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Vitale H. Paganelli

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A Physician Reflects On The Bishops' Pastoral "Human Life In Our Day"¹

Vitale H. Paganelli M.D.

Few challenges or invitations have been made more directly to the American Catholic physician than that contained in the American Bishops' collective Pastoral. Thus, "we endorse the establishment of diocesan family life centers throughout the country so that Christian couples, physicians... may cooperate in implementing responsible parenthood in accordance with the principles enunciated in *Humanae Vitae*". Or again, "we also hope to see established centers of education in family life under the auspices of local medical schools or doctors' guilds", etc., etc., etc. If the St. Luke's Guild never before had a solid *raison d'être*, they most certainly do now.

There is no need to belabor the proposition that family life is important. This has been well explicated from the time of the ancient Greek who recognized in the family the primordial cell of a healthy polity. The recent Pastoral of the American Bishops' recognizes and reaffirms the family not only as an important social structure but also as the vital center of a Christian existence.

One notes in the above quoted passages addressed to physicians that the principles of *Humanae Vitae* are to be brought into living contact with the Catholic family via, at least in part, the Catholic physician.

Conflict may arise because of personal beliefs concerning *Humanae Vitae*. I think that it may safely be said that it is not the province of the physician to offer a critique of the encyclical's theology, no more than would it be the Pope's province to comment authoritatively on Dr. Bernard's technique of

(Dr. Paganelli, a graduate of New York Medical College, is in private practice in Glenn Falls, N.Y. He is a frequent contributor to the *Linacre Quarterly*.)

heart transplant surgery. It is perfectly legitimate for the Pope to review the moral implications of a given surgical procedure and to pass a moral judgement; it is equally proper for the physician to offer to the Pope (preferably through legitimate representation) his view of the existential marital situation particularly in its medical and psychological ramifications. He may make also a valid judgement of the effects of *Humanae Vitae* in these scientific areas but, to reiterate, he may not comment authoritatively on the underlying theology per se.

It becomes clear then that the responsibility of the Catholic physician is to accept the invitation of the hierarchy to implement the theology which has been promulgated on marriage and family life. The only limitation of this statement that I am able to conceive is that in which a physician, after thorough examination and digestion of the encyclical and consultation with a knowledgeable theologian, is not able to give internal consent to the substance of the encyclical. Let him then at least be silent regarding the encyclical's theology and let the theological discussion be continued by the proper specialists in that field and by the Bishops.

If science, including medicine, psychiatry, sociology, etc., develops new factual information or material then it must be passed to the theologian for further examination and elucidation within the context of the existing moral problem. For instance, it is not difficult to envision the eminent development of a pill which, without totally inhibiting ovulation, will rather cause ovulation to occur on a given day and hour thus making possible the practice of

rhythm for all. It is the scientist's responsibility to develop such a medication and the theologian's to determine its moral licitness. With this rather long aside completed, it should be clear that the Catholic physician's immediate concern is to involve himself in the development of family life within the context of the given theology. Prior to the Bishops' Pastoral, we had Pre-Cana, CCD courses and Newman discussions on marriage and sexuality, etc. To some extent the very same problems may be incorporated in the new and broader concept of the Bishops' family life center.

It may be necessary, however, to stimulate Catholic physicians and especially Catholic specialists to overcome their reluctance to involve themselves in the matter of family life and in general with things associated with the realm of the spiritual. Professional specialization has led physicians to a conceptualization of human beings in terms of organs, systems or at least sex-and age-oriented situations. The whole man, a complex of things physical, psychological, and spiritual, is a difficult synthesis for the physician to interpret. If in addition he must relate these three generic areas of the single human person to the context of family life, he feels that he is treading on unfamiliar ground and is therefore uncomfortable. It is precisely this uncomfortable area (especially uncomfortable for the medical specialist) that the Bishops invitation leads us.

Certainly it is to the Catholic physician, doubly gifted with scientific knowledge and with faith (and incidentally these are gifts for which he bears a tremendous responsibility both in the secular and spiritual sense) that a

unique understanding of the transcendental meaning of life is given. For too long, in trying to emphasize his role exclusively in the physical-psychological dimension of man, the physician has succeeded unwittingly in contributing to the Cartesian duality which dichotomizes man into a body (a physical-psychological compartment) and a soul (a spiritual compartment).

Man, as philosophy has long taught from Plato through St. Thomas to Maritain, recognizes himself as a whole. The Catholic physician may stress neither the factor of body nor soul in the equation which defines man.

The twentieth century secular physician is at times compulsively engaged in stamping out coronary artery disease, cancer, etc. He jogs and he urges his patients to do so. He accepts countless speaking engagements, and invitations to write for secular journals and magazines. He belabors the health hazards of cigarettes, drugs, etc. This is as it should be. But can these activities be said to be more important than those that may lead to the perfection of family life and consequently spiritual health?

Even in the purely secular sense we have to admit with our atheist colleagues that the development and perfection of family life is an unchallengeable good which must be sought. Fortunate are we as Catholic physicians, for having been given faith, our field of vision is broadened infinitely. We see beyond the disederatum of a secular good or a political or material good. We see in a healthy family life the potential of a closer relationship with the Infinite Good.

The converse of this thesis is elaborated in the well known statement, "the family that prays together, stays together". The Bishops assert and we have established that it is equally true that, "the family which stays together will pray together."

The physician brings to a family life center his expertise in many areas. First of all by his very presence as a professional man he emphasizes the importance of family life and his concern for its maintenance. Secondly, even the most rusty non-OB-GYN specialist can brush up on the anatomy, physiology, and psychology of sexuality and make a significant contribution in this area within the family life circle. Thirdly, intelligent, Christian counseling by a physician is an effective substitute for psychologists and psychiatrists when the latter are unavailable. Fourth, and finally, not infrequently the physician has made contacts in his daily practice with those who most need the assistance of the center and is thus in a position to quickly make the urgent referral to the right place.

I would refer to and reiterate a suggestion I made in a previous *Linacre Quarterly*² article, namely, the proposal for the development of "sub-chapters" of the diocesan and large city guilds as the most effective vehicle for this type of Catholic physician action. The sub-chapters may consist of three to ten physicians whose main common feature, exclusive of the dedication to traditional Catholic life values, is their ability to meet with each other relatively frequently and on short notice. These physicians in association with priests, psychologists, etc., then

will make themselves available for family life center staffing.

In effect, "Human Life In Our Day" is the second recent invitation of the church hierarchy to join with them in apostolic action. The "Decree On The Laity"³ similarly opened the way for the involvement of the physician layman. Between now and the next "Fall Meeting" a dozen St. Luke sub-chapters should be actively experimenting with or at the very least planning family life centers. The Bishops have

laid down their challenge (or was it an invitation). For the love of God and man let us be prompt to respond!

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