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## IS THE CATHOLIC PHYSICIAN LIVING HIS RELIGION?

JAMES H. MASTERSON, M.D.

It is now almost a year since the close of Vatican II and the various documents which have come from the deliberations of the Bishops gathered in Rome under the leadership of Pope John XXIII and Pope Paul VI have been published, translated and in some instances even studied. No one will argue that they have given a new look to the Catholic Church. In most parishes, Mass is being offered facing the people; the congregation is responding in the vernacular. Many ideas which were considered unalterable are now being up-dated for which we all can thank the Holy Spirit.

Man is always learning more about himself and the world in which he lives and it should be clear to teacher and student alike that there is a role to be played which is not limited to the heirarchy alone, to study this new knowledge and to meld it with Christian revelation. More and more interfaith groups are working and worrying together on a widening horizon of battles against poverty, ignorance, misery and despair. By and large, the Catholic physician has been largely untouched, except in scattered instances of identifying himself with these struggles. We can point with pride to the accomplishments of some of our member Guilds; but these are the minority. The usual

story in Guild after Guild contacted, both by personal visit, letter, telephone, etc., has been that the men have too many meetings, they are not interested in the principles upon which the National Federation has been founded, their Guild president is not energetic or the Priest moderator has too many other duties and cannot give sufficient motivation to these physicians who are looking to him for guidance.

Many excellent editorials have appeared in THE LINACRE QUAR-TERLY asking for a spiritual growth of the Catholic physicians. The dire need is for a radical change in our notion of charity which up to now has been almost exclusively paternalistic. We fail to realize that this type of assistance denies personal liberty to the people we are trying to help. True brotherhood demands that we share the plight of the impoverished and underprivileged in its consequent alleviation. This must be done, however, as collaborators rather than benefactors. This fact must be brought home to the Catholic physician whether he is working in the innercity of our own country or the emerging nation of Africa or the impoverished misery in any Latin American country.

There are many more non-Catholic physicians working in foreign situations than Catholics. We are also failing to take advantage of the situation which exists throughout the world where there is a gathering of physicians around fairly large cities because that is where the facilities and the funds are. However, in many instances, the sum of \$100.00 a month would free one of these physicians, who are driving taxicabs in a South American city to make ends meet, to go into an area which lacks any kind of medical program and in other instances, would even allow a nurse assistant also to be employed. Certainly, it sounds like little enough to ask that a Guild, or one or two Guilds working together, underwrite such a project and several of them already have done this: Detroit, Boston, Sacramento, Rockville Centre and Los Angeles, among others. Yet, this effort is meager compared with the resources available and a few dedicated men have been carrying the burden for the majority of the Catholic medical profession. These few have served as inspiration to many of their colleagues, but when they are forced by the pressure of work to try to delegate responsibility, many of the projects, which are so worthwhile, collapse. The Catholic Medical Mission Board has been making a valiant effort to coordinate some of these, as has the Mission Doctors Association of Los Angeles and slowly, but surely, there will be some coordinating force to gather these activities into a unit. This agency, however, does not exist at the moment and it is difficult to say when such would be available.

It should be increasingly clear as we look about us that as doctors we are not fulfilling our commitment to the Christian life; we are not trying to grow with and in our Catholic Church with its up-dated outlool and that an agonizing reappraisa is in order. If Guilds are to have reason for being, then as Catholi: physicians, we must have an impac on everyone with whom we come i contact. If your Guild is not 63 active as you feel it should be, pleas feel free to write your Regional Director regarding the problem; f there is not a Guild in your are. then an associate membership s available that will bring you the thought of the leadership of the National Federation and keep you informed of its efforts. Each one of us, I feel can endeavor to answer the question, "Does Christ have a meaning in my life?" Perhaps, ve might read again the Apocalup e, Chapters 20 and 21, for Christ sa s, "I am the Alpha and the Omega, beginning and the end, for of h m that thirsts, I will give of the for ntain of the water of life freely, he who overcomes shall possess these things and I will be his God and he shall be my Son, but as for the cowardly and unbelieving, etc., tl eir portion shall be in the pool that burns with fire and brimstone which is the second death."

[DR. MASTERSON, a member of the Northern Virginia Catholic Physicians' Guild is chairman of the Mission Committee of the National Federation and Director of Region III.]