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Evangelization and the Catholic Identity of Medical Schools

by

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Very recently Avery Dulles has described how the teachings of Vatican II, Paul VI, and John Paul II have altered Catholic perceptions of evangelization.¹ These teachings have re-affirmed the primacy of evangelization in the Church's mission and expanded it to include all its members — the laity as well as the clergy and the episcopacy. Each, in a way proper to his or her role in life and the Church, is expected to give authentic witness to the faith. Even more pointedly, John Paul II, in his *Apostolic Constitution for Catholic Universities*, selected evangelization as one of the distinctive characteristics of Catholic universities.²

If there are general misgivings and misunderstandings among Catholics concerning evangelization, they are magnified in the case of universities, and especially in the case of Catholic medical schools. What constitutes evangelization in the context of medical education? What kind of evangelization is proper to, and consistent with, the temporal mission of a medical school? Is it possible to evangelize without compromise of the specific purposes of a medical school or the respect of the academic community?

These are the questions this essay attempts to address. I will argue that evangelization of a kind proper to a medical school is essential to its Catholic identity; that properly construed evangelization can enhance, rather than diminish, the quality of medical education and patient care; and that without being part of the Church's evangelizing mission, Catholic medical schools cannot withstand the powerful currents which now tug them in the direction of secularization.

To sustain this line of argument, I will draw on the two *Magnae Cartae* of Catholic universities and their special form of intellectual apostolacy — John Henry Newman's, *Idea of a University* and John Paul II's *Ex Corde Ecclesiae: The Apostolic Constitution on Catholic Universities*. In these two documents, we can find the inspiration and the guidelines that can make Catholic medical schools into true medical schools, truly Catholic.

Newman and Medical Education

It is not customary to look to Cardinal Newman for wisdom about medical education as we do for university education generally. To be sure, he included a medical school in the Catholic university he established in Ireland, but he rarely addressed its students or faculty. Scattered throughout his writings we find references to medicine and the medical profession, but for the most part they are ambivalent, wary, and a trifle condescending. Newman, like most university presidents, was not entirely comfortable with a professional school in an institution dedicated to the cultivation of the intellect for its own sake.

However, on one occasion he did address his medical students and then, as usual, his insights were accurate and prescient. I refer to his university lecture given in 1858, the year Newman resigned as Rector. It was entitled "Christianity and Medical Science". Newman chose on this occasion to speak of a topic he said was, "...often before my mind: the exact relation in which your noble profession stands in relation to the Catholic university itself, and towards Catholicism generally".³

Newman did not fulfill his promise to give an "exact" answer. Indeed, he was far more tentative and more ambivalent than was his habit. Yet, as always, he showed remarkable insight into both the problems and potentialities of a Catholic medical school in a Catholic university.

Newman began inauspiciously by chiding his medical colleagues once again on the narrowness of their education, on their tendency to extend their expertise beyond its proper boundaries, and on their susceptibility to the sophistic maxim that what is true is necessarily also morally lawful. He counselled them in the name of the "Imperial Intellect",⁴ his rubric for the university whose function it was to put all the learned disciplines into proper order. They were to confine themselves, he said, "to the ills of the body, since this was the proper domain of medicine. In other matters, medicine was to submit to the higher law of religion and morality".⁵ He warned that without these constraints medicine could "...run wild like a planet broken from its celestial system".⁶

Surprisingly, just before he ended this less than flattering portrait of the profession, Newman seemed to have a change of heart. He charged his medical students with "...the high office to be the links in your generation between religion and science".⁷ Apparently, he still saw some remnant of the "nobility" he had attributed to the profession in his opening salutation, at least in its younger members. He was certainly entrusting them with an exceptionally delicate and important task, one that could easily foster the very pretentiousness he had warned them against.

Newman did not elaborate on how this task of linkage was to be carried out. Yet, this idea of links between religion and what might broadly be termed "culture" was a recurrent theme in his university lectures in which he discussed "Christianity and Letters",⁸ "Christianity and Physical Science",⁹ and "Christianity and Scientific Investigation".¹⁰ These were, he said, part of his efforts to "stand on good terms" with all kinds of knowledge and, thus, to effect a "Reconciliation" with all branches of knowledge.¹¹

In this context, Newman's charge to his medical students is not as surprising as

it first appears. It fit well with his idea of the university as a seat of learning in all fields of scholarship, human and divine. He did not refer to this function of the university as a "dialogue with culture" or as evangelization as John Paul II was to do almost a century and a half later. But the spirit and tone of his disquisitions on the relations of religion and the major branches of human learning are very much in the same spirit. What is remarkable, and pertinent to our inquiry, is that Newman was specific about the role of a medical school in the dialogue with culture — a topic which John Paul II does not mention specifically, but which fits well with his intention that this kind of evangelization should involve every part of the university.

