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From the Editor's Desk

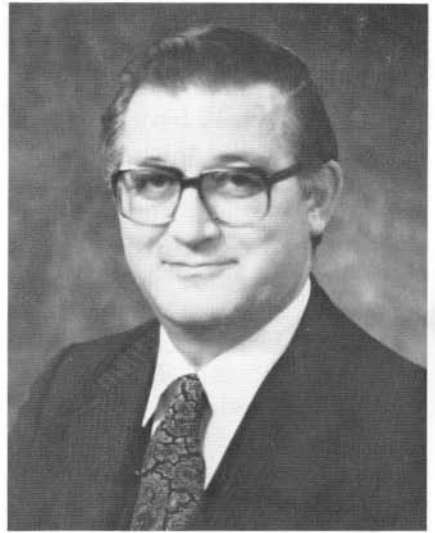
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From the Editor's Desk



50 Years

As we enter 1982, the *Linacre Quarterly* begins its 50th year of publication, and it is an appropriate time for us to ponder the meaning of these past 50 years of medical-ethical and philosophical thought of this official journal of the National Federation of Catholic Physicians' Guilds. It is a time to reflect on where the Catholic physician has been, where that physician is now and in what direction that physician may be going.

I think it is obvious to all with a historical bent of mind that clear adherence to the ordinary, magisterial teaching of the Church in the 1930s and 40s was considerably easier for Catholic physicians to accept and practice than it is in the 1980s. There are very few among us today who were in active practice in the 30s. What were most of us doing in those days? Some of us were not even born, most were in some stage of early childhood, grammar school, possibly high school or even college or medical school. In those bygone years, the Catholic physician was like most physicians — a general practitioner faced with the debilitating economic effects of the Great Depression with its devastating effects on his patients. Much of his practice was gratis; house calls were standard. There was a unanimity of attitude as to what was insisted upon under the pain of sin; the Church was unequivocal as to what was right and what was wrong; and the Catholic physician had very few areas of doubt.

With the election of Eugenio Pacelli to the papacy in 1939, we had a Pope who was extremely well-informed, articulate and clear-thinking in medical-moral matters. In allocution after allocution, he addressed these matters and clarified many medical-moral questions for the world. Pope Pius XII laid down many norms during his pontificate, making it extremely clear to physicians where their duty lay in regard to their patients. These medical-moral norms have stood the tests of intense scrutiny in our own time and have not been found wanting. In fact, it is a tribute to divine guidance that Pius XII was so prescient, so wise as to foresee and formulate the norms for many of the problems with which we are faced today. The world, and especially the Church, owes a deep sense of gratitude to this singular Pontiff.

His teachings were reflected in many pages of the *Linacre* during those years and echoed by eminent medical-moral theologians in article after article guiding the Catholic physician through many questions and dilemmas of medical practice.

Perhaps the most renowned theologian of these times was Gerald Kelly, S.J. Reviewing his writings at this point is impossible, but suffice it to say that they are clear, concise, unambiguous. If there is room for doubt, he states clearly, with solid subsequent advice, how to proceed. We would not be far off the mark to state that he was the foremost medical-moral theologian of his day and it would be refreshing for us all to re-read some of his writings.

When John XXIII in the early 1960s opened the windows of the Church, it seemed that instead of a gentle summer breeze wafting over the sill, there came the violent winds of a full-fledged summer rain-storm. An era of creative tension in the Church began and culminated in the Second Vatican Council. The changes initiated in the Church by this Council are still going on and have resulted in a variety of effects among the faithful. One palpable effect on the individual Catholic was the shift to personal responsibility. Paternalism and triumphalism were discarded in favor of a sharing of authority, subsidiarity, and more active participation by the community of faith. This new orientation was difficult for many to accept and resulted in discord in many instances. Many forces seemed to be unleashed during the 1960s and these forces seemed to be going their own separate ways. The placid times of the Eisenhower-Pius XII years had been replaced by the turbulence of the Kennedy-Johnson-Paul VI years. The turbulence in the Church was seen in many different ways as it was in society in America and the world in general. The priesthood and religious orders lost many members. While many resisted liturgical reforms following Vatican II, the most potent divisive force, according to some, was the promulgation of *Humanae Vitae*. There had been a general expectation that the Church would change its teaching on artificial birth control. With the promulgation by Pope Paul VI of *Humanae Vitae*, these expectations and hopes were dashed. With this,

the inevitable reaction set in. Where was the Catholic physician during these days and what stance did the *Linacre* adopt, consequent to this furor?

