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Floyd M. Zaepfel

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Why A Catholic Physicians' Guild?

FLOYD M. ZAEFFEL, M.D.

When the Catholic Physicians' Guild was instituted in the Diocese of Buffalo in 1947 under the stimulus of the late Cardinal-then Bishop O'Hara, it had the following purposes:

1. The spiritual edification of its constituent members.
2. To uphold the principles of Catholic faith and morality as related to the science and practice of medicine.
3. To assist the ecclesiastical authorities in the diffusion of Catholic medical ethics.
4. To uphold Catholic hospitals in their enforcement of Catholic moral principles in medical practice.

It became increasingly apparent that to accomplish these purposes a dynamic Guild had to be inaugurated and forceful leadership pushed to accomplish the purposes. A dynamic constitution was drawn up and forceful leadership pushed to accomplish the purposes. A dynamic constitution was drawn up and a set of by-laws was written and distributed to the membership. Dynamic activity is accomplished by a council meeting four times yearly—working about four major events during the year—namely:

a. Spring and fall retreat
b. Spring banquet
c. White Mass
d. Fall Communion Mass and breakfast

It was felt that the major effort this year would be communications between our Guild physician and clergy who labor so diligently at various church projects in the diocese. At each council meeting we invite one of our priests who has a special project in the diocese—e.g., the significant editor was invited in order to increase our communications with the newspaper representing the diocese of Buffalo; next we invited the director of our family life program to communicate with him regarding problems of family life and the Pre-Cana project. Subsequently we invited the professor of theology at St. John Vianney Seminary with the specific purpose of continuing our medical education in the light of Catholic teaching. Just as we need medical education on a postgraduate level, so too is moral counsel a necessity.

Additional purposes, Guild committees were appointed; members of these have contributed to this issue of The LINACRE QUARTERLY. Each committee chairman endeavors to pursue the work with representation in each of the hospitals in the diocese.

But really, why a Physicians' Guild? Are there not retreats in each parish? There are, but do they meet the needs of the practicing Catholic physician? Does the physician know the Church's stand on contraception, birth control, abortion? In a recent survey by Modern Medicine answers from 40,089 physician-subscribers, polled from some 200,000 doctors in the United States, were received. Among Catholic physicians (14.5%) 49.1% were for legalization and 50.9% were against legalization of the abortion laws; of the total, 86.9% favored reform.

In a recent address to our Guild, Father Maquire of Catholic University stated: "What is going on in theology today is a certain legalization. The simple truth is, this is a development which is not fully clear yet. We are pilgrims and we are moving, and movement is progress. You should expect movement and you should expect change." Why a Catholic Physicians' Guild? To pursue our medical education, to progress and be aware of what is changing not only in the medical field but also in theology.

When the legislature convened in Albany this year to consider changes in the abortion laws, not only was communication necessary for our Family Life Department and the Catholic Physicians' Guild but also our group was involved with the Catholic Lawyers' Guild. With pressure exerted the laws were not changed, at least for the present, in spite of the fact that material for many of the discussions was obtained from statistics on 504 therapeutic abortions performed in two (non-Catholic) teaching hospitals of the State University at Buffalo from 1943 to 1964. Do we need a Catholic Physicians' Guild? We think we do to assist the ecclesiastical authorities in the Diocese of Buffalo in utilizing both their legal and medical Guilds.

The basic tenets of hospitals require the best patient care, education of physicians and research. All Catholic hospitals should strive for these objectives. Some do provide adequate teaching programs. Community hospitals, however, need to offer their resources to medical schools where feasible. Our Guild has established a committee for education and research and hopes to make our resources available to the State Medical School at Buffalo.

In those communities where a pastoral community senate has been established, it behooves the Guild to encourage members to serve. The life sciences will then be represented in the workings of the Council, enabling physicians to accept their role in the renewal along with their fellow lawyers, bankers, businessmen and other workers.

Too long has there been a "conflict of interest on Boards of Trustees where physicians serve." Can you imagine the Board of Trustees of General Motors with no engineers? So must Catholic Physicians' Guilds press for at least one doctor on such Boards so that someone on the medical staff is aware of patient needs and how best fellow physicians can be encouraged to administer them.
The Catholic physician can no longer ignore political life. Guilds must encourage the interest of physicians in such matters. Recently we were appealing to State legislators to amend Medicaid laws; now our appeals refer to the abortion laws. Ironically enough, the representatives in our New York legislature whom we addressed on Medicaid are the same ones hearing us on abortion this year—and next year it can be something else.