Ironically, Newman's medical school survived longer than the other parts of his visionary university. However, there is no evidence that its faculty took Newman's words seriously. Their subsequent history was, in this regard, like that of the other medical schools in England or Ireland. But neither has any other medical school since Newman's time been notably successful in fulfilling his hope for a clear definition of its Catholic identity, either in concept or practice.

Newman gave his speech in 1858, seven years after Georgetown established its schools, 34 years after Creighton's, and well before St. Louis, Loyola, and the most recent, New York Medical College. Newman's school was founded by taking over the Cecilia Street Medical School. Our five existing American schools had similar origins in preexisting secular institutions. They often did their clinical work in preexisting Catholic hospitals. As these schools have grown in academic stature, they have become in many ways, indistinguishable from their secular counterparts.

Historically, Catholic medical schools remained largely outside the quest for a distinctive Catholic identity that has so preoccupied their university colleagues. They were insulated by their habitual intellectual distance from their universities, and their preoccupations with patient care and professional training. Their emphasis on scientific, rather than theological or philosophical, research made them, until recently, less visible to doctrinal scrutiny. Their eminent practicality permitted accommodation to secular trends while staying within the more restrictive guidelines of the *Directives*.

Most Catholic medical schools have been content to operate under the flexible heading of "Catholic auspices". They observe the *Religious and Ethical Directives for Catholic Health Facilities*. They partake of the liturgical and pastoral offerings of their parent universities. Many of their students and faculty are committed to medicine as a vocation practicing in the spirit of Christian ethics.

But their faculty, staff, and students are now morally and religiously heterogenous. The Catholics among them are often selective in what they believe. The hospitals used for clinical training are now frequently non-Catholic. Clerical and religious presence in the hospital staff and on the faculty is sparse. Biomedical ethics is taught primarily as a philosophical discipline precisely as in secular schools. Catholic medical students are distressingly unaware of the Catholic medical-moral tradition and its teachings. Often they have no opportunity to remedy this defect while in medical school.

The Drift Toward Secularization

Today's Catholic medical schools have attained academic respectability. But on close examination, they appear to be drifting slowly in the direction of secularization. One may call them either quasi-Catholic or quasi-secular with equal justification. Unfortunately, events being what they are, this comfortable accommodation is not likely to last for very many more years.

Several things are driving Catholic medical schools to a point of bifurcation. Down one road lies complete secularization; down the other lies a closer and clearer Catholic identity. The secularization of society and the progress of biological science and technology pull strongly one way; the recent *Apostolic Constitution* of Pope John Paul II and the Catholic medical school moral tradition are pulling in the other. It will not be possible much longer to sit at the convergence of these two powerful streams without being swept one way or the other.

Medical schools, hospitals, and the whole of medicine are under increasing pressure to conform to changed societal values. Autonomy, privacy, personal preference, and a consumer-provider relationship are coming to dominate every facet of health care and public policy. Many presume religion to have no say at all in public policy. Since their patients and staff come from a morally heterogeneous society, Catholic hospitals are increasingly pressured to provide what patients want. What patients want with growing frequency is access to the latest in technology without reference to the moral or religious constraints which would have once placed technology within certain limits. More and more people demand access to newer technologies like in-vitro fertilization, surrogate motherhood, antenatal diagnosis, fetal tissue research, fetal tissue transplantation, gene therapy, assisted suicide, and active euthanasia. As molecular biology and genetics expand into ever more fundamental aspects of reproduction and life processes, new technologies will continue to emerge and the demand for them will rise *pari passu*.

These demands, together with the desire of some faculty members for unrestricted access to all forms of research and practice, are creating tensions between university medical schools and the teaching authority of the Church which places moral constraints on certain of the newer technological procedures. As a result, some medical faculty members argue that if they cannot do what everybody else is doing in the fields of reproductive technology and fetal research, they will lose academic credibility, governmental support, accreditation of residency programs, and the "competitive edge" along with their academic freedom.

