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Health Care of the Religious in the Buffalo Diocese

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We have no divine revelation on the time of animation, nor any official pronouncement of the Church. But scientists and theologians are in the vast majority convinced that it happens at the very instant the ovum is fertilized. In any case it must be pointed out with Basil and Pius XII that embryonic development is one of proximate continuity. No human foetus can ever be confused with that of any other species. The human foetus cannot develop into a cow, rabbit, or pig; it can only become a man.

Nor do those, who might still doubt whether the foetus in its early development is human, have the right to move against the life of that foetus. In response to proposed changes in Maryland’s abortion laws, Cardinal Shehan recently declared that it was the hallmark of our civilization that when there was a doubt as to the presence of human life, the benefit of doubt should be given to its presence rather than its absence. One might add this illustration: Doctors do not send patients to autopsy rooms if there is the slightest doubt they might still be alive.

Can the Church in the light of pluralism withdraw from the lists? Must we concede to the defenders of abortion the right to perform them according to the dictates of their own conscience? If we now make room for the conscience of others on birth control and divorce legislation, on what possible ground can we draw the line at abortion?

The problem with this line of thought is that it neglects to notice that the foetus is also a party to the debate (though it cannot speak for itself). Neither birth control nor divorce present comparable situations, for no existent life is at stake. But the foetus has the personal right to live.

The Church is keenly aware of the pain and disease and death so often resultant from illegal abortion. Her heart goes out in tender compassion to these victim mothers. But Catholics must not get backed into a corner on the emotional issue. They must not find themselves in the awkward situation of being heartless legalists who prefer a metaphysical principle to a “merciful” resolution of an agonizing predicament. Rather must Catholics stand staunchly for the right to live.

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came apparent that the yield of abnormalities was quite high. As was expected, most of the pathology was found in the older age group. The incidence of anemia was found, particularly of the iron deficiency type. In the younger age group with active blood sugars were detected. Two of these proved to be known diabetics; one of these nuns also had a primary carcinoma of the vulva. Two primary carcinomas of the breast were found, and one of these two nuns also had a primary carcinoma of the breast. One Pap smear was reported as positive; however, further follow-up ruled out cervical malignancy. One routine chest x-ray revealed bilateral hilar adenopathy suggestive of a lymphoma. Two unknown cases of mitral valve disease were diagnosed for the first time. The incidence of hypertension was quite high, especially in the older obese nuns.

Numerous other diagnoses were made, including endometriosis, cervical erosion, cystic mastitis, various arthritides, including gout.

At the conclusion of the examination, each nun was interviewed and the findings were discussed and explained. Those with any pathology were advised to see their own physicians. Those without personal physicians were advised to obtain one. In certain instances, x-ray screening of the GI tract was advised. Problems of follow-up have become quite apparent.

The completed charts with diagnosis, laboratory reports, as well as the x-ray films, were sent to the Motherhouse of each nun. These permanent records will be available to their personal physicians, and if they are transferred, these records will accompany them.

The cooperation of this group of nuns was excellent, and the majority of the nuns were most eager that these examinations be continued on a one- or two-year basis.

The increase in the aging population is quite apparent in most convents. Many nuns are well advanced in years, and the incidence of degenerative diseases is rising, as anticipated. The serious shortage of nuns makes it imperative that disease be detected early and adequately treated to preserve this essential group of Religious.

It is obvious that assuming the responsibility of the health care of our nuns has become one of our most important and successful undertakings. Let us hope that these examinations will not only continue, but will expand and include all the Religious in each community.

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The Moral and Pastoral Problems of the Terminally Ill Patient

REVEREND C. HARVEY LORD

I am grateful for the opportunity to address myself to a company of medical men. My father and three brothers all elected your branch of the professions. When we enter family conversations, I soon find the discussion centering on their interests. I am not unused to the company of doctors, but I seldom get the floor!

Doctors and clergymen have a great deal to say to one another, but we rarely find occasion to express it. In the last twenty-five years I have visited a patient a day—yet I have had less than one discussion a year with the patient’s physician. Our ministries are complementary, but we do not discuss the relationship.

When we confer so seldom, our harmonious joint ministries require a great deal of mutual trust, and some understanding of the particularity of service and viewpoint. The physician whom I do not see is my esteemed fellow laborer. He commands the resources of the tremendous advances in scientific knowledge. He is dependable and properly prepared. If he is not, his own profession works to eliminate or reform him. He has knowledge and diagnostic powers which I make no attempt to equal, nor even to second guess. If his patient complains against him, I would listen sympathetically, but I would ordinarily be inclined to wait patiently until I discovered the legitimate motive for the doctor’s action.

The rabbit, priest, and pastor, covet in turn your support and understanding. Our work is not as clearly defined as at least a portion of yours seems to be. If one distinguishes the practice of science from the expression of an art, we must lean more heavily toward the artistic side. I call a science that field of knowledge which is so regular in its recurrence, that it can be drawn or described in a classroom, and afterwards recognized in life. You look at a patient and say, “Aha! I recognize those symptoms.”

Art, by comparison, deals with seldom-if ever-repeated configurations. The infinitely varied human personality with its spiritual needs calls for a substantial measure of art in that person who works to heal it. I find myself hesitating to describe any type of problem or type of ministry for the terminally ill, because after I have outlined my categories, none of the particular cases I recall exactly fit them!

TO KNOW THE TRUTH

A central problem deals with knowing the truth. How clearly should the terminally ill patient be informed of his condition? Sometimes this has been phrased: “Should we lie, or tell him the truth?” I think it is fairer to ask, “How much of the truth should be told?”

We are both confronted with such questions. I consider that the primary responsibility of telling falls...