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## The Catholic Doctor in the Renewed Church\*

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THE 1969 GERALD KELLY LECTURE PRESENTED TO THE NATIONAL FEDERATION OF CATHOLIC PHYSICIANS' GUILDS, WALDORF-ASTORIA HOTEL, NEW YORK, N.Y., SUNDAY, JULY 13, 1969.

I have entitled the lecture this evening: "The Catholic Doctor in the Renewed Church". It may have been more accurate to say "The Catholic Doctor in the Renewing Church" for the simple reason that renewal in the Church is a never-ending process. The Second Vatican Council opened on October 11, 1962. Nine days later the almost 2,500 Bishops of the Council issued a message to humanity in which they proclaimed to the world: "We as pastors devote all our energies and thoughts to the renewal of ourselves and the flocks committed to us, so that there may radiate before all men the lovable features of Jesus Christ who shines in our hearts 'that God's splendor may be revealed'". Further on, the Bishops continue: "Accordingly, while we hope that the light of faith will shine more clearly and more vigorously as a result of this Council's efforts, we look forward to a spiritual renewal from which will also flow a happy impulse on behalf of human values such as scientific discoveries,

technological advances, and wider diffusion of knowledge."<sup>1</sup>

Sixteen remarkable documents were published by the Fathers of the Council. One of these was the *Decree on Ecumenism* in which the Bishops tell us: "Christ summons the Church, as she goes her pilgrim way, to that continual reformation of which she always has need, insofar as she is an institution of men here on earth."<sup>2</sup> In other words, the Fathers of the Council, in clear and unequivocal language, called for change and renewal in the Church. Thus, from the very beginning, the Fathers answered the tired objection that one still hears with distressing frequency: "but I thought that the Church never changed!" Those who voice this objection need to recall the admonition of Cardinal Newman that to live is to change and to be perfect is to have changed often.

From the outset the Council began the work of establishing a new vocabulary to express its insights and ideas. The Church was referred to as "the People of God". This means that every Christian is the Church and that every Christian contributes to the renewal of the Church by the reformation and conversion of his own life. For each of us, this is where the renewal of the Church must begin. This means that every one of us, if he wishes to

participate in the renewal of the Church, must rededicate and recommit himself to the serious business of trying to become a saint.

Thomas Merton in his book, *Seeds of Contemplation*, makes the wise remark that if a poet wishes to become a saint he should begin by being a good poet. This is sound Catholic philosophy. According to this philosophy we can say: "if a doctor wishes to be a saint let him begin by being a good doctor". In its *Pastoral Constitution on the Church in the Modern World*, the Council tells us: "Therefore, let there be no false opposition between professional and social activities on the one part, and religious life on the other. The Christian who neglects his temporal duties neglects his duties toward his neighbor and even God, and jeopardizes his eternal salvation. Christians should rather rejoice that they can follow the example of Christ, who worked as an artisan. In the exercise of all their earthly activities, they can thereby gather their humane, domestic, professional, social, and technical enterprises into one vital synthesis with religious values, under whose supreme direction all things are harmonized unto God's glory."<sup>3</sup> By his professional skill, his selflessness in his daily professional work, by his respect for the dignity of the human person, by his unerring integrity and his devotion to the sick and unfortunate, the Catholic doctor tells everyone with whom he comes into contact that he believes in God and that he is a dispenser of God's healing providence.

Men and women who exercise the medical profession today, either as individual practitioners or as members of the staff of medical institutions, are called upon to make an increasing number of judgments as to the moral-

ity or immorality of certain procedures. I will mention only some of the more obvious types of cases: birth control, family planning services, tubal ligations, prolongation of life, transplantation of organs, experimentation with human life, artificial insemination, extra-uterine production of life, abortion, euthanasia. A whole new series of considerations are also beginning to present themselves in terms of the possibility of controlling the human personality by the manipulation of genes. In the May issue of the *Journal of the American Medical Association* a scientist summed up the problem in these words:

"Current technical advance in biochemical endeavor, such as organ transplantation and fertility control, has brought a bewildering shift in our understanding of moral problems associated with medical practice. No longer are there solid and immutable absolutes for our comfort. We are increasingly facing the necessity of making wise judgments promptly on the spot, on the basis of as many of the factors in the immediate situation as we can recognize and with as full an understanding as possible of the consequences of our conduct."<sup>4</sup>

In the light of some of the points and problems-without-precedent that have been mentioned here this evening, and we know that there are others, it is not surprising that ethical directives for Catholic doctors and the Catholic code of ethics which is used in Catholic hospitals, stand in need of careful rethinking and reformulation. It is to this delicate question that I wish to address myself in the time that remains.