Like most of society, in this writer's opinion, the Catholic physician searched deeply in his heart and conscience and did what he thought was right. However, unlike his colleagues of the 30s, 40s and 50s, he did not have that strong, univocal backing of those earlier times and had to rely increasingly on his own conscience. A new phenomenon had entered the scene, i.e., "theological dissent." Many respected theologians took exception to *Humanae Vitae* and argued strenuously against it. While this type of discursive reasoning had gone on in the Church for centuries, it was usually in private or academic surroundings. This time it was public with all of its consequences. *Linacre Quarterly* adopted an editorial policy then which stated it would publish articles to reflect the controversies inherent in these difficult medico-moral areas. By instituting this policy, it hoped to clarify the underlying ethical assumptions and help the physician develop a correctly informed conscience. There is no doubt that in adopting this policy, articles contrary to the ordinary, magisterial teaching of the Church would be published. However, it is the nature of intellectual endeavor to expose the mind to rational points of view and let time, experience, faith and prayer form the final conclusions. While adhering to this policy, it is important to remember that the bottom line of *Linacre Quarterly* policy is the ordinary, magisterial teaching of the Church. As time goes on, it is evident in these days of theological dissent in which the consequences of new theological speculations are unknown that "It is by their fruits you will know them." If the speculation is good, it will bear good fruit; if the speculation is idle, it will bear bad fruit.

While this intense debate was going on, a new force was emerging to which *Linacre Quarterly* gave much space, viz., natural family planning. The origins of natural family planning, its implementation, the teaching techniques and its success rates in various countries were highlighted in these pages and confirmed in my own mind that the birth control method which adheres to normal physiology will always be the best, the safest and the most morally acceptable. Drs. John and Lyn Billings from Australia deserve a great deal of gratitude for developing and bringing to the attention of the world the concepts underlying natural family planning.

What strikes one so forcibly in reading issues of *Linacre Quarterly* from the 1940s is the tremendous concern of the writers in regard to abortion, birth control, artificial insemination, the role of insurance in medical care, the patient-physician relationship, etc. These are the very concerns which we have 25 years later, illustrating the foresight and imagination of the editors and writers of that day. If anything, the above-mentioned medico-moral matters have become much worse in

our modern society and show no sign of abating. Nevertheless, the pervasiveness of abortion, violations of human dignity and the sanctity of life are being met head-on by strong grassroots organizations in the United States. Never before have we seen such militancy, such organization to counter these hedonistic trends in our society.

While the early writers and editors addressed the above concerns, they were not faced with the ethical dilemmas that have been popping up above the horizon in the past few years. I refer to the reality of in vitro fertilization and its consequences, the implications of biogenetic research, the underlying debates on brain death and its inevitable connection in the public mind with euthanasia, the willful medical neglect of defective newborns, the abuses in adult and fetal medical experimentations and finally, the abuse of physicians, nurses and paramedical personnel by medical institutions in matters of conscience—the discrimination against nursing and medical school candidates or graduates because of their moral values. While ongoing efforts are being made by many both in and out of government and medical institutions, it behooves us all to remember those words inscribed on the Archives of the United States of America, “Vigilance is the eternal price of liberty.”

As we look into the future of the Catholic physician and what he shall have to face on the medical-moral scene, it is impossible to prognosticate. One immediately thinks in terms of our present and future Catholic medical students and their needs. If there is one thing missing in their formal medical training, it is the formation of a Christian medico-moral conscience. With the pervasiveness of human secularism in society and schools with the barrenness of humanistic moral values, the modern student has to find his Christian value-centeredness elsewhere than in the medical school complex. The medical student can find it by identifying and associating with and emulating a committed, Christ-centered physician. What better role for the local Catholic Physicians' Guild to play than to invite the area medical students to its meetings and discuss with them on a frank basis the difficult medical or surgical cases with which the physicians are faced on a daily basis.

Physicians may share with students their uncertainties, their prayers for their patients, their reasons for not doing abortions or sterilizations. Telling them of the importance of God in their lives, reading the Scriptures, attending Mass are all ways of spiritually sharing with students. The Milwaukee Catholic Physicians' Guild has invited students to its last two board meetings. The students' response has been overwhelming. Our last meeting included 30 sophomores from the Medical College of Wisconsin. There is a great spiritual thirst and desire upon the part of these students to share these spiritual, enriching times with their older colleagues in medicine. Emulation is by far the greatest teacher, and the good Catholic physician, by

sharing his spiritual and clinical life with the students will compensate for what the student fails to get in his formal curriculum.

In closing, it is my firm conviction that the renewal of the Catholic Physicians' Guild and the incorporation of Christian values into the life of the physician will not come from analyzing medico-moral questions but rather, from the divine influence of the Holy Spirit through the Divine Healer, Jesus Christ. For it is through, with and in Christ that all healing takes place and it is only through Christ that the medical profession as a whole will be restored and renewed in its mission of healing the sick.

Linacre Quarterly will continue to keep its eye on the medical-ethical scene and provide its readers with sound, cogent articles on these matters. It also sees itself taking on a larger role — that of helping in the Christianization of the physician through the work of the Holy Spirit.

— John P. Mullooly, M.D.
Editor

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