On this view, even a tenuous Catholic identity is troublesome. Complete secularization seems the only way to remain academically respectable and competitive with peer schools. Some go further and maintain that it is simply impossible to be a medical school of quality in the contemporary sense and remain responsive to the moral constraints imposed by Church teaching. But this line of reasoning is fallacious, dangerous, and not inequitable. Secularization,

however attractive, would be disastrous. Authentically Catholic medical schools are essential for students, faculty members, society, and above all, for patients. All would suffer if Catholic medical schools were to become indistinguishable from secular schools, as would the Church's whole health care apostolate.

Catholic medical students would be deprived of the chance to learn about the Catholic moral tradition and about healing as a vocation and apostolate rather than an occupation. Opportunities for admission to secular school might also be narrowed for Catholic applicants. Today, interviewers in secular medical schools inquire with alarming frequency about a student's stand on abortion, euthanasia, assisted suicide, discontinuing food and fluid — all in the interest, presumably, of medical ethics — but more likely to ascertain conformity with the politically correct and dominant secular ethic. In this context, Catholic teaching is troublesome to be sure. Being Catholic may well be a negative factor in more cases than known. We have no data about how the answers affect acceptance, but my years on an admissions committee convince me that interviewers do not waste much time on what they consider insignificant.

If Catholic medical schools become secularized, faculty members who want to fuse their medical and religious lives as Christians in a particularly congenial environment will lose the opportunity to do so. They can, of course, still do so in non-Catholic settings. But some would prefer to integrate healing, learning, and teaching in the spirit of the Gospel, unapologetically and actively. As the intensity of the ethical debates increases, antipathy to overt Catholic expressions of opinion and behavior increases *pari passu*.

If Catholic medical schools have secularized, patients would lose access to care, which, if not always exemplary, is nonetheless implicitly if not explicitly inspired by the example of Christ's healing ministry. The sick today need protection of their true dignity as persons against the commercialization and industrialization of health care. The Catholic tradition of medical ethics cannot condone the current enthronement of the marketplace even if individual Catholics and hospitals succumb. Catholics and others also need hospitals where the dignity of human life does not mean easy access to euthanasia and where all the human life issues are treated with meticulous ethical balance.

Newman's warning about the hubris of medicine and the need to keep it under moral and religious constraint may have been a little hyperbolic in his times. But, today, commercial, ethical, scientific, and social hubris are real and present dangers, not simply rhetorical possibilities. The only constraint on medical hubris is a sensitivity to the ethical imperatives that enable humans to use new knowledge wisely and humanely.

For many reasons, society, and even secular schools, would lose something valuable if Catholic medical schools vanished. Our non-Catholic religious colleagues also see the need for some continuity of the Jewish and Christian moral traditions to buffer the prevalent deconstruction of traditional medical ethics in the zealous attempt to accommodate contemporary mores. They recognize the dangers in contemporary social and political thought are no longer grounded in an integral anthropology which recognizes human spiritual as well as material aspirations. The commercialization of organ donation, the renting out

of wombs, the devaluation of the aged and disabled, and the growing sentiment for euthanasia and assisted suicide are examples of trends which, unchecked, will sooner or later make everyone a potential victim of micro-economics, or the culture of health, youth, and pleasure for its own sake.

The Church, most of all, must realize that if Catholic medical schools further loosen their Catholic connections, an indispensable means of giving Christian witness and advancing its primary mission of evangelization will be lost. The Church needs a reliable source of health professionals educated to a full awareness of the importance of the apostolate of healing. More than ever, the Church needs ways to demonstrate that to be a Catholic Christian makes a difference in the way we behave towards others in every sphere of our activities. Our behavior as well as our words should show that we are at least as concerned as our humane and humanistic fellows in really caring for the sick and dying and that we are willing to sacrifice some measure of self-interest in order to live in accord with the virtue of Christian charity.

These are all cogent reasons for a continuing Catholic presence in medical education. Indeed, the difficulties of maintaining that presence are, in themselves, ample reason for doing so. The Church cannot, in good conscience, abandon a field of knowledge and service that touches so intimately and powerfully on human life and cries out for moral and spiritual guidance. Nor can it fail to give witness to an apostolate which so intimately combines two of Jesus' most frequent and characteristic daily activities, teaching and healing. Clearly, the drift to secularization must be slowed and even reversed. Indeed, were we to be convinced of this line of reasoning, the need for more schools with a Catholic identity would be apparent. Five medical schools out of one hundred and twenty-six in the United States and some thirty-plus world wide, clearly constitute a sufficient evangelizing presence in such an impatient field as medicine.

