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The Catholic Physician's Contribution to the Life of the Church

Paul M. Quay, S.J.

Father Quay, Research Professor of Philosophy at Loyola University of Chicago, gave the following talk to the Saint Louis Catholic Physicians' Guild in November, 1988.

Last year I had a young woman in my class on the philosophical bases of the prolife movement who had already, as an 8th-grader, managed to get Nathanson's "Silent Scream" shown to her class and then to be adopted into the curriculum for subsequent years. She kept up her good work all through high school and her first years in college.

For her term-paper, she decided to write about the callousness of the pro-abortion movement towards women. She dug up great masses of material and then, as required, showed me the outline of the prospective paper. It started as you might expect, but even in outline form one could sense the growing indignation against abortionists' abuse of the women they were supposedly seeking to help. Finally, she wrote in conclusion: To keep abortionists from taking advantage of their patients, the law should be changed to require that all abortions be performed by good Catholic doctors.

Though it didn't take long to persuade her that her evidence might support a somewhat different conclusion, clearly Catholic doctors have a lot of different expectations to meet. I only hope my ideas as to what you can contribute to the life of the Church will be more on target.

The Supernatural Value of the Natural

I've no need, I'm sure, to convince you that the honest and competent practice of your profession redounds greatly to the good name and esteem of the Church, in the eyes of Catholics and non-Catholics alike.

The Second Vatican Council was tireless in stating the Church's need of the laity. Indeed, the conciliar documents, taken all together, can be seen as an official summary of the doctrine needed to live the Christian life perfectly in the lay state, i.e., the spirituality of the layman.

This very abundance makes impossible here a setting forth of all the pertinent statements issued by the Council. Still less could one present the commentary needed to bring out their full force. Let me, then, offer just the briefest of summaries:

As professionals, you contribute to the Church by working to transform the world so that it becomes, increasingly, a proper habitation for the children of God, so that all social structures, even the most secular, are more fully open to and influenced by the charity of Christ and the truths of faith and sound morals.

This is not in violation of the primacy of the Church's spiritual mission. Rather, it comes from a deep realization that men are more likely to believe in God and to accept His goodness and mercy if they see other men who not merely proclaim these but show them forth in the most ordinary, daily situations — especially if these are men whom they admire for their wisdom, knowledge, and professional skills. The Christian character of a culture is a sign to the world of the love its Creator has had for it, in and through Jesus His Son.

The most basic point that the Council is making is that all these goods arise naturally from doing well your work as physicians under the action of God's grace, even though, for those with the time and inclination, there are always further good things to be done.

Of the professions that are naturally required by human society, that of the physician is among the noblest. Its growth to maturity was correspondingly slow. As Margaret Mead said, in words you probably know by heart, while commenting on the oath that Hippocrates required of his disciples:

For the first time in our tradition there was a complete separation between killing and curing. Through the primitive world the doctor and the sorcerer tended to be the same person. He with power to kill had power to cure . . . He who had power to cure would necessarily also be able to kill.

With the Greeks, the distinction was made clear. One profession, the followers of Asclepius, were to be dedicated completely to life under all circumstances, regardless of rank, age, or intellect — the life of a slave, the life of the Emperor, the life of a foreign man, the life of a defective child.¹

This transition took place at a time when the other professions already bore a considerable resemblance, in their essential goals and purposes, to what they have become in our day. But the goals of medicine were to be modified and refined yet more under Jewish, Islamic, and Christian auspices, adding care for the destitute and for those with highly infectious diseases, even at the risk of the physician's own life. Thus, formerly they did what they could for the plague-stricken and those with yellow fever, and now for those with AIDS.

Thus good doctors remain, with good priests and religious, perhaps the principal evidence — at least of the sort that is readily visible and that people can scarcely misunderstand — for the profoundly social nature of man. You are called to be a last barrier against individualism and “doing one's thing.”