Traditionally, physicians have practiced the ecumenical spirit. No true man of medicine has ever asked a patient his religious creed or made skin was white, brown or black. Since Vatican II has such proper emphasis been placed on this spirit. It was gratifying indeed to know that dinner were several Episcopalians as their wives. Why a not only for our patients but for our Catholic community medical centers to avoid duplication and to control rising costs. Physicians' Guilds need to provide leadership to aid Catholic institutions in accomplishing their objectives in education and research for the betterment of patient care.

Why a Catholic Physicians' Guild? Here in Buffalo, New York we see a dynamic surge to 1) spiritually edify our members at retreats. 2) boldly suggest that we venture with our fellow brethren into the political, educational and pastoral fields, and 3) feel we should encourage all Guilds to enhance the Catholic physician as a vigorous leader in his community and to make certain he is afforded the opportunity to do God's work in man's total care.

The economic plight of our hospital nursing schools, Catholic colleges as well as hospitals, is becoming apparent. It behooves us to encourage cooperation between our hospitals and colleges not only to pool resources but to utilize trained personnel, reciprocate materials, laboratories and staffs so that research laboratories for residents, graduate students and nurses can function under contributive planning. Why a Catholic Physicians' Guild? Catholic physicians are needed in the solution of this problem along with educators, administrators and lay authorities.

Medical Health Centers are growing within the University complex. Catholic hospitals need to establish community medical centers to avoid duplication and to control rising costs. Physicians' Guilds need to provide leadership to aid Catholic institutions in accomplishing their objectives in education and research for the betterment of patient care.

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DR. ZAEPFEL is president of the Catholic Physicians' Guild of Buffalo. His field of practice is surgery and he serves as chief of this department at Sisters of Charity Hospital and Emergency Hospital in Buffalo, consulting surgeon at E. J. Meyer Memorial Hospital and attending surgeon at Veteran's Hospital.

Yesterdays' Catholic hospital could be viewed as a castle—the drawbridge down with an ever-welcome attitude for our patients. Frequently, tho, the drawbridge would be cranked to the up-position when an outside influence approached.

This was a natural development, when you consider the facts pertinent to the first Catholic hospitals. In the early days of Catholic hospital history the religious orders cared for the sick and dying on their community property. The organization was simple. All the treatment was accomplished by the dedicated religious. Their daily work was the personal attention to the needs of the sick as a work of Christian charity. Their duty was of an isolated nature, simply directed by a few equally dedicated doctors of medicine.

Today things are different. Where once there was the drawbridge there now is an expressway with bustling multi-lane traffic. And the traffic is as confusing as any involved expressway clover-leaf, representing varied interests such as the demands of government, state and local accrediting agencies, regional planning boards, expanding and exacting medical education programs, specialty boards, unions, and the revolution of nursing education.

Today the moat has been spanned. The Catholic hospital is involved with many publics. Our present status is good evidence of this. 90 percent of the Catholic Hospitals are accredited by the Joint Commission as compared with 61 percent of all other hospitals. This also reflects the continuous drive for improvement by our Sister administrators throughout the nation.

Today the drawbridge cannot be pulled up at will. The manner in which we care for the sick permits no isolation. Everyone is involved with everyone else. Involvement is a necessity. And this necessity demands more enlightened management, better prepared supervisors, increased communications inside and outside our hospitals and shrewd delegation of authority. The key to this improvement is teamwork among all members of the health field; and in this teamwork lies the avenue we must travel to safeguard our Christian heritage of caring for the patient in the best possible way.

Examples of this can be seen at every level. We employ professional managers and engineers to incorporate systems within the hospital structure to ensure greater efficiency and economy, greater safety and greater human relations in our dealing with one another.

For years, hospitals have asserted an uniqueness in most problem areas due to the unpredictable nature of the business. But experts in industry are disproving this statement by harnessing our "unsolvable" problems with a know-how proven effective in other businesses.

Many Catholic hospitals no longer look to laymen on Advisory Boards. The laymen are being incorporated.