Evangelization and Reversing the Drift

To reverse the secularizing drift requires a more conscious and explicit grasp than is now the case of their Catholic identity by medical schools within the Catholic university and the Church. As Newman pointed out in the introduction to his *University Discourses*, the Church is interested in universities because, directly or indirectly, they serve some religious purpose — not because the Church wants to advance literature, chemistry, or classical philology per se.¹²

This is not as radical or threatening to teaching and scholarship as it sounds. As in any university, academic studies must be pursued for themselves, truth must be sought, and scholarship must be rigorous, or the whole enterprise is a lie and fraud. Without these, any role academia might play in the Church's mission would be ineffectual and self-defeating. That is why Newman's *Idea of a University*, the *Grottaferrat Statement*, and most recently *Ex Corde Ecclesiae* begin with emphasis on the quality, freedom, and autonomy of academic research in every field of knowledge. These are the identification marks of a true university.¹³ But secular medical schools also do this as well. The difference is

that in a Catholic medical school, research, teaching, and service — when faithful to Christian inspiration — become means whereby the Church's primary mission of evangelization is also furthered. In this context, evangelization is not the preaching of the gospel — this is the work of bishops and clergy; it is, instead, giving witness within the academic, intellectual, and active life to the Gospel message, or, to put it in the words of John Paul II, to enter into a "dialogue with culture".

This idea of a dialogue recurs frequently in the writings of John Paul II about universities. As he has said, "From the beginnings of any pontificate, I have considered the Church's dialogue with cultures of our time to be a vital area, one in which the destiny of the world at the end of the Twentieth Century is at stake".¹⁴ For John Paul II, the university is essential to this dialogue. As it was for Cardinal Newman, it is, in the end, what distinguishes the mission of a Catholic university. This is a central message of *Ex Corde Ecclesiae*, a message that must henceforth count heavily in any account of the Catholic identity of a medical school, as well as a university.

Medical schools are not mentioned in *Ex Corde*. But it is hardly conceivable that any conception of the university as an evangelizing force bringing ethical and religious values into dialogue with contemporary culture could exclude any of the professions — least of all medicine. Medicine is one of the most important arenas wherein the university may engage in dialogue with culture. Medicine is now among the strongest shaping forces in all cultures. Its research takes it to the biological foundations of life. It deals daily with the most intricate, practical, ethical decisions. Medicine is inevitably in constant and intimate contact with the secular world. A Catholic medical school cannot escape giving witness to its Catholic identity: either it gives authentic witness, or it ceases to be truly Catholic. The question now is how it can do so consciously, as an explicit part of its identity as a medical school, and without detriment to its academic standing?

Evangelization, the University, and the Medical School

Avery Dulles observed: "The majority of Catholics are not strongly inclined toward evangelization. . . ." ¹⁵ This is very much the case in academia. To mention evangelization as a function of a university — to say nothing of a medical school — is to invite misunderstanding and to generate anxiety even among committed Catholic academics. Evangelization all too readily evokes images of catechetical instruction, classroom preaching, subjection of reason to dogma and doctrine, subservience to the local ordinary, and a close-minded fidelity and fundamentalism. None of this is remotely consistent with any coherent idea of a university. In a medical school, such a view of evangelization would depreciate the intrinsic worth of patient care, the preparation of competent professionals, and the search for medical truth through research. Evangelism in this narrow sense would make both the university and medical school mere instruments of proselytization or ecclesiastic policy. It would certainly destroy their stature among their academic peers and destroy any semblance of intellectual rigor.

All of this would be a serious misreading of what Popes Paul VI and John Paul II mean by evangelization. Theirs is an expanded notion enriched by the teachings of Vatican II — especially on the role of the laity. In *Evangelii Nuntiandi*, Paul VI says that “. . . to evangelize means to bring the good news to every sphere of the human so that its influence may work within mankind and transform it”.¹⁶ In this way, he says, “the Church wishes to touch and transform all the standards of judgment, the reigning values, the interests, the patterns of thinking, and motives and the ideals of mankind which are now in discord with God’s word and His plan of Salvation”.¹⁷

This work cannot be accomplished unless evangelization is taken as a duty of all within the Church. Today, that means not only clergy, but also “. . . the laity . . . who, by their calling, live in the midst of the world and see to various temporal tasks must by this very fact engage in a special type of evangelization”.¹⁸ The role specific to the laity is “to actuate all the Christian and evangelical potentialities which are hidden but already present and operative in the world It extends to culture, the sciences, arts, international relations, and communications. It includes other spheres which are especially open to evangelization: for example, love, the family, the education of children and adolescents, the profession and human suffering.¹⁹ All of this is to be done without forcing the conscience of others, without a “hint” of coercion or unseemly persuasion.²⁰ The goal is to help people to accept the message “freely, effectively, and with personal conviction”.²¹