Physicians to Soul and to Body

A major task always, is to help those who are spiritually weak, who want what they should not want, e.g., contraceptive pills and IUDs, sterilizations, in vitro fertilizations, masturbation for fertility testing, and the like. You are in the best position of all to make clear and public to a great many people the physical and psychological damage done by such practices. A priest is not believed if he speaks of them. But a doctor is. And, sad to say, with many people, during at least a long part of their lives, physical damage motivates much more strongly than spiritual.

Often, too, the doctor can become the confidant and advisor of his patient, and can pass easily to some basic instruction in the natural law and the wisdom of respecting both our nature and God, Who created it from nothing to be what it is.

You can help them theologically also. Doctors are in excellent position to help ordinary Christians discover the true meaning of the living body that each of us is. This meaning is, ultimately, that aspect of God Himself which He has made us to image. For we were created in the beginning according to that image of God that is, as St. Paul tells us, Christ our Lord,² and in that likeness that is His Holy Spirit. Hence, we are to show forth in our bodies through our sexual powers the relations that are to exist between Christ and the Church, His Bride.³

For we suffer from the influences of the surrounding culture, which sees sexual delight as wholly separable from procreation, and both as wholly separable from union of husband and wife. As if a man could give himself without reserve to his wife, or she to him, when so fundamental an aspect as their procreative potential is not merely held in reserve, but technologically suppressed! As if God had never made us to express in this world something of His own nature! As if God had not given us our sexuality to be able to make manifest His bond with Israel and Christ our Lord's espousal of His Church!

Even very poorly instructed people can understand these things — as the experience of speaking with them on these matters shows, even in just a couple of minutes in the confessional. Do not be hesitant to speak of these mysteries on the basis of your own knowledge of the Church and her teachings. After all, it is the physicians who have discovered Natural Family Planning for our people, as effective as the pill in terms of method-effectiveness but far less dangerous and less expensive. And it is the physicians who have refined NFP so that it is now a method that meets the true necessities of families, and who have led the way in the educational effort to open up NFP to married couples around the world.

I'm sure that you could add quite other types of spiritual weakness to the sexually related ones I've mentioned, but weaknesses where the doctor can be similarly helpful. As but one example, from the point of view of

spirituality, there is an aspect of asceticism which is often needed — though I've seen little enough written about it — which could probably best be taught by doctors. Just as young people need to learn that sexual continence won't hurt them but rather will make them more manly men and more womanly women, so modern Catholics need to be taught that suitable fasting and other kinds of bodily penance will not hurt them, but rather will prove helpful to their health.

Of course, all these things are part of what the law of human nature itself demands. But, unfortunately, they are today largely left to Catholic doctors to defend and support — something my student had clearly sensed, despite her confusion on its application.

There are physicians — like some at Yale or Johns Hopkins — who know how easy it is to persuade parents of defective newborns to let them die slowly of dehydration and lack of food, and are willing to use that persuasive power. But the Catholic physician can greatly help these parents to understand what the natural bond of parenthood requires and what, further, the charity of Christ demands.

The Church can quote St. Paul telling Timothy, "If anyone does not provide for his relatives, and especially for his own family, he has denied the faith and is worse than the unbeliever."⁴ But it is the attending physician who can translate this into the language of practical decision for a couple who are tempted to abandon their newborn. You can bring them to see, and hold, and be reconciled with this tiny monster that is nonetheless their child, in greater need of their love during its brief span of existence than any other of their children.

The same sort of Christian persuasion is needed at the other end of life. For the pressures are growing on people to cut off food and fluids — when these can still be administered without harm to the patient — from a presumably permanently unconscious wife or husband, parent or child.

You may recall the case of Elaine Esposito, in profound coma from the age of 6 until she died more than 37 years later. Her mother, Lucy Esposito, made herself the nurse both day and night, turned her regularly, applied medication, kept her clean, fed her — through a tube (of what kind the account I read did not say). Her father, Luis, took on extra work, holding as many as three jobs at one time, to support the family and meet the medical bills. Eventually, heart attacks forced him to retire; they moved to Florida, where he died aged 69, some 10 months before his daughter did at age 43.

