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# THE STATUS OF THE CATHOLIC MEDICAL PROFESSION IN THE UNITED KINGDOM

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WHILE it is our primary purpose to discuss the problems facing the Catholic medical profession in the United Kingdom under the Health Service Act, we believe that a brief review of the development of the Health Act and its consequent effects on the British medical profession in general, is also indicated.

In the general election of 1945, the Labour Party with a swing over to the "black coat" workers and the support of the service workers, won a sweeping victory on the program of "Let Us Face the Future." The program included public ownership of the Bank of England, the mines, inland transport, steel manufacture and a large scheme of social insurance. Among the most important issues was the proposed National Health Service Act which rounded out the socialistic program. The British Medical Association fought bitterly to prevent passage of the Health Act, but was unable to overcome the determined bid of the Government. Passage of the Act was preceded by a barrage of propaganda with the deliberate intention of breaking down the confidence of the citizen in his physician and to discredit the medical

profession. The Government also received invaluable assistance from a group of senior teaching hospital consultants some of whose names have appeared prominently in the Honor Lists in the last few years as Barons and Knights. The Act was passed in 1946 and went into effect on July 5, 1948. From this time on, the people of the United Kingdom, regardless of position or economic status, were entitled to complete free medical care.

The doctors in the United Kingdom were left free to sign a contract with the Government or stay out of the Service. All of the hospitals, with the exception of the Catholic hospitals and a few privately endowed hospitals, came under complete control of the Government. This control did not apply *in toto* to the teaching hospitals, with the result that the staffs of these hospitals obtained all the advantages in remuneration from the Government with few of the restrictions. At first there was an attempt by many of the doctors to boycott the Service but, before long, the majority were forced into the Service because of economic pressure.

Under the Act, the people are

free to choose any general practitioner in the area in which they live, if the doctor accepts them. They may change after six months provided the doctor has not already reached his quota of 2300 patients. The doctor receives one pound a year per patient. With a full quota of patients this amounts to the equivalent of \$6500 before taxes. The tax rate on this income is about 25%. If the patient develops a condition that requires the services of a specialist, he has no choice but to accept the specialist to whom he is sent. The consultant receives, under the Service, payment according to the number of "sessions" he gives to the State hospital. The maximum number for the part-time consultant is 9½ sessions a week, for which he is paid approximately 3000 pounds, before taxes. He is permitted to add to this income by doing some private work.

While the general public is not entirely satisfied with the system, it has learned to accept it. The Act has had the effect of eliminating "charity" patients and places the public in the position of getting its medical care as a matter of "right." The doctor has been made a paid servant of the Government and he may be called at any time for any reason. Because of an extremely heavy load, the general practitioner runs a clinic-type office. While the spirit is willing, the doctor finds that he is physically unable to give proper attention to 2300 patients. Perhaps the attitude of the general practitioner may be best described by a letter published in the *British*

*Medical Journal* of June 15, 1957 by R.P.C. Handfield-Jones.

A correspondent wants to know more about our "working load." Perhaps the records of one single-handed country doctor may interest him. I have a list of a little over 2,000. In the period January 1 to May 31, 1957, a period without a major epidemic, 69 individuals consulted me; I paid 150 visits and held 2,392 consultations in the surgery; a total of 3,642 items of service. Many of my colleagues with big lists in smoky cities must have done twice as much. How would other professions feel about this sort of work load? I cannot imagine a solicitor conducting 3,642 interviews in five months, being continuously on call and liable to a complaint and a fine if his clients were not satisfied with his efforts. Yet in medicine, as in law, good advice is not given by tired men in a hurry. Under the National Health Service, to make a living general practitioners must take on more work than they can properly do. It is not merely that there is no incentive to better work; we are forced to do second-rate medicine so that we can afford to bring up and educate our families.

This is the prostitution of an honorable profession. I like to feel that my patients can consult me with no financial barriers between us, and gladly suffer the ninety-nine trivial complaints that must be heard so that the one serious condition is brought to me in an early stage while it is still curable. But the system breaks down when the doctor is too busy to give the time to those that need it. The British public is getting its family doctors on the cheap and the public suffers from the system as much as do the doctors.

Good medical care is not bought at cut prices. If the Government cannot afford to pay us the proper rate for the job it is not fit to employ a learned profession into whose hands is entrusted the health of the people.

