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The Unique Ministry of the Physician

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The past five years as Director of the Department of Medicine and Religion of the American Medical Association have provided a most rewarding and challenging experience. This has been true in all the areas of our efforts in the development of this national program through local medical societies, medical schools, theological seminaries and the continuing education of the medical missionary. This has been particularly true in the participation of the joint meetings of physicians and clergy. I consider it a signal honor that you have invited me to give the annual Gerald Kelly Lecture. The opportunity of meeting with your Guilds, both nationally and locally, has been most rewarding. I must humble myself in this position, for I recall the fine lectures given by the distinguished speakers in the past.

I have selected the subject, "The Unique Ministry of the Physician," to call attention to the need of the physician to recognize that he is more than a technician. He is a physician and as a physician he ministers to the whole being of man. That the patient is a person is not a new or startling statement, but it is often forgotten. Man is a whole being; he cannot be divided into parts; he is not a jigsaw puzzle; he is a one-piece person.

The patient is physical; he is spiritual; he is mental, and he is social in his total health. It is widely recognized that a weakness in any of the four factors militates toward ill-health in any of the three other factors. We recognize immediately that all illness is not organic. The parents of the retarded child in some cases are more ill than is the child. Moments of shock, fear, hysteria and grief are moments of serious illness, and these illnesses can affect the whole being of the patient.

As a whole being, the patient has a faith which is a vital factor in total health. The patient must be treated and cared for within the scope of that faith. There may be times that the physician would disagree, and not approve of the concept or attitude that a faith group presents to his patient. The fact still remains that it is the patient's faith, and every physician knows that he must treat within that faith. There needs to be greater understanding between physicians and all faith groups as to the requirements of those faiths relative to patient care. There needs to be greater understanding by the clergy of the physician's attitudes and feelings. The clergyman must understand the physician's deep concern to help the patient, and that the physician's decisions are ofttimes difficult to come by, but that he must make decisions. In these decisions, the physician recognizes that he treats, but God heals. In the treatment and care of the patient, the faith of the patient has much to do with the healing process — the will to live or to die.

The faith of the patient gives him the strength to face that which he does not want to face. It gives him patience, assurance, and hope — all of which aid in the healing process. These are not things that can be purchased in a bottle at the drug store. This underlies the basic philosophy of life that each individual must have and which affects his total health.

The confidence which the patient places in his physician and his clergyman is a part of total faith. This confidence is more than he would share with any other group. A personal illustration may explain what I mean. Some years ago with my wife and two friends, we were vacationing in San Francisco. As well you know, it is an interesting, fun city and we were making the most of it, happy as happy can be. Then one night in a small restaurant near our hotel, I was stricken with a severe chest pain. Immediately there was fear, tenseness, uncertainty and that awful question: What has happened to me? Also, strangely enough, I was worried that everyone in the restaurant would think I was intoxicated. After some minutes, we finally made it to our room in our hotel. Being on vacation, we did not know a soul in the strange city. Whom do you call? We were left dependent on the desk clerk to secure a physician who would come and see me. As you well know, this could have been anyone; a resident, a retired physician or some one most qualified to meet my need. However, regardless of who he was when he arrived at the door, there was a sense of relief that went through my body. I k w all was well, for here was a ph ician. I need not tell you of the re that came to my wife. Later I as to learn he was a cardiologist (as I say the good Lord takes go care of his own). The confidence had in this man — of whom w knew only that he was a physician - was complete.

He was a good Irish C holic (and looking after his own sent me to Notre Dame Hospita Soon I found myself hazy with d s, in an oxygen tent, and wired o an E.K.G. Have you ever know fear, even in a hazy condition? V at is going to happen? A couple o hours later, the Catholic chaplain c ne by and asked if I wanted prayer, which was the one thing I desire and needed most at that mon nt. I doubt if I heard his words, t his presence and his leading m close to my God was more than e ough. You see, I am a protestant, b t the chaplain represented faith a d belief. It made no difference; h e was my priest for a moment. It s this confidence that our patien s and parishoners have in us th t demands (and that is not too strong a word) a unique ministry from each of us, particularly the physician. A quote from Ralph Waldo Emerson: "Do not say things. What you *are* stands over you the while, and thunders so that I cannot hear what you say to the contrary." It is in this manner that your unique ministry tells of your concern, your desire to aid and your own thoughtfulness of the patient.

This unique ministry is not preaching or evangelizing. It is not

prayers and sacraments. It is the physician's personal faith and concern for his patient. The power of laying-on of hands is not just a scriptural phrase, it has real meaning. The touch of a hand, the firm grasp of one in sadness, the comforting shoulder for the silent tear to flow, the smile and confidence expressed in your face. These are a part of the unique ministry.

This ministry is the recognition of human dignity, the nobility of man, a creature just lower than the angels. Difficult at times to believe? Yes, but this belief is essential in our practice of medicine. I recall one whole night I spent doing rounds with a resident student at Cook County General Hospital in Chicago. There were times when it was difficult to see human dignity. In three situations in the emergency area I saw humanity that had lowered itself to the reaches of animals, to filth, squalor and to nauseating and loud obscenity. Still, these people were in need, they were human.

It is possible that in our need to specialize in medicine, the patient becomes a diagnosis, a procedure, a prescription or mechanical act. Oftimes the physician fails to see the fears, the tensions, the concerns and worries of the patient. These too are human, children of God. They cannot be seen as a chart, they are persons.

A surgeon by the name of Robert H. E. Elliott, Jr., has prepared a small booklet entitled, *Who Healeth All Thy Diseases,* which I recommend to your reading. May I quote,

I think it was Bishop Pike who pointed out that the individual patient desperately needs to feel that he is being treated as a whole person by a whole person, and not as a unit on an assembly line, or as a "case" of this or that. To my mind, in this day of increasing specialization, the validity and importance of this observation becomes more apparent every day. I would say, therefore, that without question, it is in this general field that the practice of religion by the physician can most influence his daily work.