Twenty-nine percent of the voluntary (non-governmental) hospital beds in this country are in Catholic hospitals. Twenty-five percent of the nurses graduated last year were trained in Catholic schools of nursing. Still, there are those who, when they consider the

present and foreseeable problems deriving from medical ethics, feel that the time is near when it will be necessary for the Church regretfully to withdraw entirely from the hospital apostolate. I do not agree. In the 25th chapter of the *Gospel of Matthew* Jesus gives a description of the final judgment. Starting with verse 34 we read:

"Then the King will say to those at His right hand, 'Come, O blessed of my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me.' Then the righteous will answer him, 'Lord, when did we see thee hungry and feed thee, or thirsty and give thee to drink? And when did we see thee a stranger and welcome thee, or naked and clothe thee? And when did we see thee sick or in prison and visit thee?' And the King will answer them, 'Truly, I say to you, as you did it to one of the least of these my brethren, you did it to me'."<sup>5</sup>

One concludes from this that the corporal works of mercy authenticate the followers of Christ. The Church should not relinquish the apostolate of healing which she exercises in the hospitals unless it becomes a matter of absolute necessity. Through the exercise of the apostolate of healing, the individual Christian and the Christian community are a sign of Christ, present in the world. Thus the Church promotes the new creation which will be completely accomplished when Christ comes again in glory. To promote the new creation stands at the heart of the mission of the Church.

As we approach the difficult responsibility of reassessing our code of medical ethics, we draw our motivation from the Gospel. Thank God, in America, in many instances, we can

draw our inspiration from the medical profession itself. The President of the American Medical Association wrote recently:

"Our profession must continue and increase that leadership in helping other professions and society itself to develop ethical principles, or if you will, to develop a conscience, regarding new challenges, many of which cannot be met alone by the medical profession.

"Consider, for example, the possibility of the creation of life. Consider the growing likelihood of personality control with deoxyribonucleic acid used . . . to develop a specific type of personality . . . These are problems that will have to be solved cooperatively, not only by physicians but also by clergymen, attorneys, government, sociologists, educators, anthropologists and others.

"It may be that one day we shall look back on the heart transplant not so much as a truly great achievement in surgery or medicine, but as the genesis of international consideration of medical and social ethics."<sup>6</sup>

One can search the Scriptures from *Genesis* through *Apocalypse* and one will find few answers to specific questions in modern medical ethics. According to the principles and methods of Aristotle and St. Thomas, traditionally, Catholic moralists have reasoned deductively from abstract concepts of man and his faculties and have thus constructed our medical ethics. Since these concepts were abstract, they were necessarily static. In this traditional approach to ethical problems, there were variations among Catholic moralists, but, in general, they used the same basic concepts and proceeded in more or less the same way. This has been radically changed in recent years. A new emphasis in moral theology has arisen which may be called "contextualism". Contextualism is cautious, if not suspicious, of abstractions and generalizations. It places greater emphasis upon the intention of the person who performs

a given act. It places greater emphasis on consequences. It places great stress upon the person rather than things and upon inter-personal relationships. In brief, it stresses the need to take into consideration the total context of the human act in making its moral evaluations. At times the conclusions reached can differ dramatically from the conclusions of traditional moral theology. No approval has been given by the magisterium of the Church to contextualism — nevertheless, it must be recognized as a system to which conscientious Christian theologians subscribe in increasing numbers. It raises questions for individual Catholic doctors and for Catholic hospitals.

In a recent issue of *Chicago Studies* Father Norbert J. Rigali, S.J., has this to say about contextualism:

"The new moral theology will discern clearly that its task is not to present a complete set of recipes for decisions and actions in all possible cases; and the new moralist will be aware that his science is not one which can paternalistically tell Christians what to do and not to do in every conceivable life-situation, but rather is a science through which the individual learns how to decide for himself in mature Christian fashion what to do and not to do."<sup>7</sup>

Most Catholic doctors and administrators of Catholic hospitals will agree that a new formulation of our code of medical ethics is absolutely imperative. The problem is particularly acute in the hospitals for several reasons:

1) It may be asked whether a hospital which serves a pluralistic community and is staffed by doctors and nurses of many faiths has the right to impose a system of ethics which is not clearly revealed by God and with which many God-fearing professional people do not agree. This is especially true on points to which the magisterium of the Church has not addressed itself.

