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A Physician Reflects on the Bishops' Pastoral "Human Life in Our Day"

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interest of unity. Family planning utilizing rhythm may not always be easy, but let's keep it in perspective. Let us remember what the Son of God, our good leader Jesus Christ, as man, did for each of us. The greatest love story ever told, total obedience to the Father for our sake, even to His own death on the cross. Let us in our turn be obedient to His spouse on earth, the Church, utilizing all of the gifts of science and theology He has given us as we also strive to be obedient to His will as expressed by the Church.

**BIBLIOGRAPHY FURNISHED ON REQUEST.**

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THE AUTHOR IS DESIRous OF COMMUNICATING WITH OTHER PHYSICIANS WHO HAVE UTILIZED THE APPROACH TO EXCHANGE IDEAS AND CONSIDER A COLLABORATIVE EFFORT AT PRODUCING A SCIENTIFIC REPORT OF THE RESULTS OF SEQUENTIAL THERAPY.

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**A Physician Reflects On The Bishops' Pastoral**

**"Human Life In Our Day"**

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 ever before had a solid raison d’etre, they most certainly do now.

(Pr. 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.)

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
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 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.

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 reading on unfamiliar ground and is therefore uncomfortable. It is precisely to 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 insight (these are required qualities for the medical specialist) that the Bishops invitation leads us.

The converse of this thesis is elaborated in the well-known statement, “the family that prays together, stays together”. The Bishops asserted 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 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" 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.

REFERENCES

Relevance of Catholic Medical Schools in Modern Society

Rev. E.J. Drummond, S.J.

In these remarks I will ask three questions and suggest some answers. The questions — are Catholic medical schools relevant in modern society? — should they be? — can they be? To focus our discussion I shall begin with a brief description of what I mean by "relevance" and with a longer description of what I mean by "modern society."

"Relevance" implies a significant relationship. But a relationship in terms of what? Each of the five Catholic medical schools have a number of significant relationships (their university presidents will tell you it is to banks). For our purpose relevance will be viewed in terms of need — whether the need is filled or unfulfilled. We might then word our three questions in another way — are there needs in modern society which our medical schools are or should or can meet in a significant degree?

(Father Drummond is Vice President for the Medical Center, St. Louis University. This address was presented at the annual meeting of the NFCPG in Miami in December, 1968.)

"Modern Society" as a descriptive term is more complicated. The term is really a montage with different meanings for different people — our recent political campaigns before, at, and after Chicago and Miami showed that. For this discussion, however, I see society’s profile characterized by these features: First, population. There are now 200 million people in the United States. It is estimated that there will be 230 million in 1975 and 300 million in the year 2000. This growth is accompanied by an increase in the number of persons sixty-five years and older; consequently chronic disease will present very serious problems. The average American family moves every five years. The difficulty of providing continuous or comprehensive health care is a function of such mobility.

Second, illness. The pattern of disease is changing. At the beginning of this century infections were the chief causes of death; in their place today there are the diseases of the heart, cancer, stroke, and trauma. In the past illness was regarded as a discrete, temporally definable episode in the life of the patient, an episode which