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President's Page

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President's Page



The Challenge of the 1990s

The approach of the third millennium is an appropriate time to take stock. The changes in medicine, technology and society in the past half century have been revolutionary; the changes in just the past year alone in eastern Europe have been almost mind boggling.

Less than 10 years ago, John Coughlin, M.D., then president of the Physicians' Guild, wrote: "Medicine is not a subject for public policy nor group planning, nor bureaucratic regulation."¹ At one time, even as recent as 1981, that may have been a tenable position. Today's reality requires a reappraisal.

We live in a world significantly different from 1981 and markedly so from some 35 years ago when I began the practice of medicine. The knowledge, techniques and resources that I utilized when I trained in cardiology make up less than five percent of what we use in today's clinical practice. There are new challenges almost daily. To adapt to the changes and remain a good physician, it is necessary to have a solid foundation, including an understanding of both disease and the patient.

Just as important, we need to understand what the role of the physician should be from an ethical standpoint. The practice of medicine should involve an awareness of what is happening in our society and in the world. Changing perspectives and new issues require an understanding of the foundational moral principles so that unprecedented challenges and nuances can be met.

Let me suggest 10 dominant trends which will, I am convinced, raise ethical issues in the coming decade and have a major impact on the

practice of medicine:

1. Continuing entrepreneurship and materialism.
2. The continued acceptance of the myth that technology is the answer for all problems.
3. The problems of an "unfinished social agenda." (affordable housing, adequate wages, quality education).
4. An increasing aged population.
5. The growing burden and challenges of AIDS.
6. The increasingly prohibitive cost of medical care and health insurance with the related mounting economic pressures.
7. The expanding medicalization of our lives.
8. The growing cost and burdens of medical education both to students and to society.
9. Rationing of health services, in some form, with the increased bureaucratic and non-professional control of the practice of medicine.
10. The rising probability of a national health program.

For the individual physician in practice, the good of each patient remains paramount. But the aggregate of the trends I have listed has begun to affect, directly or indirectly, virtually every single patient with a serious illness. There is a danger that policy decisions will be made primarily on the basis of utility or costs and less on the basis of respect for the dignity and worth of individuals. I do not exclude the role of burden and benefit in medical decision-making, but it is crucial to know which, or whose, interest has been decisive.

Along with abortion and euthanasia, there are other issues which contribute to the devaluation of human life. It is critical that we identify these forces and try to establish an agenda and priorities to deal with the root problems.

Entrepreneurism and materialism remain driving forces in our society and are a reflection of a crisis of values; medicine, unfortunately, has not escaped these influences. Greed and financial manipulation, with which we have recently become all too familiar, infect our communities and the profession. As a society we denigrate human dignity by allowing damaging social conditions to persist. Violence in the media and in the streets contribute further to the devaluation of life.

One of the specific needs which would serve to enhance both the worth and self-respect of those deprived, involves finding ways to provide access to basic health care for the over 30 million Americans who are now effectively excluded. There are other problems, including inadequate wages, the lack of affordable housing, inadequate education, drugs, and child abuse all of which contribute to the problems seen in the daily practice of medicine.

It is time to ask the questions which lead us to the principles which explain and justify our stand, as Christians, on these critical issues. I propose the following query: Is our response to the trends one which is rooted in the Gospel and will best serve to meet the needs and protect the dignity of each and every member of our society?

In his first encyclical, *Redemptor Hominis*², Pope John Paul II emphasized that not only because they are made in the image of God but more importantly, “each and every human has worth and dignity by virtue of the incarnation and redemption.” In the same document the Pope emphasized that it is the *entire human family* to which he is referring and that we “cannot remain insensitive to whatever serves” our “true welfare.” We do have an obligation to help our neighbor in need; those needs are manifest in many different ways. The beliefs and actions of our neighbor, regardless of how different they may be, in no way diminish that fact.

In *Dives in Misericordia*³, his second encyclical, Pope John Paul II makes the parable of the prodigal son central. The fundamental good is “the good of the son’s humanity”. He argues that dignity is best realized if the people have the resources to meet their own needs. Individual acts of compassion and mercy to which we are all called presuppose a just society. Of necessity our responsibility extends beyond our own immediate actions and personal contacts and involves trying to change the conditions which brought about those needs.

We should engage in the fray, and become participants in the dialogue as the community sets priorities both for society and for the profession. We should work to form partnerships to see that the basic needs of everyone are met. It is through building, when possible, a moral consensus that we can best accomplish that goal.

It is necessary to participate in a dialogue in order to build a consensus. We leave ourselves vulnerable if we do not recognize the legitimate criticisms of those we seek to convince. That does not mean compromise on principle; there are undoubtedly some on which we will differ, even differ profoundly. What is needed is tolerance; that is, to recognize the differences, and in spite of the differences, to treat others with respect and to continue to work with them to accomplish the goals we have in common.

We can not stand by as a Guild, as a profession or as a society and fail to sort out and identify, in the context of the Gospel teachings, *all* aspects of those trends which harm human dignity. That includes working on those issues which have been set forth in the papal encyclicals and the bishops’ pastoral letters on social justice. Such action is necessary even if it means that we lose some of our control, our wealth and our social standing. It may well be that with the changes necessary, less will accrue to those not in need, in order that the disadvantaged may have what they need to restore or attain their dignity.

Are we prepared to deal with the impact of each of the 10 trends I have noted, with answers rooted in an understanding of the principles found in the Gospel and applied to the contemporary scene in Pope John Paul II’s foundational encyclicals?

The following words from John Paul II, taken from *Sollicitudo Rei Socialis*, can well serve as our guide: “Given the worldwide dimension which the social question has assumed, this love of preference for the poor,

and the decisions which it inspires in us, cannot but embrace the immense multitudes of the hungry, the needy, the homeless, those without medical care and, above all, those without hope of a better future. It is impossible not to take account of the existence of these realities. To ignore them would mean becoming like the 'rich man' who pretended not to know the beggar Lazarus lying at his gate."⁴

I end as I began. A reappraisal is in order. This is a good time to pause and reflect. Are we ready to try to renew the profession, and acknowledge that for the Christian physician there is a unique set of values, rooted in the Gospel, that should infuse both our lives and practice? The same should be true of Catholic hospitals and medical schools.

— **Robert J. Barnet, M.D.**
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References

1. Coughlin, John P. M.D. *Lincare Quarterly*, President's Page, February, 1981.
2. Pope John Paul II, *Redemptor Hominis*, March 4, 1979.
3. Pope John Paul II, *Dives in Misericordia*, November 30, 1980.
4. Pope John Paul II, *Sollicitudo Rei Socialis*, (40,42), Dec. 30, 1987

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