In *Ex Corde*, John Paul II further expands the idea of evangelization promulgated by Vatican II and Paul VI a “new” evangelization including the re-evangelization of those who have heard the word before, but need to be reinfused with its spirit. John Paul puts evangelization squarely into the mission of a Catholic university. All the basic academic activities of a Catholic university, he says, are connected with and in harmony with the evangelizing mission to the Church.²² Among those many activities he lists specifically “. . . research carried out in the light of the Christian message which puts new human discoveries at the service of individuals and society; education offered in a faith context that forms women and men capable of rational and critical judgment and conscious of the transcendent dignity of the human person; and professional training that incorporates ethical values and a sense of service to individuals and society”.²³

On these views, evangelization, therefore, is neither a by-product nor a substitute for teaching or scholarship. Rather if the university and medical school are to evangelize effectively, they must first fulfill their proper functions in the temporal order as institutions of higher learning faithful to the search for truth and free to pursue it. They must, in short, cultivate the intellect for itself just as Newman proposed. But, they must also do everything with a Christian inspiration, in the spirit of charity, and with the Gospel message in mind. The distinctive identity of the Catholic university and the medical school resides in giving authentic witness to what it is to *be* a Christian in the thoughts, words, and actions peculiar to institutions of higher learning. By perfecting their daily work in the spirit of Christ’s ministry to the sick, a medical school staff and faculty bring the power of the Gospel to bear on the heart of medical education and practice.

Without this inspiration, Catholic medical schools may achieve much good temporarily just as secular schools do. With it, Catholic medical schools can be channels of grace and salvation for their own students, faculty members, patients, and the whole of society.

How Catholic Identity Makes a Difference

If there is something distinctive in being a Catholic medical school, it should be detectable in the way it conducts its ordinary activities as a medical school. It is behavior of individuals and institutions that validate or negate the claim of a school to be Catholic or Christian. As Paul VI said to the laity, "Contemporary man listens more willingly to witnesses than teachers, or if he listens to teachers, it is because they are witnesses".²⁴ If it pursues its ordinary activity in the light of the virtues of the Christian life as lived by Jesus, a medical school can give the kind of witness that teaches scientific, humane, and Christ inspired pursuit of learning.

What are some of the marks of a Catholic and Christian identity which should characterize a Catholic medical school? I have tried to set these out in detail elsewhere, and I will list only a few here for illustrative purposes, starting with what it does *not* necessitate to be a Catholic medical school.²⁵

First, a medical school must not be an exclusive Catholic enclave. This would defeat its evangelical purpose by severely limiting its dialogue with cultures. It should admit students of all faiths and cultures who might wish to come to a school which is unequivocal in its identity and values. This is true of faculty as well as students. In my experience, many non-Catholics come to Catholic universities precisely because of the values they profess, even if they do not share them personally. Indeed, many of our non-Catholic students, faculty, and colleagues are critical of our failure to live up to the ideas we profess. Often, they are seeking something beyond their own humanistic instincts, some integral view of the spiritual meaning and destiny of human life which they hope they can see manifest in the lives of Catholic Christians. We betray them and the Gospel if we do not give authentic witness of its teachings.

Second, teachers in such a school are not expected to interject religion or Christian ethics into every class discussion. They are not preachers. Where ethical and moral issues are pertinent, they should be discussed like any other classroom topic — openly, fairly, accurately, and with opportunity for discussion and dialectic. Religious issues should not be forced into a discussion. There is no such thing as "Catholic" molecular biology or "Catholic" cardiovascular surgery *per se*. But, there is a Catholic perspective on the meanings of data derived from all academic studies or clinical decisions when they impinge on moral, religious, and ethical questions. It seriously needs to be said that the evaluation of courses and their teachers must rest as always on their excellences, not on their piety or theological correctness. This is an error Catholic institutions have, we hope, left behind them.

Third, a medical school with a clear Catholic identity is not primarily an agent of the local Church for proselytization of its students or patients. As *Ex Corde* emphasizes, ". . . the Church . . . recognizes the academic freedom of scholars in

each discipline in accordance with its own principles and proper methods and within the confines of the truth and the common good".²⁶ A medical school that undertakes its proper part in the Church's evangelizing mission cannot, however, determine for itself what the content of that evangelization should be. This is to mistake autonomy for usurpation of legitimate ecclesiastical authority. Fulfilling what is uniquely its function and responsibility is how, in terms of its proper function as a medical school, it can best give witness to its Christian character.

