

August 1985

Medicine and Religion: Battle Ground or Common Ground

William F. Maestri

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Maestri, William F. (1985) "Medicine and Religion: Battle Ground or Common Ground," *The Linacre Quarterly*: Vol. 52 : No. 3 , Article 9.

Available at: <http://epublications.marquette.edu/lnq/vol52/iss3/9>

Medicine and Religion: Battle Ground or Common Ground

Rev. William F. Maestri

The following was the keynote address at a conference sponsored by the Diocese of Lafayette for the State of Louisiana; the conference dealt with religion and medicine.

Father Maestri teaches philosophy at St. Joseph Seminary and medical ethics at Charity Hospital. He has authored two books relating to bio-medical ethics and has recorded a series of tapes for Alba House.



It is a privilege for me to offer a few words of introduction as we begin our two days of study, reflection and prayer. What we do during these next two days offers real hope for a future and continuing dialogue between physicians and clergy and those in hospital-pastoral ministry, between the two communities of medicine and religion. What we do is what sociologist Peter Berger calls "a signal of transcendence"; "a rumor of angles." That is, by our coming together to discuss common concerns, hopes, cares, problems and dreams, we are continuing the process of bringing healing and reconciliation to the two communities whose major *telos* or end is healing and reconciliation. We will be talking to/with one another, rather than about one another. There is the real hope that we will come to see that there is much more which reunites us than divides us. The words of the Apostle Paul to the Corinthian community seem appropriate:

So we are ambassadors for Christ, God making His appeal through us. We beseech you on behalf of Christ, be reconciled to God. . . . Christ reconciled us to Himself and gave us the ministry of reconciliation. . . .

The work of reconciliation and healing are part of our medical and religious DNA. Our finer moments come when we reach out to one another in trust and respect, working for the common goal of healing to the glory of God.

None of what I have said so far is meant to cover up past hurts, present problems or future tensions. Yet we need to focus on two crucial principles: first, conflict and tension are not necessarily destructive. Such tensions can be a sign of vitality and growth. Second, it is so easy for the physician to focus on disease and the priest to lament sin, that we fail to appreciate health and grace. It is easy for us to overlook our common ground because of what takes place on the battle ground. Yet it is on this common ground that we work together to witness to the sacredness of life; the dignity of the patient as forever a person; the nobility of the vocation of physician, priest, healer, minister, and daily give ourselves to the canonical loyalty which lovingly ties us to our patients.

We hope (that wonderfully tough Christian virtue) that the next two days will make a real and significant contribution to the dream that our medical community will serve true human ends with moral sensitivity, and our religious community will serve the needs of physician and patient in the common cause of healing in light of the Divine Physician.

This hope of mine, shared by all of you, that we move from the battle ground to the common ground, must be more than wishful thinking. It requires action, commitment, leadership, and a daily appreciation of the problems and achievements which each face.

Talk Directed to 3 Aspects

The balance of my talk will be directed to three specific aspects, in hopes of facilitating a recognition and appreciation of the common ground on which both religion and medicine minister. These three aspects are: 1) overcoming the dialogue of the deaf; 2) the Catholic moral tradition and the openness to medicine and science, and 3) some questions to help focus a continuing dialogue among community members.

1) *Dialogue of the deaf.* The holding on to the stereotype contrary to experience undermines all effective attempts at dialogue and respect. The world of the physician and the world of the priest (broad sense of the term) are two different worlds and cultures (C. P. Snow) or so it seems. The stereotype runs something like this: *Physician:* The world of the physician is *male dominated* and a game played by the male of the species. There is a highly *technical language* understood by the insiders and meant to keep the outsiders out. This special language

is a sign of coveting power and holding on to the control over others. Medical terminology enables the physicians to avoid criticism, since the critic is often unprepared to discuss issues because there is no common language. The world of the physician's language carries over into a subsequent *physician's style of being-in-the-world*. The physician is cool, excludes emotion and involvement, abhors sentimentality, loves the facts (Joe Friday complex), is conservative, is impatient with human imperfections, lives in a conceptual world of accuracy, speed, objectivity, and quantitative calculation. The world of the physician has no place for values, virtues, or moral judgments which are highly subjective, individualistic, and are often road blocks to progress.

Priest (minister, pastoral care, etc.): The world of the priest is comprised of *men, women and children*. It is the *world of imagination*, symbol and sign. It is the language of poetry, comedy and tragedy. The *style* of the priest is personal, involved, and committed to things human, hence imperfect. The priest speaks his own special language of parable and anecdote. Thinking is often qualitative rather than quantitative. Human values and feelings are very important. Sincerity and down-to-earthness are important qualities in any discussion. The priest is often cautious and even suspicious of progress.

