The Linacre Quarterly

Volume 43 | Number 4 Article 11

November 1976

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Physicians and priests have much in common. Friends and detractors of each group have generally been in agreement on that. Those who find physicians to be a beneficent lot, generally think well of priests; those who are "turned off" by physicians and find them aloof and arrogant, often entertain dark thoughts about the priestly caste.

Detractors have noted traits common to the two groups. Each — at least sometimes — wears special garb; each seems a trifle overconcerned with being addressed by proper title; each caste, no matter how narrow its education may be, offers to its members at least a special technical vocabulary which seems — to the hostile — designed to baffle the outsider.

Perhaps one further common denominator is found between the hard-working priest outside academe and the harried physician in practice. Neither of them has opportunity to do much reflecting on the nature of his professional life. There is too much to be done to waste time thinking about it!

Others have more leisure. A fairly recent book, the work of a medical sociologist and a research physician, offers an unusual opportunity for reflection. (*Models of Madness, Models of Medicine:* Siegler and Osmond, MacMillan, 1974). In the major insight that interests us, the two authors lean heavily on an unpublished manuscript by T. T. Paterson. The results of that study may be properly rephrased as follows: medical authority derives from three sources; some of it is *moral;* some of it is *sapiential;* what remains, the most important part, is simply *Aesculapian.* This last is not simply charismatic. It does not flow from personality. But it is not precisely sapiential or moral. No government confers it with a license. (A non-licensed medical student may be possessed of

such authority under the right circumstances, at the scene of an accident or — properly garbed — in the ward of a large hospital.)

Aesculapian authority proper is of course not independent of the moral or the sapiential. The physician's moral authority, according to Siegler and Osmond, is "the right to control and direct by reason of the rightness and goodness (flowing from) the ethos of the enterprise. The doctor's moral authority, which is expressed in the Hippocratic Oath, stems from the fact that he does what is expected of him as a doctor, and that he is concerned with the good of the patient." (p. 94) Physicians sometimes forget this aspect of their authority. Laymen rarely do when thinking of physicians. For this reason, laymen are distressed by evidences of less than perfect behavior in physicians far more than they would be by such behavior in other professions. No editorial could successfully deplore a $250,000 annual income in lawyers. A news item merely mentioning such income in physicians will give rise to a spate of letters. Physicians who are distressed by this unfair reaction to medical income, (a reaction equalled only by that that which rises from mention of wealthy priests) simply do not acknowledge the moral dimension of their authority.

The *sapiential* aspect of medical authority is sometimes overestimated by laymen. In fact, the *sapientia* had by the physician (and by this Paterson chose to mean technical and scientific competence) is limited. A well-trained physiologist or biochemist may be superior to a physician in technical knowledge of the human body and its chemical activity. Nonetheless, the sapiential is a very important aspect of medical authority. Neither moral nor Aesculapian can substitute for it. The sapiential is presumed.

By now a fairly clear notion of the Aesculapian should have emerged. It is what is left over. It is that which inspires the patient with confidence in the physician. It is the comfort of the "bedside manner" and all which makes that comfort reasonably founded.

No physician is born with it. Consciously or unconsciously he keeps working at it. Developing it makes some demands of him and yet frees him from others. Kübler-Ross criticizes doctors and their fears in the presence of the dying patient. This seems to be one of her major themes in *On Death and Dying*, (MacMillan, New York, 1969). She talks of physicians' inability to handle their fear of death, their need to run from such fears and from the dying patient. We feel that this is perhaps unfair. Rather the doctor may feel the need (like most charismatic figures) to avoid that which might shake confidence in himself (and thus weaken his ability to inspire confidence in others) and so he runs from the fear which he cannot handle.