Lucy said of her husband, "He was a good guy, one in a million. He always wanted to do everything together." Of her daughter, "I always prayed God would let me live longer than she did."⁵ For she feared others might not treat Elaine with the same care. When asked about those long years, she remarked that things had been very hard at the start, learning to accept Elaine's condition and what it imposed on them. But, gradually, both parents came to regard it as God's great gift to them, for through it they were finally able — as few others are — to love whole-heartedly

without any visible return. As Lucy said, "We learned what real love is."

None of us — certainly not I — would dare to ask for such a lesson from the Lord, so great is our weakness and self-centeredness. But it is to this attitude towards life and death, love and suffering, that He calls us all as Christians. Different circumstances lead us in different ways; but, late or soon, our Lord calls us all to some sort of heroism, small or, as with the Espositos, great.

Certainly, this example can guide our understanding of how to deal with permanent incapacity. First and foremost, great grace is needed. So, great grace must be sought, not in a lump but for each day as it comes. And even in a totally secular hospital or clinic, there is nothing to prevent a doctor from praying *for* his patients, even should he not be able to do so *with* them. We ought also to remember the words of Pius XII in "Mystici Corporis," summing up the Church's teaching from St. Paul onward:

Deep mystery this, subject of inexhaustible meditation: that the salvation of many depends on the prayers and voluntary penances which the members of the Mystical Body of Jesus Christ offer for this intention, and on the assistance of . . . the faithful, especially of fathers and mothers of families, which they should bring to our Divine Saviour as His associates.⁶

Suffering accepted with Christ and for the spiritual good of other men works, therefore, great good and may prove to be the primary means still available to turn back the evils flooding medical practice today.

Too often nowadays, these ideals are lost to sight and false ones are set up in their place. How often does a medical ethician or a hospital ethics committee make clear to all that, as Paul Ramsey put it, even were it impossible to injure or inflict wrong upon someone in irreversible coma, yet we do grave harm to ourselves and, still more, to our society if we fail to take care of him suitably or, worse yet, so neglect him that he dies from our neglect, not from his illness.

The Life of the Church in the U. S.

The health of the Church herself is intimately bound to the health of the medical profession. The most striking expression of this appears in the speech by Pope John Paul II at the solemn ending of his last visit to the United States. After all those conversations, talks, and interchanges, as well as 10 years of interaction with our bishops through *ad limina* visits and other means of communication, he declared:

America . . . The ultimate test of your greatness is the way you treat every human being, but especially the weakest and most defenceless ones . . . All the great causes that are yours today will have meaning only to the extent that you guarantee the right to life and protect the human person. Feeding the poor and welcoming refugees, reinforcing the social fabric of this nation, promoting the true advancement of women, securing the rights of minorities, pursuing disarmament, while guaranteeing legitimate defense, — all this will succeed only if respect for life and its protection by the law are granted to every human being from conception until natural death . . . This is the dignity of America, the

reason she exists, the condition for her survival — yes, the ultimate test of her greatness: to respect every human person, especially the weakest and most defenseless ones, those as yet unborn.⁷

Note well the priority he sets. Nothing else is as necessary for the Church in this country as the elimination of the legal toleration of abortion and its sequelae of infanticide, deprivation of sustenance, suicide and assisted suicide, euthanasia, fetal farming — the list has no foreseeable end.

Abortion is something Catholic physicians have long been working with full vigor against — there is no need to say more on this than to praise your efforts and try to find reasons for hope.

Yet the time is later than we think. That abortionists can be considered doctors in good standing in the AMA gives some indication how far things have gone. Already we have moved from killing the child in the womb to killing anyone, child or adult, who is not likely to become, again or for the first time, a useful member of a pleasure-oriented society. And it is your profession that is most deeply involved.

That the moral decline of the medical profession in this country parallels that decline of the German medical profession which prepared the way for the further horrors of Nazi Germany is now too thoroughly documented to be doubted. Yet, many people do doubt it.