2) The funds supporting almost every hospital, and which are essential to the hospital's existence, derive increasingly from public and community sources which are not subject to the authority of the Catholic Church.

3) Many Catholic hospitals are part of a larger medical complex which is completely pluralistic in its religious composition.

I wish, at this point, to make several tentative suggestions:

1) In the formulation of a new code of ethics, several of the best scholars representing both the traditional approach and those who place emphasis on contextualism should work together.

2) The new code of ethics should not be the work of theologians alone: doctors, lawyers, hospital administrators, and nurses should all participate actively in discussing and formulating the code and guidelines.

3) Moral theologians and doctors of religious convictions other than Roman Catholic should be included in the dialogue. In the *Decree on Ecumenism* we read: "And if in moral matters there are many Christians who do not always understand the gospel in the same way as Catholics, and do not admit the same solutions for the more difficult problems of modern society, nevertheless they share our desire to cling to Christ's word as the source of Christian virtue and to obey the apostolic command: 'Whatever you do in word or in work, do all in the name of the Lord Jesus, giving thanks to God the Father through him' (Col. 3:17). Hence, the ecumenical dialogue could start with discussions concerning the application of the gospel to moral questions."<sup>8</sup>

4) The code of ethics should be brief. It should be as positive as possible. It should state clearly that no one may be required to do anything which is against his or her conscience.

Once more I quote Dr. Wilbur: "When our Judicial Council and the House of Delegates (of the American Medical Association) condensed the nearly fifty detailed elements of our code of ethics into ten short principles and a preamble, they created an umbrella of ethical guidance under which every physician can find protection for his patient, himself and his colleagues".<sup>9</sup>

Dr. Wilbur's use of the word "umbrella" prompts me to make a final tentative suggestion for the consideration, dialogue and criticism of the theologians. Would it be possible for a code of ethics, for use in Catholic hospitals, to contain a general introductory section which would be a statement of positive values to which the hospital subscribes and, after this "umbrella statement", because of the pluralistic composition of the communities served by the Catholic hospitals of this country, would it be possible to have several distinct and differing statements of medical ethics? For example, one in terms of the traditional Catholic moral theology, one in terms of contextualism, and one or more expressing the medical ethical principles of non-Catholic groups in the pluralistic community?

I make these suggestions and ask these questions in a purely tentative way realizing that many difficult details and applications would have to

be worked out. I make them in the humble, prayerful desire of taking part in a dialogue which I think is essential now if the concerned, religiously-oriented community is to produce a formulation of medical ethics that will suit the complex needs of our day. At the same time, everyone of us should be conscious of the fact that a statement of medical ethics means little if persons in the medical profession do not have a proper, basic life-orientation — for God and people as His children.

#### FOOTNOTES

1. "Message to Humanity, Issued at the Beginning of the Second Vatican Council by its Fathers, with the Endorsement of the Supreme Pontiff", *The Documents of Vatican II*, Walter M. Abbott, S.J., General Editor, Herder & Herder, N.Y., 1966, p. 4. Council Documents will be quoted from this edition.
2. *Decree on Ecumenism*, n. 6, p. 350
3. *Pastoral Constitution on the Church in the Modern World*, N. 43, p. 244.
4. "Theories of Ethics and Medical Practice" Chauncey D. Leake, Ph.D., Sc.D. *JAMA*, May 5, 1969, vol. 208, no. 5, p. 842
5. Matthew 25: 34-40, Revised Standard Version, Catholic edition
6. "The Heritage of Hippocrates" Dwight L. Wilbur, M.D., *Journal of the American Medical Association*, May 5, 1969, vol. 208, no. 5, p. 841
7. "Moral Theology: Old and New", Norbert J. Rigali, S.J., *Chicago Studies*, Spring 1969, vol. 8, no. 1, pp. 50-51.
8. *Decree on Ecumenism*, n. 23, p. 36
9. "The Heritage of Hippocrates" Dwight L. Wilbur, M.D., *Journal of the American Medical Association*, May 5, 1969, vol. 208, no. 5, p. 841.