride to the accomplishments of some of our member Guilds; but these are the minority. The usual story in Guild after Guild contacted, both by personal visit, letter, telephone, etc., has been that the men have too many meetings, they are not interested in the principles upon which the National Federation has been founded, their Guild president is not energetic or the Priest moderator has too many other duties and cannot give sufficient motivation to these physicians who are looking to him for guidance.

Many excellent editorials have appeared in The Linacre Quarterly asking for a spiritual growth of the Catholic physicians. The dire need is for a radical change in our notion of charity which up to now has been almost exclusively paternalistic. We fail to realize that this type of assistance denies personal liberty to the people we are trying to help. True brotherhood demands that we share the plight of the impoverished and underprivileged in its consequent alleviation. This must be done, however, as collaborators rather than benefactors. This fact must be brought home to the Catholic physician whether he is working in the innercity of our own country or the emerging nation of Africa or the impoverished misery in any Latin American country.

There are many more non-Catholic physicians working in foreign situations than Catholics. We are
also failing to take advantage of the
situation which exists throughout
many instances, the sum of $100.00
would free one of these
ends meet, to go into an area which
lacks any kind of medical program
allow a nurse assistant also to be
one or two Guilds working together,
little enough to ask that a Guild, or
underwrite such
Detroit, Boston, Sacramento, Rock-
compared with the resources avail­
able and a few dedicated men have
been carrying the burden for the
majority of the Catholic medical
profession. These
are forced
slowly, but surely, there will be
some coordinating force to gather
the moment and it is difficult to say
when such would be available.

It should be increasingly clear as
we look about us that as doctors we
are not fulfilling our commitment to
the Christian life; we are not
fulfilling our commitment to
the Catholic Church with its up-dated outlook
and that an agonizing reappraisal
is in order. If Guilds are to have
reason for being, then as Catholic
physicians, we must have an impact
on everyone with whom we come into contact. If your Guild is not as
active as you feel it should be, please
feel free to write your Regional
Director regarding the problem; if
there is not a Guild in your area,
then an associate membership is
available that will bring you the
thought of the leadership of the
National Federation and keep you
informed of its efforts. Each one of
us, I feel can endeavor to answer
the question, "Does Christ have a
meaning in my life?"
Perhaps, we
might read again the Apocalypse,
Chapters 20 and 21, for Christ says,
"I am the Alpha and the Omega,
beginning and the end, for of him
that thirsts, I will give of the foun­
tain of the water of life freely, he
who overcomes shall possess these
things and I will be his God and he
shall be my Son, but as for the
cowardly and unbelieving, etc., their
portion shall be in the pool that
burns with fire and brimstone which
is the second death."

[DR. MASTERTON, a member of the
Northern Virginia Catholic Physical
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ittee of the National Federation and
Director of Region III.]

ABORTION
Part IV
RT. REV. MGR. PAUL V. HARRINGTON, J.C.L.

The efforts to achieve full legal
acceptance of abortion in countless
situations and circumstances con­
tinue to push on and advance on
the national and international scene:
in debates before Parliament and
State Legislative Assemblies, in
forthright statements of public govern­
mental agencies, in ever-increasing
articles in popular magazines and
most recently in a full length
novel.

The year 1965 witnessed the
presentation before the Parliament
of Great Britain of the very first
abortion bill in that country's his­
tory. There was much discussion,
debate and controversy but final
approval was given by the Parlia­
ment. However, the bill did not
become law because, before this
could be accomplished, the Parlia­
ment was dissolved prior to the gen­
eral elections held earlier this year.
The bill was reintroduced before the
present Parliament and has already
been overwhelmingly approved in
principle by the House of Commons.

The new bill would allow for an
abortion when:
1) There is severe injury to the
mother's physical or mental
health;
2) there is substantial risk that the
child would be born with serious
physical or mental abnormalities;
3) there is severe overstrain on the
pregnant woman's capacity as a
mother;
4) there is the status of being men­
tally defective, under the age of
sixteen or the victim of rape.

It has been well said: "All of
these grounds suffer from the same
vicious defect: the remedy for hav­
ing a child when you shouldn't have
had a child is to kill the child"; and
"British doctors and parents will be
allowed to murder children who are
potentially healthy because they are
also potentially diseased. If it is all
right to kill a child who may be
abnormal, it is certainly all right to
kill a child who is abnormal. It is
not morals but horrible and senti­
mental esthetics that draws the line
at the first cry or at the entrance to
the womb."

During the original debate, the
House of Lords passed, with a mar­
gin of twenty-four votes, a provision
that a woman's inadequacy to be a
mother, be it physical or mental,
should be grounds for legal abortion.
Viscount Dilhorne objected saying:
"Surely, it cannot be right to destroy
a potential life because it is thought
that the woman will not be a good
mother. Surely, the right course is
to terminate the pregnancy but
to remedy the inadequacy, and our
social services should remedy that."

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