Let me turn to some of the more positive ways a Catholic character would show itself in the daily activities of a medical center.

To begin with, it is essential that a Catholic medical school make a public declaration of its unequivocal Catholic identity. This means setting out publicly its religious and moral values and its intent to provide witness to those values in all its operations. Its avowed aim should be to provide a Catholic Christian milieu for teaching, research, and patient care. Such a public declaration provides a clear standard of expectation and performance against which the school, itself and those outside the school may measure its authenticity. It also enables prospective students and faculty, Catholic as well as non-Catholic, to consciously accept or reject a school. This avoids subsequent allegations of deception on the school's part. Such a statement should also remedy the flexible vagueness of the term "Catholic auspices", a term which confuses Catholics and non-Catholics alike.

A Catholic medical school should be open to all students and faculty who wish to join it. But all must understand that the school intends to be faithful to its intellectual and moral heritage and responsive to proper ecclesiastical authority in those areas where such authority is appropriately exercised. To assure fidelity to its mission, some critical mass of students and faculty must be Catholics. This will inevitably be a factor in their selection. A school cannot impart that "fusion of faith and culture", of which John Paul II has often spoken, without a sufficient number of teachers who themselves have achieved that fusion in their own lives. This will require of current and prospective faculty members something more than a nominal commitment to Catholicism and Christianity.

Precisely what proportion of students and faculty should be Catholic is problematic. An exclusively Catholic faculty and student body ghettoizes a school and curtails its dialogue with the ambient culture. An insufficient Catholic representation makes a genuine and visible Christian witness difficult to maintain. Given the preponderance in the number of secular medical schools, their relative indifference or antipathy to religion, and the still inadequate number of Catholics in academic and research positions, there seems little current danger of oversaturation of a medical school by Catholics. The first criterion for recruitment must, as always, remain the quality of a candidate's teaching and research. Where two candidates are more or less equivalent by the usual academic standards, giving preference to a committed Catholic or Christian seems a necessary course if a Catholic character is to be preserved.

The importance of personal witness does not eliminate the need for formal instruction in the intellectual foundations of Catholic and Christian medical ethics. In my own experience, medical students, even those from Catholic universities, are rarely even modestly cognizant of the Catholic medical moral

tradition. Formal, in-depth instruction is essential. Courses must be required and competence tested by examination. These courses must also be taught with the same rigor as other subjects by teachers whose academic training has been in Catholic and Christian theology or philosophy.

Even this kind of formal instruction should be firmly grounded in concrete, clinical cases. Medical students quickly lose interest in any subject taught abstractly. But they cannot claim theology or ethics are irrelevant if they are taught around actual cases of the kind they encounter daily. If one starts with a case, the student can then be drawn to examine the principled foundations for making the clinical decision. It is hard for a student whose case is discussed to avoid the difference being a Catholic Christian makes in the way the case is managed. In my experience, student acceptance is best when philosopher and theologian teach cooperatively with respected clinicians around a genuine — preferably current — clinical case.

A Catholic medical school should be especially sensitive to its corporate, moral responsibilities — to the trust society places in it as the only place where qualified physicians can be trained. Medical schools must assure that teachers are competent and that evaluations of students, faculty, and staff are just. The welfare of all teaching patients must be carefully safeguarded. Faculty supervision of residents as well as students in the care of patients must be more assiduous than is customary in most schools today. Patient care must come before educational need. While all of this is required as a moral obligation of any medical school, it is quintessentially the case for Catholic medical schools which must be judged by the test of charity as well as justice and law.²⁷

A truly Catholic medical school should take responsibility for the character formation of its students — at least as it pertains to their conduct of patient care. All medical ethics finally rest on the character of the physician. In those moments of clinical decision, when no one is watching, the character of the physician is the patient's last safeguard. Character and virtue are not taught by lectures, but by example and institutional standards. In a Catholic school, the institution, as well as its members, must be inspired by the example of Jesus and the Sermon on the Mount. This is an ideal few could approach except asymptotically, but it is the aspiration to this high ideal that should vitalize a truly Catholic institution.