If so, if they do not see that we are on the same path, solving our “problems” by killing them, it is largely, I think, that we unwittingly assume that wickedness must be manifest in a monstrous appearance or repulsive manner. From the hideous moral and physical consequences of Nazism, we imagine, that a morally evil person must look the part exteriorly, with an aura suggestive of fangs, claws, and bats’ wings. We admit that the Scriptures never give appearance or manner as a criterion of moral goodness. It is, “By their *fruits* you shall know them.” Yet instinctively, we judge that anyone who is a “nice guy”, who is pleasant and affable and kind to children, is morally good or at least no worse than anyone else.

But as Burtchaell points out in great detail from the documents, this was not usually the case.⁸ The Nazi evil was perpetrated in the main by very ordinary people, often educated and even charming people, not distinguishable from their peers except for their ideas or for their willingness to “go along” to gain some slight job advantage, or even just not to put up “useless” resistance.

But how did that collapse of German medicine, technically the finest in the world at the time, take place? One could cite here the conclusions reached by Burtchaell⁹ or Wertham,¹⁰ or Lifton’s recent book,¹¹ or the Clark University conference just this last October, on “Euthanasia and the Future of Medicine”,¹² at which academia first began to take seriously what proliferators have been insisting on for more than a decade: the importance of the *pre*-Nazi physicians and lawyers in setting up the killing-system which the Nazis were to take over.¹³ But I’d rather quote from an article written 40 years ago and thoroughly familiar to us all, but

notable for its clear-sightedness and quasi-prophetic quality — an article we should never forget.

The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. . . . It is important to realize that the infinitely small wedged-in lever from which this entire trend of mind received its impetus was the attitude toward the nonrehabilitable sick. . . . / In the U. S. / physicians have become dangerously close to being mere technicians of rehabilitation. Physicians are still far from the point of thinking of killing centers, but they have arrived at a danger point in thinking, at which likelihood of full rehabilitation is considered a factor that should determine the amount of time, effort and cost to be devoted to a particular type of patient on the part of the social body upon which this decision rests.¹⁴

How outdated a quotation this is, is sadly evident in the remark about killing centers, at least for the unborn and, increasingly, for the gravely defective infant and for the comatose.

A more up-to-date attitude than Alexander's may be found in a little booklet published just last year under Catholic auspices. It intends to offer "Family Prayer Service to Assist in the Withdrawal of Life Support Systems". Consider the following:

A simple rule of thumb is to look at what the treatment or therapy does to the patient. Does it help the patient recover? Does it help the patient attain a good degree of his or her previous capacities? Or do the therapies and technologies keep the patient where he or she is, put him or her in a limbo. . . .

Morally speaking, a decision to end a treatment or technology is justifiable when it is not producing expected benefits, when it is not working, or when it is maintaining the patient in a limbo.

It is one thing to consider artificial feeding as part of an overall plan that has reasonable hope of restoring the patient to a healthy condition. It is another thing to understand that the feeding process will simply allow the body to vegetate, with no benefits, other than the preservation of physical life, to be expected.¹⁵

This is not the worst around, but is fairly typical of widespread "medical ethics for the layman". It's interesting that after being thrown out by many theologians for the unbape strongest *if* you speak it out as often and as strongly as you can in a manner sufficiently public and high-profile as to draw the attention of all to the truth. I gather this is what you are in fact doing, from what I read of the Missouri Supreme Court's recent decision in the Cruzan case; and I much admire you for your efforts.

It would seem that you have the highest stakes in the effort to stop this movement that unwittingly is turning medicine back to the witchdoctors of whom Margaret Mead spoke — those, that is, who come perhaps to heal, perhaps to kill. Clearly, your efforts assist not only medicine but the Church's own vigor and even life in this country.

Reform of the AMA

Perhaps, too, you might be able to do something about the reform of your own professional organization. Even the newspapers have understood that the AMA undertakes to decide the most important of all issues, not only those that involve particular practices, but that underlie the very notion of what a physician is and works for, and that it does so in a wholly unrepresentative, undemocratic, and unfair manner, by the decision of a small committee of seven men.

