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## A Student's View of His Religion in His Medical Education

JAMES WORDEN

I have questioned the relevancy of this topic in the context of this meeting and have been at a loss as to how I could address a convocation of scientists. Every one of you is more advanced in medicine than I. But it is said by many wise older physicians that there is so much to learn in our profession that one never stops being a student! A physician's half-life has been estimated to be five years, i.e., if he stops studying, he will be practicing obsolete medicine in five years. With the rapid strides of the sixties I would venture a shorter half-life than that. So I address you today not only as teachers of medical students, but as students yourselves — students seeking a greater understanding of the relationships which bind our profession with Holy Mother Church.

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(Mr. Worden is a senior student, and president of the Catholic Students' Medical Guild, University of Miami School of Medicine. This address was presented at the annual meeting of the NFCPG in Miami in December, 1968).

So let's rewrite the topic just a bit to say a *Young Student's View of His Religion in His Medical Education!*

Medicine: vocation, profession, commitment, application of knowledge.

By looking at the term "medicine", its meaning makes its relationship to religion self-evident. It is a vocation to serve. God has given us the intelligence and enough perseverance to try to untangle the complexities of the human entity. Sigmund Freud might have said that our "vocation" is a subconscious desire to serve others by inflicting self-penance and based on a guilt complex initiated in childhood. I cannot logically argue with this speculation. How can anyone disprove Freud's deterministic materialism? And yet how can he logically *prove* it? We are limited in our attempts to gain knowledge by a scientific approach to thinking. We depend on our senses for perception, on our Central Nervous System for analysis and interpretation of those perceptions, and the formulations of certain conclusions of thought and action.

But we can go no further with the scientific method. There arises in my thought patterns, and I think in those of others, a *feeling* for truth, transcending the intellectual assent we give objectively proven "truth", something "extra-sensory". And it's this feeling which makes me think Medicine is a vocation from God and not just a subconscious urge. God wants me to be a physician, and I think that most of you have had a similar feeling.

Now if He has called us to this special service, and if we have accepted His call, then we *profess* an acceptance of this vocation; that is to say, we have made Medicine a profession.

This term "profession" means more than a job, it means more than a chief interest in life, it means more than a career. To be known as a "professional man" it is necessary for me and for you to have made a *commitment*, a commitment to serve. God demands this of us. Why should He call us to a life of service if we refuse to accept the responsibility to serve? We can, you know. We can refuse the responsibilities of the profession of Medicine, but then our lives, as viewed by God and society becomes "a tale told by an idiot . . . signifying nothing!"

A Greek pagan living 400 years before the birth of Our Savior wrote a philosophy of medical practice that has since the nineteenth century been incorporated into every system of medical education. Every medical doctor today, be he Catholic, Protestant, Jew, Agnostic, Atheist, has sworn to uphold the principles of Hippocrates. If a pagan can assume such commitment and love mankind with such devotion, then I hesitate to even think we Christians could do less with a clear conscience.

For Christ to have become Incarnate is a miracle for *all* mankind. For us to *believe* in His Incarnation, and in His Sacrifice, and in the continuance of His Sacrifice through the Eucharist is a miracle for us Catholics — which, theoretically, can put us closer to God than any other Christians, any Jews, any Agnostics.

But we can be reasonably sure that we are *not* closest to God's design for mankind! Because we Catholics have hidden our heads in the sand and have let the world pass us by, raising our heads occasionally to offer negative comments on the ethical significance of abortions, "the Pill" or some other aspect of "pelvic" morality.

We could have gotten by with this sort of isolationism before Vatican II. John XXIII called for a "lay apostolate", which can be sub-divided, one group of which would be a "scientific apostolate" proposed to break down the monastic doors of the present Dark Ages of Catholic medical thought and dedicated not merely to *preserving* knowledge, but to *advancing* it. Catholic institutions and Catholic professionals must learn to compete in the open market.

Every one of you is basically a scientist. But one with his head stuck in the ground is worthless! A scientist has the facts in his possession and should apply them as a driving force in his daily encounters.

Vocation, profession, commitment. Accept as the fourth quality of Medicine, "Application of knowledge". This is a fundamental theme. It divides teacher from student; it reveals discrepancies between real and ideal physician, and it expresses the integrity of an educational system of science and religion in flux, an educational system orienting us toward salvation.