Thus, the Christian virtues and the natural virtues are traits teachers must themselves exhibit. This places awesome, but inescapable responsibilities on Catholic and Christian faculty members — especially the clinicians. Young physicians mimic both the bad and good habits of faculty members whom they wish to emulate. Faculty members who fail to fulfill their responsibilities and mistreat patients, students or staff fail in the virtue of charity. They cannot be ignored or excused in the name of autonomy or protection of confidentiality. They deserve a fair hearing before their peers. But a medical school cannot escape its social responsibility for the character of those it permits to carry responsibility for the lives of others either as students or as faculty.

To knowingly graduate a student who is patently dishonest or cruel is to fail in moral stewardship. In a Catholic medical school, beneficence and effacement of self-interest are *de facto* primary virtues without which the school cannot be

Christian or Catholic. Obviously, giving witness to the Gospel extends well beyond the classroom into every phase of institutional life — to the way university-affiliated hospitals care for the poor and uninsured; whether they are outspoken public advocates for justice in the distribution of health care; whether they have succumbed to the many morally marginal profit making practices that flourish in our market-orientated, commercialized health care system; whether faculty compensation is just; whether the faculty practice plan distorts teaching and research in the pursuit of personal gain; etc. These are areas in which current medical school practice is often embarrassingly and even egregiously deficient.

This is not the place to develop a complete *vade mecum* of genuine Christian witness. These examples serve only to underscore the fact that the ethics of the Catholic medical school, hospital, or faculty member must go beyond the minimal requirements of today's professional ethos. Every element of that ethos must be modulated by the ordering principle of charity.²⁸ It is this modulation in its many manifestations that is the distinctive mark of a Catholic medical school.

Would such a frank statement of Catholic identity and the implication it carries for recruitment, character formation, and clinical teaching be a violation of academic freedom as it is presently construed by the academic establishment — specifically the American Association of University professors? McConnell has recently summarized cogent arguments to show that the preservation of religious institutions requires some accommodation of the secular definition of academic freedom. Without such accommodation, secular as well as religious institutions would be the losers. He supports the AAUP 1940 statement which allowed Religious institutions to define the conditions of academic freedom that are consistent with their interpretation of the needs of their own mission. The one proviso, with which I certainly agree, is that these conditions be known in advance in a clear, public mission statement.²⁹

Medicine — The Link Between Religion and Science

A Catholic medical school that attends assiduously to the dimension of Christian charity in everything it does would give a most powerful witness to what difference it makes to be Catholic. It would automatically be an evangelizing force. But there is also a more specific evangelizing opportunity, one specific to contemporary medicine. It lies in the challenge Newman gave his medical students in 1858 — to be “links” between science and religion.³⁰

In Newman's time, the capabilities of medicine for such a role were limited. Today, medicine has an enormous, unrealized potential for responding to Newman's challenge. Medicine now stands squarely at the confluence of molecular biology, technology, and ethics. It offers to Theology a rich source of facts about the existential states of suffering, pain, illness, death, and dying. It offers to Biology data on the way these same existential states affect the chemical and physiological workings of body and psyche. Medicine is forced to see humans as ontological entities and as persons since healing means “to make whole again” — i.e., to reassemble the unity fractured by illness. If, as John Paul II says, “. . . what is at stake is the very meaning of the human person”,³¹ then

the dialogue with today's culture cannot be entered without medicine's participation.

Medicine can be the primary link between theology and science. It puts biology into ethical perspective and theology into scientific perspective.³² This linking function is also the way it can evangelize human cultures which today look to medicine for a solution to a wide array of human problems. Medical metaphors abound in every sphere of activity. Medicine is the vehicle through which much of the non-biology is translated into societal aspirations. Medicine can, in fact, be the university's most fruitful point of contact with culture and, thus, with evangelization.

If any of this is to be a reality, a better bond of trust must be established between ecclesiastical authority and Catholic schools. Each has authority in its own realm, but each holds that authority in trust, and each is obliged to use it wisely and well. To remain Catholic, medical schools must recognize the authority of the teaching Church in the moral, spiritual, and ethical dimension of the truths it pursues. Medical schools must, indeed, avoid the pretension and radical sophism of taking any truth they discover to be *ipso facto* morally licit — as Newman warned. Technical prowess without moral constraint allows humanity's creations all too often to overwhelm humanity itself.

On the other hand, the Church must not fear research into the full complexity of the human organism, psychic or somatic. The Church must appreciate that customarily when new truths are uncovered in one field, they may seem, for a time, to contradict truths in another. But truth is always one, and contradictions will eventually be overcome. Newman urged both scientists and theologians to a "... great and firm belief in the sovereignty of truth". "The only effect of error", he said, "was to promote truth".³³ If this mutual stewardship of authority in trust is to be a reality, there needs to be better and more frequent consultation and communication between the world's Catholic medical schools and the official Church. Some permanent commission or council updating theologians in the Church on the state of science, and scientists on the state of Church teaching, is definitely in order.