These two different worlds or cultures give rise to "the dialogues of the deaf." That is, the physician and the priest live as if the other did not exist. We listen to the physician and then to the priest, and we realize how separate are the worlds they occupy. Translation is next to impossible. How can I explain the world of the physician to the priest and *vice versa*? Stereotypes are activated and empathetic dialogue is deactivated. *Physicians* are misguided, hard-hearted, cold, far removed from human concerns, and wrapped in a fabricated world which desires only technical results. *Priests* are soft-headed, emotional, uninformed, preachy, and infected with a terminal case of holier-than-thou-ness.

What is to be done? How are we to move beyond this impasse of deafness, hostility, and even indifference? The indispensable first step is to recognize and appreciate our *common humanity*. Beneath the white coat, stethoscope, clerical collars and crosses, we are human. Intellectually, we nod agreement, but in our everyday contact it is easy to forget and repress. The patient is not the only one to whom we owe canons of loyalty and respect. The patient is not the only one in danger of being objectified and turned into an "it." Both the physician and the priest are in need of ministry, healing, understanding, recognition and love. Both physician and priest have learned early to cover up their humanity and distance themselves from things human. The physician and priest are trained in giving, fighting and supporting. Yet both are little-schooled in *accepting* the gifts of others, especially from the patient and the congregation. We are givers, not takers; lifters, not leaners; healers, and not sick; ministers, but needing no

ministering to, and supportive, but in need of no support.

Our common humanity and the concern which we have for the integrity of the human person must move us to a recognition of God, for the ultimate dignity of humanity is always experienced as a recognition of dignity and never something we give to one another. Humanity is already gifted with dignity and sacredness. We are gifted with an "alien dignity," that is, we come from a loving Creator whose hands are always on our lives and who gently lures us to our lasting peace — life with Him in the Kingdom. Without this appreciation, it is easy to justify any means in light of any end; to turn the truthfulness of our existence into an *idol*. Violence is all too easy. Decisions are made in terms of social worth or so-called merit. In the end, humanity becomes constricted to my group, my beliefs, my values, my profession and finally, to those who agree with me. The words of the Psalmist say:

Thou didst knit me together in my mother's womb. Thou knowest me right well; my frame was not hidden from thee, when I was being made in secret. Thy eyes beheld my unformed substance; in thy book were written, every one of them, the days that were formed for me, when as yet there was none of them (Ps. 139).

There is about us a pre-existent aspect even before conception. We live in the thoughts and dreams of God, even before we are. The "dialogue of the deaf" gives way to those who hear and speak a new language of Pentecost, when the Spirit was poured out on all flesh, a new creation and humanity which dream and hope in ways yet to be.

2) *The Catholic moral tradition and medical science.* The movement from the battle ground to the common ground can find a significant friend through the Catholic moral tradition. Catholic theology has consistently understood itself from Augustine to Anselm to Aquinas to Rahner as "faith seeking understanding." The Catholic approach to theology has been a dedicated attempt throughout the ages to remain faithful to the injunction found in 1 Peter: "Be ever ready to offer reasons for the hope that is in you, yet do so with gentleness and reverence." Faith and reason are not enemies contesting over truth. Faith builds on reason and allows the mind to pass from the seen to the unseen; from the obvious to the subtle; from knowledge to wisdom. Faith and reason work together in bringing one to the source of all truth — God. The Catholic tradition, in its better and more faithful moments, has never feared reason, but embraced it as a gift which we are to use in loving God. Reason is not to be thought of as the seat of pride and arrogance. Reason is not the enemy of faith which weakens our faith. Rather, faith and reason are co-travelers in the journey to God.

Hence, if reason is a good gift, then the Catholic tradition is one of basic openness to the data of medical science and the possibilities of

medical technology. The Catholic tradition proclaims a basic openness to human reason, science, and the advancement of humanity through bio-medical technologies. The greatness of Aquinas was his ability to use the thought of Aristotle, a pagan philosopher, to better explain the mysteries of the Christian faith. Reason, science and philosophy are not opposed to faith. Rather, they enhance and contribute to our understanding and appreciation of the human. The real enemy of faith and reason is a blind dogmatism which isolates faith from life and restricts reason to a mere cataloguing of the facts and figures. The real enemies of faith and reason are fear and suspicion which build walls and keep us on the battle ground.