As one example, *The New York Times*, in its news story concerning the action of the AMA Council on Ethical and Judicial Affairs on March 15, 1986, spoke as follows:

The American Medical Association said Saturday [Note that the whole organization is named as a unit] that it would be ethical for doctors to withhold "all means of life-prolonging medical treatment," including food and water, from patients in irreversible comas even if death was not imminent

And a bit later:

Under the association's bylaws, the judicial council's opinions cannot be overruled by the American Medical Association's House of Delegates or its officers and can only be changed by the council itself.

Given the gross immorality that has been accepted by the AMA's Council in the matter of abortion and now of what in an earlier day they would have considered murder, it seems incumbent upon all physicians to work against this organizational structure. Even where nothing immoral is in question, such a structure seems morally hurtful since it could hardly fail to foster a blindness to the personal responsibility of the individual members for the decisions taken in their name.

One approach might be for Catholic physicians to highlight insistently the unrepresentative and oligarchic nature of such decision-making. No one should be able to speak for all the members on a basic moral or medical principle unless all concur or at least unless all have voted after a detailed and public presentation of the issue and a full debate on the matter has taken place.

Since my mother was for long years medical and science writer for *The Chicago American*, I am well aware how hard it is — harder now than when she was working — to get anything published that would challenge such a small-group stranglehold that is, all too probably, not truly unrepresentative of the majority. Yet you have the possibility of getting your point out to people by means of the Catholic press, especially through our diocesan newspapers. And Catholics are numerous enough that those you so reach can spread the word further till the main body of the press and the media have to take notice. And if there is anything we are meant to learn from the Old Testament, it is that the battle does not go to the strongest but to those to whom the Lord gives it — usually in response to public supplication and prayer, penance, and a hard-fought fight.

In any event, the fact that the AMA has now decreed that it is often right that men die for lack of care that can be easily provided shows how desperately the Church needs Catholic doctors who can work against this ever-encroaching evil. She needs men who will make clear to their colleagues, by action as by word, that neither the law of the land nor the decisions of the AMA can take precedence over the Church or the natural law in matters of morality.

Training of Physicians

Only physicians, in the long run, can deal with the problems of medical schools and pre-med programs. The latter especially, in my judgment, call for considerable rethinking. Given the moral evils lodged in medicine today, it is now inescapably clear that it is more important to help the aspiring pre-med student to become a good man than to help him or her to become, in addition, a good physician. For, as is now evident, one cannot become the latter in truth without first being the former.

I would suggest that a certain re-education of doctors might be called for. Doctors or not, most of us are culturally conditioned — “handicapped” might be the better word — to seeing the living body as merely a spirit in a biochemical machine, possessing no operation that is not biochemical to its roots.

The recovery of the notion of “human nature”, of the “natural”, of “Nature” would, then, be a major and very important contribution. It will not be easy, for the philosophers and the theologians must have their say. And in a number of ways, what is needed must be more sophisticated than what St. Thomas developed, if it is to be able to respond to the difficulties which the intervening centuries have raised for it.

To give a philosophically precise meaning, which is also concretely justifiable, to “the essence of something considered as its principle of operation” will also require, however, the labors of those specialists in the concrete realization of human nature who are the physicians (your very name refers to *physis*, “nature”).

Only with such a renewed understanding can we expect to help doctors learn or re-learn to support the natural processes that make for recovery and health and not simply learn more elaborate ways to “treat patients” or, worse yet, to “treat a disease”.¹⁶

I would think that it is also important to give substantial attention and support to younger doctors, those just beginning their practice, singly or with a group. Surely, more experienced physicians could help them with good counsel and with practical advice and other kinds of needed support as they seek to start in their professional careers. There are more moral and religious dangers lying in wait for them, I am sure, than I know about, but that your experience has made clear to you. I do know, though, that getting into too competitive a frame of mind in any walk of life, or aiming at an excellence for which God may not have given one the capability, can

destroy marriages and family life — and a Christian is not free to put his professional activity ahead of the greater responsibilities he has taken on by marrying.

