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The Family Doctor

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be retained; such features as the personal relationship between patients and physicians, the freedom of the patient to choose his physician and his hospital, the rights and responsibilities of private health-caring agencies, features which are found to be fully consonant with Catholic thinking, while alternatives to these features have in many cases merited the fully justified opposition of those who are entrusted with the health care of our people.

8. The government as well as private agencies, particularly our Catholic agencies, must recognize the obligation of society and not merely of the government to give health care in all its forms to the

indigent. Catholic thinking cannot endorse a monopoly of indigent care as vested in the state or Federal Government. Catholic agencies cannot be encouraged, conformably to Catholic thinking, to shift all responsibility for the indigent to the hands of government. The Catholic Sisterhoods and Brotherhoods, conformably to the letter and spirit of their rules, must jealously guard their right to give unremunerated care to the sick poor, and must find in such care the realization of their religious ideals and the fulfillment of the purposes of their various Institutes.

(To be concluded.)

THE FAMILY DOCTOR

By JAMES T. NIX, M.D.

The Family Doctor, day by day, year after year, becomes as another relative. In close communion he enjoys confidences, shares pleasures, divides grief. Between his life and his patient's, accurately and closely, a beautiful tapestry is interwoven on a background of black and white—sorrows and joys. Superimposed on this background and blended into the scheme, are all shades and variations of color and light. Threads of gold and silver, of red and blue, of orange and green, of purple and rose, form a pattern as beautiful as it is intricate, as varied and complete as the human emotions it portrays, as sacred as life itself. This is a pattern of life—your patient's and yours.—JAMES T. Nix, M.D., in "A Surgeon Reflects."