For years the British medical profession has found it more and more difficult to cope with the rising cost of living. Since 1951 it has reminded the Government that it had accepted service under the Act on the promise that it would

be protected from inflation. The Government has consistently turned a deaf ear to the pleas of the medical profession for relief. Finally, in desperation, the British Medical Association passed a resolution to quit the Service on October 2, 1957. When the Government offered to review the situation before the Royal Commission, the B.M.A., with a surprising demonstration of backbone, refused to appear before the Royal Commission. But then, on June 12, 1957, there was a complete turnabout and the B.M.A. decided to defer its resolution to quit the Service and would present its case before the Royal Commission. Dr. Solomon Wand, Chairman of the B.M.A. council called this decision an "armed truce — not the end of the fight." He stated that the medical profession would present evidence before the Royal Commission on the understanding that this action would not affect its right to press the Government to fulfill its promises, public and private, to the doctors. Many of the doctors, unhappy by this turn of events, criticized not only the Government but the faint hearts among themselves, consultants, the Press and patients. Said Dr. B. Burns of Sheffield, "As long as people can buy a doctor body and soul for two cigarettes a week, they are not interested in our problems." The final report on these hearings will probably not be submitted for several years. This is the usual procedure in England.

The plight of the British doctor is bad, but that of the Catholic

doctor is far worse. When the Health Act went into effect, the majority of medical men served under contract law for the first time. Like any other contract with an employer — the State, the conditions are laid down by the employer, but unlike any other contract the doctor, for financial reasons, had no alternative but to accept the conditions, even though they may be varied from time to time by the Ministry of Health. Among these is a directive in Section 28 of the Health Act which states that contraceptive advice is to be given to all women who may require it on medical grounds, and therapeutic abortions are to be done where medical opinion decides that there is danger to the health and safety of the prospective or expectant mother. While there are yet no public clinics established solely for the purposes of artificial insemination, this service is expected to be provided in those hospitals where facilities exist. The law in England does not accept moral principles as a justification for violating the terms of the contract. The position of the medical profession is indicated by a report printed in the *Medico-Legal and Criminological Review* July - September 1944, Vol. XII, Part III, p. 152. Dr. Forbes, representing the Defence Union of which the membership includes almost the whole of the medical profession, stated that he appreciated that there were spiritual and moral factors involved, each of which called for a full evaluation and recognition, and both were likely to promote bitter controversy, but

he was not satisfied that medical practitioners, as such, were really concerned with these matters. The dominant matter with which they were concerned as doctors was the proper treatment of the patient, and if necessary their own religious or moral convictions had to be set aside in order that the well-being of the patient might secure priority of place.

The Catholic hospitals, under the direction of the late Cardinal Griffin, decided to stay out of the Service for the reason that they would not, on moral grounds, be able to provide the service demanded under the Health Act. Besides, they were not prepared for the administration of the hospitals to come under any direction except their own governing boards. This decision was made without consultation with the Catholic medical profession. There is a distinct feeling among many Catholic doctors in the United Kingdom that Catholic medicine should not be isolated by way of hospital or university teaching but should intermingle with non-Catholic centers. There are no Catholic medical teaching centers, and any development in this direction could never match non-Catholic centers in tradition and, therefore, could never be as attractive to students as are the older institutions. An analysis of the background of the Catholic doctors in the United Kingdom will probably in part explain this attitude. There are no Catholic universities in England so that all of the pre-medical and medical training of the Catholic doctor is under the auspices of

non-Catholic teaching centers. While the Catholic Church attempts to provide some instruction on medico-moral principles, the Catholic doctor is never actually in a position to see the practical results of Catholic teaching and the only results to which he is exposed are those observed in the non-Catholic centers. And this is the cardinal point — he is left with the impression that the moralist teaches one thing and medical science another. He fears that he is being left in the position of deciding between morals and scientific fact. He tends to look with more and more concern to his future in a Service in which possibly 95% or more do not hold his moral viewpoint. His whole financial future and his status in the medical profession will depend on his ability to make headway in the Service that holds entirely different views on certain moral problems from those which the moralist has taught him.