Social Action

All sorts of specialized social institutions have been established by Catholic physicians to meet particular needs of the Church: e.g., Guest-House type of help for clergy; the La Leche League for mothers — there are some 40,000 groups around the world now; the Teen-Star NFP programs that have found a way to bring teenagers to such awe of their sexual powers as to lead them to spontaneous continence; most especially, there are the Catholic Physicians' Guilds themselves and their scholarly journal, *The Linacre Quarterly*, spanning nearly three generations.

There is, of course, great need for continuing legislative and other political action against the social evils flowing from medical acceptance of death as a remedy for life's ills. And we too easily forget that abortion, euthanasia, and the like work not merely against the individual's good, but against a just social order. Yet there are many other areas of interaction between the physician and civil society.

Thus, efforts to make the proper service of physicians more readily available in emergencies by working for decent laws, e.g., the "Good Samaritan" legislation I've heard you are working for, are not simply self-seeking or secular action. They are, if rightly carried out, a part of your service to the Church, making it easier for men to carry out well their professional duties in Christ.

But more, you can help Christians distinguish between the fraudulent "preventive medicine" which is often made to seem socially desirable and truly health-sustaining practices. The former was associated, in the years when I was in St. Louis, with the Health Systems Agencies Act, embodied in official plans dominated by Planned Parenthood and its allies. Today, the same fraud is being carried out by means of school-based clinics. The sort of preventive medicine which is genuine is that which teaches the virtues: to avoid the tensions that bring on heart attacks, by means of the self-discipline that learns how to set priorities and accept one's limitations and inabilities; to lower the risk of clogged arteries and other illnesses through self-control at table; to avoid venereal diseases both old and new by the practice of chastity.

Catholic doctors can draw much for their own practice from the teachings of the Church. Her supernatural wisdom is a powerful and certain guide. But also there is her natural wisdom, accumulated over centuries. This is not always easily visible, since by the nature of the case it is intermingled with the defects of particular cultures. Yet it remains a valuable resource.

The reverse side of this, however, is that you contribute to the Church's life by your practice, which serves as a sort of laboratory test or

experimental validation of her teaching. This is of benefit to all, helping to convert unbelievers, to strengthen weak believers, and to arm the strong believers with better weapons of truth in the Church's perennial war against falsehood and error.

But by the same token, as physicians, you can also help the Church by contributing to the common medical culture of our time and place and by interpreting this culture for the Church's official teachers.

Vatican II and the new Code of Canon Law both mention the right and duty of professional men, not only to work with moral theologians to help them to understand the facts of the situations the theologians are concerned to analyze, but to act as advisers to priests and bishops in such matters.

For example, on the question of what has been called "uterine isolation", I have heard that some of you here in St. Louis, by the careful study and presentation of the medical facts, enabled the Archbishop to form a sound judgment on the matter so that the whole question was rightly resolved. But in Chicago, due to lack of sufficient concern by his advisers to attend to the medical facts and analyses that were offered by the Chicago CPG,¹⁷ Cardinal Bernardin was put in the embarrassing position of being required by Rome this last September to revoke the permission he had tentatively given for this procedure.

Obviously, no group of medical advisers and no group of theological advisers can prevent all mistakes — such are the limitations of our knowledge and the weakness of our understanding. Yet the more fully the exact situation, of agreement or disagreement, in the medical field is presented to the moral theologians and to the bishops, the fewer such mistakes will be. The crucial point is that there be careful factual analysis, along with completeness of presentation of all sides with regard to contested medical points.

This suggests another area where doctors are in a position to do great good to the Church: to work with medical ethicists to re-introduce ethical content into the ethical approaches now taken. For in fact, for some years, there has been a trend towards a "medical ethics" that is largely formal and procedural, a response to the ethical chaos churned out by the universities and to the social breakdown that has up-ended society's most basic norms in favor of the "rights" of the hitherto criminal or abnormal.

