Letters

Catholic Physicians' Guild

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Dear Sir:

Re: PSYCHIATRIC INDICATIONS FOR THE USE OF CONTRACEPTIVES — John R. Cavanagh, M. D. Linacre, May 1969

All uses of contraceptives are based on the medical fact that the patient and/or her husband develop anxieties about the hazard of pregnancy. Are we really to believe that the psychiatrist can rationalize the use of contraceptive in his patient whose anxiety may be greater than that of other patients? If the principle is sound, can we not use them to prevent the psychoses? It is a matter of degree. Small cancers we must ignore. Treat only the big ones.

Dr. Cavanagh has repeatedly written about what he thinks of the bad psychological effects of the rhythm of the sexual desires. Some have felt that his data are not conclusive. It would seem to be a relatively simple study to show that on a per capita basis, there are more crazy Catholics than crazy Protestants. Perhaps a better study would be to pit the crazy Catholic rhythm users against the crazy Catholic contraceptive users.

Respectfully submitted,
G. C. Tom Nabors, M. D.
Dallas, Texas

Dear Sir:


What Dr. Colliton has rationalized himself to is that if a woman has not ovulated before the 16th day of her cycle, he proceeds to inhibit her ovulation, or perhaps abort her (whichever way the pill works for that particular cycle). It is probable that his regime does not ALWAYS render the woman sterile. Neither does the 20-day regular contraceptive regime always sterilize a woman. The argument here rests therefore falls to distinguish between the moral problem of the woman who takes 5 pills and the woman who takes only 0.

One of the basic natural law-based moral medical principles is: if two or more medications accomplish the same medical end and one is sterilizing and the other not, the doctor has the obligation to use non-sterilizing medication. Regular bleeding can be incredibly controlled by giving any progesterone-like drug from 2-5 days during the last week of the cycle. These drugs are not sterilizing.

Certainly, before the Linacre should recommend the use of this regime, competent theological opinion should be obtained on this matter. The theologians must be given full facts. Even then whose theology would not agree with that of "Humanae Vitae", would be faced to admit that the moral principle is the same.

When will the American Catholic ever learn to stop trying to sneak in the back door like a dog with his tail tucked between his hind legs when it comes to moral principles that are inconvenient?

Respectfully submitted,
G. C. Tom Nabors, M. D.
Dallas, Texas

In this country we like to think that we are a little behind the times, and indeed use this as part of our tourist attraction. While this may be true in some respects of the "old country", we have not escaped some of the less comforting attitudes of the post-war world. This year we have had our ration of student unrest, strikes, sit-ins and demonstrations of various kinds with demands for student voice in management. No serious interruptions of work have, as yet, occurred because of good Management and of a realization by the students that their studies are heavily State subsidized. Small groups of students can be very vociferous but perhaps a little dissemination of Maoist writings may bring us up to date with world thinking in this country.

The merger of the two Universities (National University of Ireland and Trinity College Dublin), whilst logical on paper, has not yet progressed beyond the discussion stage. It is no doubt inevitable that Dublin should have one large University, and that Cork and Galway Colleges should prepare for autonomy. This of course brought renewed demands from Limerick (third largest city) for a University also. The latter demands may well be met by the proposed School of Technology. Our population can hardly support another University, but education is more lacking at the Vocational level, and much time and money is being spent on improving this latter.

Ireland no less than any other country suffered much heart searching following the publication of the Papal Encyclical "de Humanae Vitae". Contraceptives had never been on sale in this country, but the "anovulants" were being prescribed freely by doctors in anticipation of a relaxation of the traditional laws of the Church on family planning. However, the statement of the Irish Archbishops was directly in line with the Papal pronouncement, and was given to us as a Lenten Pastoral. Whilst medical men may have had some problems in dealing with hard cases, the solution came in a way which was predictable for this country. The patient either accepted the Encyclical and did not ask for the pill, or because of the side effects were so well discussed in the Press refused the treatment. We await the Synod of Bishops in the Autumn of this year, in the hope that some consideration will be given to the fact that the ideals of the Encyclical are very hard to live up to, even by those in good conscience.

One cannot close without mentioning the latest situation in the Health Services. Recently the Ministry of Health has offered an annual capitation fee to all practitioners for patient attendance. This is to replace the raised private practice and State dispensary system. Neither the Medical Association nor the Medical Union accept this plan, but press for a fee per item of service. How agreement will come is not yet evident, but what is very plain to see is that we are hard put to pay for the services as they are, and a great increase in the cost will be almost too much for us. We have a Voluntary Health Insurance, rather like the Blue Cross, and this does help considerably for the middle income group.

Robert F. O'Donoghue
Master-General
Irish Guild of St. Luke, SS. Cosmas & Damian
Cork May 1969