While the Church does not attempt to influence his decision to join or stay out of the Service, the Catholic doctor must necessarily be influenced by his moral convictions. If he signs a contract, he must, in order to practice as a Catholic, prefer venues where moral problems do not exist. While there is no serious prejudice in the sphere of medicine by the profession itself against Catholic doctors because of their moral views, it is recognized that a Catholic on a State hospital staff, particularly on the genito-urinary, obstetrical, gynecological and psychiatric services can be a disruptive force. For

this reason the Catholic doctor is generally excluded from appointments in State hospitals where the disruptive element may appear. In time, these fields will be completely dominated by non-Catholics.

The doctor who does not sign a contract is faced with three alternatives: he may attempt to go into private practice, he may emigrate, or he may change his occupation. There are two reasons why he will find private practice difficult. In the first place, there are too few Catholic hospitals in the United Kingdom and these could never make provision for a Catholic medical profession that numbers about 3000 doctors, with a proportion of these being Irish doctors who have gone to England to join the State service for reasons of security. Besides, these hospitals are generally inferior to the State hospitals and offer no attraction to the aspiring Catholic doctor. The only voluntary Catholic hospital center in London is SS John and Elizabeth, not recognized as a teaching center, having only 159 beds — approximately 10 for maternity; with one Catholic gynecologist and at least 50% of the staff non-Catholic. In the second place, the public cannot pay the fees of a Catholic doctor in private medicine while at the same time supporting the Health Service. If the doctor emigrates or changes his occupation, the time will come when the three million Catholics in the United Kingdom will be deprived of receiving special help for those medical problems in which they expect help. The future of the Cath-

olic doctor holds no promise of freedom from the Service. At present at least 85% are in the Health Service on a full-time basis and another 10% on a part-time basis.

While there has been a serious attempt on the part of a few to bring about the establishment of post-graduate Catholic teaching centers where Catholic medical principles might be taught and practiced, this objective has not only not been attained, but the possibility is indeed remote. According to most of the British doctors I had the opportunity to interview last September at the 7th International Congress of Catholic Doctors in Holland, the financing of such a project under present conditions, would be extremely difficult. The entire burden would fall on the shoulders of a Catholic community that cannot afford to support the Health Service and, at the same time, undertake the obligation of building a sufficient number of hospitals to provide for the Catholic medical profession. Besides, it would also mean financial support to the Catholic doctors as they would have to be paid on a sessional basis as in the State service. There are those, however, who feel that no sacrifice is too great that would permit the Catholics of the United Kingdom to have the services to which all Catholics are entitled; a service that would make it possible, particularly for expectant mothers, to obtain medical advice that is scientifically correct and morally acceptable. But, from what information I have been able to

gather, the Hierarchy would find it almost impossible to rally the necessary financial support for such a project. The only hope we can entertain is that the British Medical Association will carry out its threat to quit the Health Service. As the result of such action, all of the doctors would return to private practice and the Catholic hospitals would then have the opportunity to be supported by the Catholic community and the 95% of the Catholic doctors who are presently in the Service. This is wishful thinking! The real miracle would be a change in the laws of the land that would permit Catholic doctors to practice without prejudice to their personal moral principles. In this case, the Catholic hospitals might be able to join the Service and the problem of Catholic teaching centers would be solved.

There is a great deal of antagonism toward the Catholic medical profession that mainly comes through the medium of the Press. There are frequent and vitriolic attacks which are considered by many to be a reflection of public opinion and are mainly centered about the "mother and baby" problem. While in Holland, I had occasion to read an article in the *Scottish Daily Mail* of September 10, 1956 which suggested that most of the expectant mothers in Britain dread the ministrations of a Catholic doctor because he is willing to sacrifice the life of the mother to save the baby. The writer further states that the first question nine out of ten mothers ask the doctor is, "Are you a Cath-

olic?" He adds that the "anxiety wave" occasioned by the pronouncement of the Holy Father in 1951 when he addressed the "Family Front," rather than subsidizing, is causing ever increasing worry among expectant mothers. It is obvious that this article, as well as many others that have appeared constantly in the newspapers and other periodicals, is an exhibition of the type of reporting that is deliberately slanted and intended to keep alive an "anxiety wave" that has been actually fostered by the British Press as part of vicious propaganda against the Church and the Catholic medical profession. A nationwide controversy was occasioned by the statement made by the Holy Father when he said, "Any attempt on the life of an innocent human being . . . to the end of saving another life is unlawful." Then at about the same time, Archbishop Campbell of Glasgow, labelled therapeutic abortion as plain murder when he said, "Stop talking about terminating the pregnancy and call it killing the baby — and therapeutic abortion becomes unthinkable."