What is generally understood by "medical ethics" today grows from a conscious conflation of several philosophies marked by their emphasis on logic and formal structures, and these only. Thus, highly controversial ethical content could be eliminated and all attention directed to analyzing the methods and processes used in arriving at one's conclusion.¹⁸

For long years, of course, ethicists and moral theologians pondered the particular problems arising from current medicine. But they did so without pretending to create a new discipline. Their analyses were based on the ethicist's own systematic and publicly defended ethical principles. These were, moreover, usually in fair accord with the principles generally

professed by physicians.

A report on a joint meeting held recently of medical ethicists with journalists and physicians remarked: "What is important, discussants said, is not whether bioethicists are right or wrong, but rather the presumption that they have thought the subject through."¹⁹ To make matters worse, what content there is, is stunted, being confined to questions of rights, not followed by any discussion of the correlative obligations resting on the subject of these rights, and oblivious of the other elements needed for a sound morality.

As indicated, many have accepted this approach in all sincerity as promising to salvage at least something from the shipwreck of public ethical norms. But too often, "medical ethics" seems but a benign name that covers an attempt to impose the ethicist's own values on individuals or on society, without having to argue with systematic ethicists and before the general public for the rightness of his scale of values.

I much fear that, through such a formalistic ethics, the great virtues and values which belong historically to medicine and that have made it the greatest of the natural professions are being set rapidly aside.

Spirituality, Professional and Personal

Catholic physicians contribute still more to the life of the Church by supernatural means, as the representatives of the Divine Physician. Thus, they are called to witness before the world, by word as well as by action, to the truth of the Catholic faith. They know the rightness of God's law and the truth of the Church's teachings concerning it. They know also God's severity toward the unrepentant and His mercy and love for those who do repent. They know, too, from experience, the greatness of God's gift to us in the sacrament of penance.

It is a great good, also, to pray together and encourage one another, both spiritually and professionally, not just in an annual Mass, but in smaller groups, meeting regularly and fairly often to pray together. The fruit of this will be greater love for the Mass. Not only will you know it ever better as the source of your own life, but your example will assist other physicians, their families, and many others to see what truly Catholic professionalism is.

Nor should one forget the great good which can be done when working with non-Catholic physicians, leading them step by step to see the rightness of the Church's teachings. You should first, of course, make sure that they know what these teachings really are; it is not enough to let them learn about the Church through the distorting lenses of the media. Then, by natural law arguments as well as by the Scriptures, try to show the solid foundations of the Church's doctrines.

But your first and ultimately most important contribution is your own holiness, your own growth in charity, in the life of Christ, your own living of the divine life God has chosen to share with us. If you are married, an

essential part of that growth in Christ will be the things you do for your family's growth in charity and the life in Christ. That involves, of course, their financial support and temporal welfare. But "the good life" is not that of health, friends, money, college and university, music lessons and symphony, good books, a pleasant home, and the like, but is true faith and sound hope and divine love brought to earth. So, it is the life which our Lord has declared to be *the* good life that you must the most help them to live.

All this, needless to say, is best done by your own good example and the priorities you set not by your words but by your actions.

Conclusion

It may seem strange that I should be talking to people already prone to overwork about more work, and most of it difficult of accomplishment, very likely even in some matters impossible. But this brings us to the point of the Catholic Physicians' Guilds. They exist precisely to make these and similar great goals possible of achievement by the only people who are competent, though they are also the ones most occupied with other duties, by means of genuine cooperation. This is, moreover, not a cooperation merely of a group of interested people but the cooperation of like cells in the Body of Christ.

The tasks seem overwhelming — and for mere human strength they are. But not for God. It was He Who said, "Wherever two or three are gathered together in My name, there am I in the midst of them." And He Who is in your midst is He Who took the five barley loaves and two fish and made them sufficient to feed the "five thousand men, plus women and children." It was also He Who sent His Holy Spirit at Pentecost to multiply the small band of 120 by a factor of many millions into the Church of our day.