Medicine implies service to society. We future physicians should be trained to deal not only with the physical and psychological causes of disease, but also to understand the social trends which manipulate the individual into a susceptibility to the onslaught of disease.

About three hundred years ago Descartes' theory of "dualism" took hold of medical education. According to this, the mind was separate from the body in function and structure. Modern Catholicism teaches the basic unit of "person" — that man is an entity in dynamic interplay with his environment — social and physical.

But "modern" medical education is still planned in the 17th Century perspective with the physicians main concern the diagnosis and treatment of disease, with medical statistics and the use of drugs rather than with *persons*. To be succinct, modern medicine is limited by the scientific method.

In this age of specialization, of course, there is present a temptation to claim that one's specialty gives the best view, if not a total view. I would like a medical career in Cardiology. Does that imply that every patient's heart is the target of his illness? If so, is his heart disease the *primary* focus of illness, or is it secondary to social pressures, to behavioral abnormalities?

There is no more room for "Cartesian dualism". And I think the physician is in a strategic position to act. I would appeal to you, Doctors, as teachers of medical students to be *tolerant* of other views. You all remember, I'm sure, the little story of the three blind men, who, having encountered an elephant, proceed to describe it to each other. Of course, the one feeling

the trunk thought it was a big snake. The man at the leg thought it was a tree, and the man underneath thought it to be a house. Each was wrong individually but taken together a pretty good description of an elephant could be derived.

There are physicians who seem to approach the problems of ethics in a similar way. Medical students are taught in the first year that never will we find things "always" and "never" in medicine. When a Catholic physician discusses moral problems with the student he might be tempted to say, "This is the problem and here is the answer," instead of, "This is the problem accompanied by these variables, and here are some answers I believe such-and-such based on this evidence, but I know there are other opinions, some of which are as valid as mine."

I have seen medical students repudiate Catholicism on the basis of rigidity of the thinking of some Catholic physicians. And I've seen a great positive impact made on other students by a more tactful, fraternal approach to medical-moral situations. This is not to imply that a Catholic physician should not speak out in defense of his opinions. But even if they are in the mainstream of Catholic doctrine he could probably make the greatest imprint on a student were he to acknowledge that other, more radical opinions do indeed exist.

We have an interesting set-up here at the University of Miami since it is a secular school. Our Catholic Medical Society struggles because it has lost the momentum of faculty participation; The only questions students ask now are those related to "reproductive morality". We can go to one of the faculty members' homes and have a

discussion of abortion, sterilization, contraception, etc. ad nauseam, and at the end of the evening we arrive at the conclusion that certain basic assumptions have to be clarified: what is the purpose of marriage, how should I function in relation to it. These are the issues. An entire evening can be spent on each.

What about topics other than those "pelvic-oriented": welfare and Medicine, consequences of old age, protection of children by government, etc. I throw this out as a stimulus for you to participate in and give direction to a Catholic Medical Society.

Ladies and gentlemen, you have an idea of how I view religion in medical education. You see that because of the four themes discussed, religion, and in particular, Catholicism, is part of the foundation of medicine. Its importance is such that without it we continue to wallow in 17th Century dualism and uni-viewpoint. But with its influence we can transcend the parts and discover the totality of the patient and his disease pattern.

My recommendations to this convention are:

(1) Be theologically tolerant in dis-

cussing medical-moral issues with medical students. Define your basic assumptions early and stimulate moral debate. Because of "commitment" to society, Medicine is deeply in need of moral signposts. Catholic Physicians must act to write those sign posts with Christ's name on them.

(2) A physician can involve himself in a Student Catholic Physicians' Guild to show the student what it means to be an active Catholic in Medicine. Remember, application of knowledge!

(3) Support a student-initiated ecumenical group of believers and non-believers for the purpose of discussing medical morality, such as the group at Tulane University to which Dr. Boucek alluded.

If I may be so bold as to recall to you a portion of the Oath of Hippocrates which is particularly significant to this meeting.

To reckon him who taught me this art equally dear to me as my parents, to share my substance with him and relieve his necessities if required: to regard his offspring as on the same footing with my own brothers, and to teach them this art if they should wish to learn it without fee or stipulation, and that, by precept, lecture, and every other mode of instruction.

Hippocrates, 400 B.C.