Doctors, at least in public, may not wring their hands in very human despair at the inability of 1976 medical treatments to handle a variety of powerful illnesses. Perhaps it is a part of wisdom that they even deny such feelings of despair. To the extent that their denial is successful, their Aesculapian confidence may remain unimpaired in the presence of other diseases and other treatments. Physicians may continue to rely on special garb and special titles — not so much that their patients need them as that they need them — in order to be able to help their patients. A few doctors feel otherwise; Siegler and Osmond chide the foolish Doctor Jones who so misunderstands all that as to insist that his patients call him Max. "Doctors are well-known for their eccentricities . . . with their customary loyalty and forebearance, patients will call him Max, but they will think of him as Dr. Jones." (p. 215)

Sacerdotal Parallels

There are in the life of the contemporary priest many parallels to the dimensions noted above. In fact, most of the brief essay up to now could be re-read as a parable. But a few specifics can be underlined. We might use as our rubric equivalent to Aesculapius the name *Zadok*. He was the pre-Hebraic priest of Jerusalem who came to serve David and his God. (*Jerome Biblical Commentary*, p. 707) Priests, too, are possessed of authority that is beyond the merely moral or sapiential. We can call that their Zadokian burden.

The *moral* dimension of the priestly responsibility is no greater and no less than it has always been. That the priest should remain deeply faithful to the accepted code has not changed. The understanding of that code may have changed.

The *sapiential* demand has increased considerably in recent decades. (Following the medical authors, we here mean a technical grasp of theology.) One may question if its demands have ever been sufficiently heeded. It is true that most priests who are not academics will have to learn to live within some sapiential limits. Even as the physician in comparison with the physiologist, the priest must live in a world peopled by theologians (lay and even women!) whose sapiential grasp is far better than his. But he cannot allow himself to retreat too easily here. If the sapiential demands are great, no prior age has had at its disposal the steady supply of well written books in English that make keeping up or even catching up such relative pleasures.

Zadokian Responsibility

But, finally, the priesthood is possessed of a dimension that is neither moral nor sapiential. The priest has a kind of authority that we can only call Zadokian. It is that authority which is Zadokian that makes priests uncomfortable today as — analogously — the Aesculapian authority grows to be a heavier bur-

den in a steadily more democratic society.

But the Zadokian burden has always been a heavy one. (And easy to ridicule; cf. Frederic's 1896 novel, *The Damnation of Theron Ware.)* The distinctions of the medical caste which make easier the confident service of patients have often been abused and put rather to satisfy vanity and arrogance. The Christian priest, whose master came not to accept service but to give it, (Mt. 20:28) must have always had some ambivalence about the Zadokian role. Only with difficulty can the priest keep clearly before him that Zadokian governance is also a kind of service.

It may seem to be a kind of role-playing, but that role is reflective of a reality. In defense of that reality, this essay has been written as a sort of parable, encouraging the priest to do comfortably whatever is necessary in order to re-develop a confident pew-side manner — for the good of the Christian people.

But why does this essay appear in a journal that is not published exclusively for the reading of priests (for there are many such journals)? It is thus. The abandonment of Zadokian responsibility in recent years is simply a fact. It was caused by a failure of nerve in crisis. The crisis was real; the failure understandable. The late twentieth century priest has been tried beyond the tests of the late twentieth century physicians.

And if the twentieth century priest is to reassume his Zadokian responsibilities, he must be gently encouraged to it, for a while, by the layfolk whom he wishes to serve. Only if they help him now, can he re-learn to help them, and so play his proper role in the healing of a sick church. Sicknesses can be unto life. That they end so rests — occasionally and in some measure — in the hands of the physician.

Statement of Ownership, Management and Circulation
(Act of August 12, 1970; Section 3695, Title 39, U.S. Code)

Date of Filing: 10/1/76 • **Title of Publication:** The Linacre Quarterly **Frequency of Issue:** Quarterly • **Location of Known Office of Publication:** 850 Elm Grove Rd., Elm Grove, Wis. 53122 • **Location of Headquarters of Publisher:** 850 Elm Grove Rd., Elm Grove, Wis. 53122 • **Publisher:** National Federation of Catholic Physicians' Guilds, 850 Elm Grove, Wis. 53122 • **Editor:** John P. Mullooly, M.D., 8430 W. Capitol Dr., Milwaukee, Wis. 53222 • **Managing Editor:** Robert H. Herzog, 850 Elm Grove Rd., Elm Grove, Wis. 53122 • **Owner:** National Federation of Catholic Physicians' Guilds, 850 Elm Grove Rd., Elm Grove, Wis. 53122 • **Known Bondholders, Mortgages, and Other Security Holders:** None • **Total Number of Copies Printed (net press run):** Average each issue during preceding 12 months — 8,500; Actual number single issue nearest filing date — 8,500.