Yet, in two ways, you seem an endangered species: You are highly educated and professionally competent Catholics, who do not hesitate to speak out publicly and clearly on behalf of the integral faith — as Lincoln put it, "with firmness in the right as God gives us to see the right". You are also physicians who do not hesitate to resist the winds of fashion when these blow against the sacredness of the lives you seek to preserve and strengthen.

When Catholic physicians have spoken out and acted effectively, they have often suffered a good bit of flack from colleagues, have been passed over for honors in universities and medical schools (which tend to honor only the people who are academically, socially, or financially the "right sort"), have been pushed out of their positions or deliberately put into situations where in conscience they have no choice but to go elsewhere. But the time may be coming when harsher measures will be used against you.

Given the conditions of our times and the aberrations of both Left and Right, what may soon be called for is not solid virtue, but heroic virtue. This is what the Church looks for and offers for the admiration and

imitation of Catholics when canonizing a saint. But it is to sanctity that we are called by the heroism of Christ, Who died in order to redeem us all. We should not seek to be delicate members under a thorn-crowned Head. By ourselves we cannot be what He calls us to be; but He Who calls is faithful and He will make all things possible for us in Himself, Who strengthens us. May He bless and keep you all.

References

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2. Col 1:15.
3. For a detailed exposition of the way in which the whole of Christian sexual morality flows from the relations between God and His people, between Christ and the Church, cf. my little book, *The Christian Meaning of Human Sexuality*, (San Francisco: Ignatius Press), 1988.
4. 1 Tim 5:8
5. *American 139*, p. 447, 1978, #20, Dec. 16. The rest of this paragraph I draw from memory, perhaps now faulty, of some other article I read at the time.
6. "Acta Apostolicae Sedis", 35, pp. 193-248 (1943), at p. 213.
7. *Origins 17*, pp. 333-334 (1987).
8. Burtchaell, James, *Rachel Weeping: the Case Against Abortion*, (San Francisco: Harper & Roe), 1984, pp. 186-189, also 157ff, 164-171.
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11. Lifton, Robert Jay, *The Nazi Doctors: Medical Killing and the Psychology of Genocide*, (New York: Basic Books), 1966.
12. *The Chronicle of Higher Education*, Nov. 9, 1988, p. A6.
13. Cf., especially, the booklet of Karl Binding and Alfred Hoche, *Die Freigabe der Vernichtung des lebensunwerten Lebens*, (Leipzig: Felix Meiner), 1920, newly translated by Walter Wright of Clark University under the title *On Permitting the Destruction of Unworthy Human Lives*. Also of interest are the reports in *JAMA* from their correspondent in Berlin in the '20s and early '30s — cf. William Brennan, *Medical Holocausts I: Exterminative Medicine in Nazi Germany and Contemporary America*, (Houston: Nordland Publ. International), 1980, xi+392.
14. Alexander, Leo, *New England Journal of Medicine 241*, pp. 29-47 (1949), at 44 & 46.
15. *Let Them Go Free*, by Charles N. Faso and Thomas A. Shannon, (Kansas City, MO: Sheed & Ward), 1987, pp. 10, 11, and 14 respectively.
16. Cf. *Medicine: An Interview by Donald McDonald with Herbert Ratner, M.D.*, American Character Series, (Santa Barbara, CA: The Fund for the Republic), 1962, pp. 5, 9-10, 28-32.
17. These can be found in substance in: Eugene F. Diamond, "Sterilization in Catholic Hospitals", *Linacre Quarterly 55*, pp. 57-66 especially 61ff.
18. Cf., e.g., Daniel Callahan, "Shattuck Lecture — Contemporary Biomedical Ethics", *New England Journal of Medicine 302*, 1288-1233, #22, May 29, 1980, at 1230; and, most especially, C. D. Clements and R. C. Sider, "Medical Ethics' Assault upon Medical Values," *JAMA 250*, pp. 2011-2015, #15, Oct. 21, 1983.
19. *JAMA 260 752*, #6, ag. 12.88. Cf. also the letter of Dr. Mark Siegler in the same issue, 789.