Newman and John Paul II — Apostles to Academia

Ex Corde Ecclesiae is the analogue of the *Idea of a University*. Each of these documents is a *Magna Carta* placing the apostolate of the intellect squarely within the scope of the Church's primary mission of bringing the message of Jesus to the whole world — and especially that part of it proper to universities and the world of ideas. Newman stresses the cultivation of it proper to universities and the world of ideas. Newman stresses the cultivation of the intellect for itself, but clearly recognizes that by pursuing this end universities will enter into dialogue with the whole of human culture. John Paul II also sees universities as cultivators of knowledge. He puts more explicit emphasis on research than Newman and more clearly lays out the universities' role in evangelization and re-evangelization.

The Church is the beneficiary of two seminal documents by two of its most illustrious intellects, both of them committed to the academic life. Newman and

John Paul II have given us valuable guidelines to help us answer the perennial question: What makes a university or a medical school Catholic? As the twenty-first century begins, we shall have to respond to their challenges or drift slowly into secularization. Let us hope we have the courage, ingenuity, and grace to actualize the possibilities latent in the special apostolate of Catholic universities and medical schools to the world of intellect and ideas.

References

1. Dulles A., *John Paul II and the New Evangelization, America*, February 1, 1992, 52 ff.
2. John Paul II, *Ex Corde Ecclesiae: The Apostolic Constitution on Catholic Universities*, 20, 1990, 17:265-276.
3. Newman H. H., *The Idea of a University*, Introduction by George N. Schuster, Garden City, New York: Image Books, 1959:452.
4. *Ibid.*, 417.
5. *Ibid.*, 457.
6. *Ibid.*, 463.
7. Newman, *Christianity and Medical Science*, Idea, 463.
8. Newman, *Christianity and Letters*, Idea, 247-265.
9. Newman, *Christianity and Physical Science*, Idea, 390-412.
10. Newman, *Christianity and Scientific Investigation*, Idea, 412-432.
11. *Ibid.*
12. *Ibid.*, 8.
13. Laghi P., *True Universities That Also Are Catholic, Origins*, October 24 1991: 20, 21 325-328. Cf Pellegrino E.D., *Toward a True University Truly Catholic*, National Catholic documentary Service 8 (46), Washington, D.C.: National Catholic News Service, May 3, 1979.
14. John Paul II, *L'Osservatore Romano*, November 10 1979.
15. Dulles, *John Paul II and...*, 54.
16. Paul VI, *Evangelization in the Modern World*, The Pope Speaks: The Church Documents Quarterly, 21, 1976, 1:12.
17. *Ibid.*, 13.
18. *Ibid.*, 40.
19. *Ibid.*
20. *Ibid.*, 49.
21. *Ibid.*, 6.
22. John Paul II, *Ex Corde...*, 273.
23. *Ibid.*
24. Paul VI, *Address to the Council of the Laity* (October 2, 1974), AAS, 1974, 66: 568 [TPS XIX, 220].
25. Pellegrino E.D., *Educating the Christian Physician: Being Christian and Being a Physician*, St. Louis, MO: The Catholic Hospital Association, August 1979: 46-53.
26. John Paul II, *Ex Corde*, p. 271.
27. Pellegrino E.D., *Philosophy and Ethics of Medical Education*, The Encyclopedia of Bioethics (Second ed.), edited by Warren T. Reich, Riverside, NJ: Free Press (McMillan), 1978: 863-869.
28. Id., *Agape and Ethics: Some Reflections on Medical Morals from a Catholic Perspective*, Catholic Perspectives on Medical Morals, Netherlands: Kluwer Academic Publishers, 1989: 277-300.

29. McConnell M.W., *Academic Freedom in Religious Colleges and Universities in Freedom and Tenure in the Academy: The Fiftieth Anniversary of the 1940 Statement of Principles*, ed. William Van Alstyne, *Law Contemporary Problems*, 1990, 53: 303-324.

30. Newman, 463.

31. John Paul II, *Ex Corde...*, 268.

32. Pellegrino E.D., *Science and Theology: From a Medical Perspective*, *Research in Clinical Ethics*, *Linacre Quarterly*, 57, 1990, 4:19-35.

33. Newman, 431.
