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Paul Quay

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The Physician in the Service of the Family

Paul M. Quay, S.J.

The author received a Ph.D. in physics from M.I.T. in theoretical thermodynamics and received licentiate degrees in philosophy and theology from West Baden College, and an A.B. in classics from Loyola University in Chicago. At St. Louis University, he was an associate professor in both the physics and theology departments while also teaching the philosophy of science. Father Quay has done research topics in spirituality and his writings on sexual and medical morals have been widely published.

Introduction

Being neither a family man nor a physician, let me approach my subject from a point of view less familiar and perhaps more interesting for you.

Let me begin with a story, a true one, about a Jesuit of an earlier generation whom I was privileged to know—Father Ernesto Gherzi (1886-1973). Father Gherzi was for many years head of Zi Ka Wei Observatory in Shanghai. His specialty was the structure and behavior of hurricanes and he had learned enough about them to be able to predict with great accuracy what they would do. He had been given complete control over the port of Shanghai, with its 40 kilometers of docks with places for 350 ships and sea-going junks. If he ordered it to shut down because of an impending typhoon, it shut down. If he said, "Stay open", it remained open. Needless to say, many millions of dollars hung in the balance with each such decision.

During the hurricane season, he would keep his shortwave headset at his bedside. A ship's captain would call him, worried by the force of the storm. Gherzi would jot down the data he needed, go look at his weather map, say a "Hail Mary", and tell the captain how to proceed. Lloyds of London would not honor a claim for insurance if Father Gherzi did not sign a statement that the captain had followed his instructions. And not one ship which followed them was lost; several were which refused to do so.

When I first heard all this, I remarked that he had taken on a tremendous burden of responsibility for life and property on the basis of good, but admittedly imperfect knowledge. Father Gherzi replied simply, "But who knew any more? Who was better qualified? And the Blessed Virgin was helping me."

This seems to highlight well the characteristics of any Catholic professional, especially of a good physician.

The Medical Profession

Physicians constitute a "profession" since they are men whom others must trust at the risk of their lives, whose considered opinions, in the most basic decisions of one's life, must be taken on faith. What characterizes a profession is that it offers people a service which they cannot do without, a service necessary for their own good and, indeed, for society's good as well, *but* a service in which those being served can ordinarily have no competence, none at least which lets them form an independent judgment as to the value of the proposed service or which would let them know whether what they are receiving is service or disservice. The clients or patients of the professional have no recourse except to others of the same profession. They have no alternative but to trust the professional's own honesty and integrity of character and his competence and technical proficiency.

When you buy a suit, you are not at the mercy of the salesman. Whatever his competence, you do not have to take his word for the fit, the style, or the reasonableness of the price. But if a physician tells someone that he needs surgery for clogged arteries or for removal of a tumor, though the patient can get another opinion (only from another physician, of course), he has no direct recourse. You, as physicians, do have such recourse. Perhaps this is why they say physicians make bad patients.

Let me underline my point: a physician is a professional in the strongest sense. Like Father Gherzi, you have taken on the burden of responsibility for decisions of the gravest import—for individuals, families, even nations and the Church. Think what things might be like today had those physicians been less skillful who treated Pope John Paul's gunshot wound! This you have done, even though your knowledge is always contingent and uncertain, even though often you have only a brief moment in which to decide. But who else is better qualified? It was for this you were trained. Who is in a better position to make decisions concerning the patient's bodily health? The responsibilities are great, but so is the good you, and often you alone, can do. To the extent that you do it well, you are fully deserving to be honored and esteemed by all.

In fact, as you recall, the Bible devotes a sizable percentage of the few lines it gives to physicians in Chapter 38 of *Ben Sirach* (or in older versions, *Ecclesiasticus*) to this matter of honoring them.

Honor the physician [(with the honor due him)]
according to your need of him,
for the Lord created him.
From the Most High comes his skill in healing
and from the king, he will receive a gift.
The skill of the physician lifts up his head,
and in the presence of great men he is admired.

You can see, too, why kindness is a characteristic mark of a true professional. Kindness begins, at least, with a sensitivity to the diversity of people and circumstances. I remember that Father Gherzi told me he did not always give the same instructions under the same circumstances, for "Some captains are brave, but others are timid." Also, in his published report each year, he made it a point to commend by name captains who, despite skillful navigation, had suffered some damage to ship or cargo, thus safeguarding their reputations and, perhaps, saving their jobs. More basically, however, kindness is essential since it is very hard for most people to risk what they treasure most to the sole judgment of another human being, especially when they have no background to help them understand what the professional is about.