The Catholic tradition and the scientific communities have much in common concerning the goodness of the natural and the human. The Catholic tradition has been one of insistence on the compatibility of grace and nature. Grace builds on nature. The natural and the human have a basic goodness which sin has not totally negated. Hence, the glory and power of the human are not negated so the glory and power of God can shine through. Rather, humanity shares in the glory and power of God as stewards of God's good creation. Man is the image of God and called to grow into the Divine likeness. The advances in the arts and sciences are not threats to God's greatness, but a further indication of how much God loves and trusts us. The advances of culture give witness to man's responsible use of reason for the end of giving glory to God and service to one's neighbor.

Tradition Not Unmindful of Limitations

None of this is to imply that the Catholic tradition is unmindful of the *limitations* of the natural and human. The Kingdom is not fully here. Sin, egoism, and pride are real in heart and history. Man and all his works are in need of repentance and transformation by the Spirit. Several key cautions or *caveats* must be mentioned in our consideration of medical science:

1. There is a danger with simply connecting the "is" and the "might." Science deals with present realities. The Christian is future-oriented and lives by hope. This future is the completion of humankind in God's kingdom. All that we now do stands under the critique of the Kingdom. The present is never simply identified with the normative demands of Christian life.
2. There can be a simple connection between the human and natural causality. Man is more than matter or chemicals or genes. The human person is a transcendent reality which calls for us to move beyond the concepts of our rationality into the realm of mystery.
3. Every science is limited by its method and excludes large segments.

ments of the human reality. There is also a pluralism among experts in any one field; this is especially true of the behavioral sciences.

4. There is a danger in simply passing from the "could" to the "should." Because I *can* do a given procedure does not automatically mean that I *should* do a given procedure. True human progress is more than technical know-how.
5. The meaning of progress needs to be critically understood. Human progress does not occur in a constantly developing, ever-improving fashion. Change is not always progress. Progress has its negative effects which must be critically evaluated. Ultimate perfection will only come with the Kingdom of God.

Some questions for dialogue between religion and medicine. Before we can have answers, we need questions. Before we can have questions, we need to be able to state each other's position to the satisfaction of the other. This means we must listen — actively — and hear what is being asked and appreciate what is being said and what is not said.

I would like to offer the following questions for discussion:

1. What are some of the more practical ways to achieve genuine dialogue between the medical and religious communities? What personal and structural components are needed to help form a common ground?
2. How can and how do the physician and priest work together in the art-science of healing?
3. In what ways can the nursing staff and medical profession use their contact with the patient to promote patient well-being?
4. What changes must be made in seminaries and medical schools to help in the training of priests and physicians, so as to build a future of caring and sharing?
5. What common concerns and goals unite the medical and religious communities? Which are causes of division? How can reconciliation be achieved?

Conclusion

What we do now is to help build bridges and pool our resources for the good of the patient. We are stronger together than we are alone. The time for rugged individualism and isolation is long past. We cannot afford to ignore one another or pretend that the other does not exist. We cannot continue to fight intellectual battles long forgotten and which ill serve the patient and those ideals which make medicine and religion among man's noblest adventures. None of us are here today because we are hostile to science or because we want to poke fun at religion as superstitious. We are here because we recognize the contributions of both and how much we can learn from and enrich one another. We are calling today for more thought, not less. We are

opinion
the area

"to the
not auto-

the human

derstood.

ing, ever-

ness has its

imate per-

Before

we can have

questions,

to the satisfac-

— and hear

not said.

on:

ive genuine

ities? What

help form a

together in

together in

together in

together in

together in

together in

together in

calling for a greater faith, not one lacking in confidence and hope. The men and women, children and elderly, rich and poor, black and white, Catholic, Protestant, Jew, Moslem and atheist — all are affected by our words and deeds. All are human and all are the children of a loving God, regardless of His name and even if His name be unknown or denied.

We stand at a great moment in history. Man is extending his knowledge in all directions. We are truly developing a planetary consciousness. Religion and medicine have much to contribute. *You* have much to contribute. May all that you do be for His greater honor and glory. May all whom you serve be treated in imitation of the Divine Physician.

My prayers go with you during all the days God gives you as servants of His ministry of healing and reconciliation.

Copies of articles from this publication are now available from the UMI Article Clearinghouse.

For more information about the Clearinghouse, please fill out and mail back the coupon below.

UMI Article Clearinghouse

Yes! I would like to know more about UMI Article Clearinghouse. I am interested in electronic ordering through the following system(s):

- DIALOG/Dialorder ITT Dialcom
 OnTyme OCLC ILL Subsystem

- Other (please specify) _____
 I am interested in sending my order by mail.
 Please send me your current catalog and user instructions for the system(s) I checked above.

Name _____

Title _____

Institution/Company _____

Department _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Mail to: University Microfilms International
300 North Zeeb Road, Box 91 Ann Arbor, MI 48106