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A Right to Health-An Epilogue

Catholic Physicians' Guild

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First, he will understand that his quasi-sacramental capacity to heal the sick is not without its limitations. A doctor is a man, and only one man. He cannot reach everyone in his ministrations, and sometimes, inevitably, his ministrations will fail. Not only will he not always defeat death, but he himself will someday surrender to that grim sergeant. Second, the Catholic physician will appreciate that his healing charism involves a particular dedication that is rooted in his whole Christian philosophy of life.

Briefly, for the medical man of faith the patient is not simply a problem—which, one way or another, he often is—but a person. The insistence of contemporary philosophy on the value, the uniqueness, the sacredness of the individual person stands in agreement with traditional Christian teaching. It can be an enlightening experience to ride (for example) the crowded New York subway and pass the time looking about you with some thoughtfulness. Here are many people, some old, some young, they are black and white and brown, they speak in various tongues, some are shabby and even dirty, most seem tired, all are heading toward eternity as they ride the real but symbolic subway. God created each one of these; He loves each one with an infinite love; for each, as if alone, Christ laid down His life; each has an eternal destiny. To fastidious human eyes these people, collectively and individually, may not seem like much; in God’s view, each one of them is precious beyond all description, and for each one of them God intends, finally, only what is best.

As often as it has been sounded, the warning may and must be repeated: of all men, the doctor and the priest must battle the demon of disillusionment. As the years pass and the rosy optimism of youth fades, it becomes perilously easy for the priest and doctor, whose joint business is the essential well-being of men, to lose faith in men. The process is so subtle, and only half acknowledged. We all remember the declaration of one of the characters in the celebrated Charley Brown comic strip: I love mankind. I just can’t stand people. If, in addition to cynicism about the human animal, the Catholic doctor or the Catholic priest begins to suffer disillusionment with regard to his Church, he will stand, professionally, in a kind of double jeopardy.

In one word, that one word which will survive all abuse and misuse, the doctor, like the priest, must love. The task is not easy; often it will be carried out in despite of the most understandable human reluctances. For the Christian doctor, one most concrete exercise of that love will be a sustained effort to see to it that as far as in him lies, every man’s right to health, properly understood, be implemented, and to capacity. Therein the grace of God will not be wanting; and anyone who believes in Christian charism believes in grace.

A Right To Health—An Epilogue

A brief summary appears in order.

At the outset, we were committed to raise questions rather than definitively to answer them. I think that our essayists have contributed greatly to that purpose. More clearly defined are three questions central to the issue of the right to health care; viz, (1) what is connoted by the term “A Right to Health Care”, (2) what is the legitimacy of the citizens, demand for health care, and, (3) what ought be the reaction of the Christian humanist physician?

Professor Buckley, interpreting, analyzing and developing the thought of the ordinary magisterium of the church makes a strong case for a relative right to health care. Professor Cohen confirms this thinking from a public health point of view.

Further light could have been shed on the interpretation of a right to health care by those in government but unfortunately two of our prospective authors, for reason of prior commitment were unable to complete their essays in time for publication. The nature and the extent of the ethical and juridical relationships of government to the citizen who through no failure of his own has not the means available to protect his life (nee, health; nee, health care) has been left unexplored in this discussion.

Dr. Griffin comes to grips with the problem from the vista of a practicing physician and christian. Reading between the lines, one visualizes a struggle in Dr. Griffin’s thinking between an overt, unlimited, Franciscan type contribution to society and the maintenance of the physician’s continued personal identity and freedom to exercise his profession.

Dr. Leithart recognizes and stresses the rights of the individual physician. He is concerned to emphasize that the physician too is a citizen whose welfare ought be equally the concern of the governed and those governing. Implied is that the physician is a person and not a thing to be utilized simply for the need of the community, however important that need may be.

The very nature of the service which the physician provides is such that the physician’s right to be sole judge of where, when and how this service is disposed
has been and continues to be called into question — and I am not satisfied that sufficient consideration has been given to this crucial point. It would require considerable clarification. I think that there will be a tendency for government to train and hire physicians for the provision of health needs (real or imagined) if the profession as a whole doesn't accept the concept of "right to health care". Graver evils (personal, financial, medical, etc.) partially alluded to by Dr. Griffin could, however, conceivably flow from such intervention.

Finally, but very importantly, it has been left to Father McCorry, S.J., to bring into the conscious awareness of the physician a concept of his, the physician's "charisma"; that he possesses a spiritual as well as a scientific gift of healing—a gift which takes on double meaning and importance in our present developing understanding of what it means to be a human person. Thus, ultimately it is a Pauline charity which is called upon to reign supreme in the physician's breast; a physician's charity which will necessarily recognize and that overlook all the annoying foibles and failures of human nature and which will make available health care to those in need to the limits of the physician's own total health.

Abortion — Part XV


The campaign to sell liberal abortion to the people of the United States and to the people of Massachusetts is well organized, well coordinated and well financed. The presentation is based upon error, half-truths, myths, exaggerated statistics, personal opinion, an ignoring of fact and reality, poor logic, inconsistency, ridiculous conclusions. The proponents of liberal abortion prefer to appeal to the emotions and sympathies of people, while they forsake reason; they choose to concentrate on the expectant mother — her personal ideas and opinions, her mental and physical health, her wanting or not wanting the child, her ability to afford and care for the infant, her decision as to how many children she will have, her right not to the birth, her control over her own fertility — to the almost complete exclusion of the unborn fetus and his rights. They discuss the subject just as if the fetus did not exist, just as if he did not possess real human life and did not have a right to be free from an attack upon his life; just as if he did not have a right to live and to be born.

Even when the pro-abortionists speak of the unborn child, it is always in reference to the mother. They consider the unwanted child but always in terms of the mother having no obligation to give birth to a child she doesn't want. They discuss the possibility of an infant being born handicapped or retarded but always with a concern for the inconvenience and the added burden that this defect will place on the mother, who must care for him.

Those who oppose a change in the current statutes are not without feeling, understanding, sympathy and compassion for the mother and her special problems and difficulties but they do not feel that abortion, which is the deliberate termination and