Please, I am not preaching a sermon, though it may sound as one. To me, the physician's individual faith is important in his practice of medicine; it is not something to be left at the altar rail or left hanging in the locker as he prepares to "scrub." Dr. Edward H. Rynearson, formerly of Mayo Clinic, speaking in Atlantic City four years ago stated:

In my opinion, physicians who have strong religious faith are better able to help patients who are in trouble because of the endless assaults of "life." This presupposes that religious faith can prevent certain tensions, that it can relieve such tensions as they occur, and that a physician who himself believes this can best apply the principles to the patient. These generalizations will be promptly rejected by the atheists, the agnostics and by many very intelligent persons who, quite honestly, cannot accept such an oversimplification and who believe that intelligent physicians can help intelligent patients by more rational and less emotional methods than the ones implied. Perhaps so. I certainly have no figures with which to support my statements. Perhaps I should refer only to my experience. I sincerely believe that I am a better physician by virtue of my strong religious convictions acquired in my home and in Christ Methodist Church, Pittsburgh, Pennsylvania, and in Ohio Wesleyan University. Please note that I have not said I am better than other physicians; I am saying that I believe I am a better

physician than I would have been without such a background and experience.

The Roman Catholic Physicians' Guilds and other guilds with similar purposes are most important, for through meetings and retreats, the personal faith of the physician can be nourished. The Moderators and Fathers here may recognize that they, too, have a unique ministry to the physicians of their parishes and guilds. I believe this ministry to the physician is more unusual than ministry to any other parishoner. The physician must make decisions, life-or-death decisions. These are more difficult to face than sales quotas, inventories or other vocations of your parishoners. Guidelines for the physician have been well established in many areas by various Popes and by leaders like Kelly, McFadden, Lynch, O'Donnell and others. But the physician is required to make life-or-death decisions each of his waking hours. Even the writing of a prescription is a life-or-death decision. These decisions are based on his medical knowledge and his own personal moral conscience. That conscience must be continually nourished that it may grow in strength and certainty.

Again we refer to the unique ministry of the physician. There is growing insight that life and death are not only of the physical body. There is a recognition of the spiritual depth of life and death. There is knowledge of the dignity of death, the certainty of the hope of that which is eternal. Our blessed Lord came not to only give abundant earthly life. He also came [illegible]t we might be fully aware of t[illegible] love and place of God, the father [illegible]n our present and in our future. I[illegible]s this certainty of eternal things [illegible]n the physician's mind that makes [illegible] possible for him to give strengt[illegible] courage and hope to his patient[illegible]nd to his patient's family.

I have coined a phrase, "[illegible]e are the generation of transition.' In all fields of knowledge, we h[illegible]e expanded so that no one ca[illegible] know all, even in his own field. [illegible]hings which in our childhood were [illegible]ught as truths have now become [illegible]true. Not everything, of course, f[illegible] basic moral truths remain the sa[illegible], but we live in a day when our t[illegible]nking changes from certainty to [illegible]ncertainty. It is a period of dou[illegible], that is, perplexity, riding on the h[illegible]rns of a dilemma. It is a time of t[illegible]e unknown, the obscure, the unc[illegible]tainty of tomorrows that requires th[illegible] physician to find confidence for [illegible]imself first so that he can transf[illegible] that confidence to his patients.

The perplexity of the day is not all bad as some would believ[illegible]. This is an exciting and challengin[illegible] time to live. There is a new, fresh breeze blowing through the church; challenging tradition, causing new attitudes and direction. This we need. It is not just the church the fresh breeze is touching. All of man's thinking is affected, challenging him to new ideas, new ways and new discoveries.

The tremendous advances in medicine raise new problems, new decisions, new guidelines and new direction. Reverend Fathers, your

physicians need your consideration and concern in many of these areas, but most of all to nourish their moral conscience. As an illustration, we have used the heart as a symbol for so long that society has accepted the symbol as a fact. To many people, the heart is life, love, compassion and the home of the spirit. But is it? Of course not.

To many, as long as the heart beats there is life. Yes, but a short time from now we will replace a tissue heart with a plastic heart. Then when does that patient die? To man the heart is love. The heart cannot love, it is only tissue and muscle. To many the heart is the home of the spirit. What happens to the spirit of the patient with the plastic heart?

There are no simple answers to this illustration or of a hundred others such as sustaining and maintaining life; the unwed mother, the alcoholic, organ transplantation, machine medicine, human experimentation and the whole new world of genetics. These are a part of the fresh breeze that stirs medicine, however, and will require decision-making by the physician, for he must also lead the people to new acceptance.

Our Lord told the parable of the talents. To one man was given one talent, to another, five, and to another, ten. The physician is a ten-talent person and in his unique ministry, he needs them all.

The talents are a gift of God; they cannot be acquired in any other way, but many of us dig deep to hide some of those talents. Your Guilds can and should challenge — even goad, if necessary — their members to become ten-talent physicians in a great, unique ministry.

Again, may I express my appreciation of your kindness as an organization, but also to many of you who I know personally for the warmth and love you have shared with me these recent years. Many honors I have been privileged to receive since joining the American Medical Association, but to be your lecturer today was one I accepted with humility and appreciation.

Dr. McCleave is Director, Department of Medicine and Religion, of the American Medical Association. He delivered the above as the Third Annual Father Gerald Kelly Lecture sponsored by the National Federation of Catholics to honor the eminent Jesuit theologian, writer of innumerable publications in the medico-moral field.