On September 14, 1956, Rev. Alan Keenan, O.F.M., co-author with John E. Ryan, F.R.C.S., of *Marriage: a Medical and Sacramental Study*, at the request of the *Glasgow Observer*, wrote an article in answer to this particular attack and was asked to explain why the fears created by misinformed and confused writing are not only morally dangerous — but are also medically groundless. After discussing the Church's posi-

tion on therapeutic abortion, he made the observation, "There are more ways of distorting the truth than by telling lies. If journalists must discuss Catholic teaching, especially in the sphere of life, teaching which His Holiness defines as 'one of the essential foundations not only of conjugal morality, but of social morality in general,' then they should either give the whole of the the Church's teaching or leave the matter alone." "Moreover," he adds, "women who question whether their doctors are Catholic are wasting their time. There are practically no Catholic consultant gynecologists in the State hospitals. They are a vanishing race." He quotes the reports of Dr. Ryan in England and Dr. Greenhill in the United States, showing that there is never a real medical indication for therapeutic abortion and that records prove that the mortality rate in hospitals where therapeutic abortions are done is no better than in those hospitals where therapeutic abortions are prohibited. He finally makes a plea for the development of more and better Catholic maternity hospitals where Catholic gynecologists and obstetricians may be trained.

Against these attacks by the Press there is very little Catholic Action on the part of the profession itself. There are about 800 out of the total of about 3000 doctors who are members of Catholic Medical Guilds. However there is no public concerted action because of a strict code governing the relationship between the medical profession and the Press in the

granting of an interview, whether the doctor be Catholic or non-Catholic. The result is that the battle for Catholic medicine is being fought by the clergy. The national Press takes advantage of this situation by pointing out to the community that the Catholic doctor is "priest-ridden" and that Catholic medicine is mediocre and not up to modern standards. The Church finds itself in the difficult position of being accused of waging war against the Church of England when it attempts to spread its doctrine for the benefit of its flock. Several months ago, Dr. Geoffrey Fisher, Archbishop of Canterbury, said, "There is a lot of direct hostility to the Church led by the Roman Catholics in this country." In a pastoral letter, published in the *Sunday Express* on June 16, 1957, Dr. William Godfrey, the Roman Catholic Archbishop of Westminster, replied, "Unfortunately, there are those who look upon our endeavors to spread the truth as an attack upon their own communion." He then continued to explain that the Church "will never fail in its mission to make known the teachings of Christ to all nations of the world."

The United Kingdom has had nine years of medicine under the Health Act and whether the Government be Socialist or Conservative it is doubtful if any changes will occur that will be of any benefit to the public, the medical profession in general and the Catholic doctors in particular. Socialized medicine is no longer a party cry but a vote-catching cry for either

party. The British doctor, always a leader in one of the most noble of professions, is stripped of his dignity, forced into civil servitude and controlled by political bureaucrats and finally reduced to pleading with "hat in hand" for economic relief. The Catholic doctor, completely frustrated, finds himself in the serious quandary of choosing between a possible "fruitful" career in certain branches of Service by compromising his religious beliefs or limiting his practice to those fields where moral problems are less likely to arise. England calls itself a democratic nation while it reduces the Catholic minority group to the level of inferior citizens; prevents, by law and the penalty of economic pressure, its Catholic medical profession from practicing according to its own moral principles, abets continued and vitriolic attacks against the Catholic medical profession and its Church, and finally has permitted the Catholic hospitals to deteriorate to the lowest level of utility. This is the spectacle of medical practice in the United Kingdom under the Health Act!

No one can deny the right of a free people to improve its econom-

ic status, but this does not include the right to own a doctor "body and soul" for any price. The medical profession has always considered itself a servant of the people, not because the people have the right to its services by the imposition of a civil law, but because the doctor has accepted a God-given responsibility to care for the ill and the infirm; it is his right and privilege to give of himself and his skills to his fellowmen because of love of God, mankind and his work. It is only when a doctor is free to practice in the light of his own conscience and moral convictions that he can hope to justify his work and his life before his Maker—he can never do this under government compulsion.

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Reports on the celebration of the St. Luke's Day White Mass are coming to the office now. A complete resumé of these will be made in the next issue of Linacre Quarterly.