Now, just as none can do as much good as a professional, none can do as much harm. Any priest who has heard confessions for a time, learns how easy it is to let his attention slide or to become a bit complacent in his skills. I remember once hearing confessions during a lay retreat. Someone came in with a marriage problem, obviously serious, to judge by the careful way it was presented. As I listened, I thought I saw the right first step, at least, and suggested he talk with his wife about the matter. The deep voice came back, "I am the wife." Would that that were my worst mistake!

So the physician of the body, like him of the spirit, if he forgets even briefly his role as servant by just momentary vanity or carelessness, can do immense and humanly irreparable harm. At that point, there is nothing to do except to turn to our Lord, repent and confess, render what reparation or restitution may still be possible, and learn to walk more humbly before God in the future. We are, as an older version of the "*Nobis quoque peccatoribus*" at Mass used to say, "sinners, yet your servants . . ."

The Family Doctor

Universities were established in the later Middle Ages principally for qualifying men for the learned professions.¹ The early term for those who had successfully completed the highest level of training, who had mastered the entire extant body of learning pertinent to their profession, was "*magistri*" or "*masters*". But successively, one after another, beginning with lawyers and theologians, the term "*magister*" was replaced by the term "*doctor*", which is simply the Latin word for "teacher". Physicians were the last to make this change.

Yet it was they to whom, without any effort on their own part, the title "doctor" has come to be applied almost exclusively. "Physician", of course, is slightly cumbersome on the tongue; but linguistic convenience alone seems inadequate to explain the pre-emption of "doctor". After all, "attorney" and "barrister" are not much easier to say. Further, in our own days, a concerted effort has been made to call all those who have gained the doctorate by the title "Doctor". Yet this effort has had only the most modest success. To most people under most circumstances, "doctor" means simply a medical doctor, a physician. Any other uses of "doctor" are of secondary importance.

But, if physicians are the pre-eminent doctors, then at least the derivation of their title suggests that they must be the pre-eminent teachers. And if we speak of "the family doctor", we are implying one who is *the* teacher of the family.

On the level of medical practice, of course, the family forms a natural unit for the doctor's teaching of health care. It is both simpler and more economical to train and instruct a family in matters of hygiene and ordinary first aid than for the physician to be needed for every bruise and digestive upset.

One major task of the physician as doctor is to defend families from other doctors. It takes the prestige of a physician to counteract that of another physician. Today, it often takes a doctor she trusts to convince a young mother to nurse her baby at the breast against the advice of doctors counseling formulas and bottles. Often, only a doctor can persuade a bright and businesslike American woman that inspection of her cervical mucus can not only be as effective as a "pill", but a better way to ground her psyche in the truth of the human body.

The media and the schools have formidable power, often for the good, to raise gradually the level of basic physiological and medical knowledge throughout a culture. But such teaching needs to be supervised and supplemented—and often drastically corrected—by the family's doctor, often in the course of the most pedestrian medical treatment.

So, too, in the matter of sex education, it has come to be seen that it is far better to help the parents within the home understand and be competent to take care of their duties for their youngsters—something the doctor can very well do—than to leave it to the streets or, worst of all by far, the schools.

The doctor is, by virtue of his knowledge of sexual physiology, one who is specially qualified to teach people how to form families—something so obvious in earlier days that it would not have called for comment. But in our day, as all of you are well aware, people have to be taught, not how to generate children, but how to look at life so that children are seen as a part of their marriage. Dr. Herbert Ratner's programs for gathering mothers together to teach them what generous motherhood means seems to me a splendid example. He taught them not only what they needed to know about bodily and psychic health, but also about morality and, above all else, Christian charity.

When Catholic doctrine on sexuality is under such heavy assault as it is today, by forces within the Church as well as from without, it may be encouraging to note the comments of George Gilder, a scholar who was at the time not a Catholic:

I believe in all the essentials of Catholic teaching on sex and family. I arrived at these beliefs through laborious research in the secular literature on the subject and through long experience and observation of families rich and poor, all at a time when I regarded the Catholic Church as a retrograde body and myself as some kind of agnostic. I now believe in the divine inspiration of these Catholic

insights and contend that a society can defy them only at the cost of an increasing estrangement from God. . . . In purely secular terms, the Catholic view of sex and family has been entirely vindicated by recent events.²

Occurrence of Secular Disasters

Gilder goes on to show the secular disasters occurring from the neglect of traditional Catholic attitudes against fornication, against mixed classes and sports for teenagers, in favor of the father's role as the provider of family-income, in favor of fertility, against abortion, against homosexual and other "liberated lifestyles", in favor of early marriage and of marriage as indissoluble sacrament. Gilder continues:

Around the world, social decline and sexual chaos is the universal harvest of reliance on secular, rationalist moral codes. In two centuries of effort, secular humanists have yet to come up with a way of transmitting ethics to children or persuading girls to say No. Without a religious foundation, embracing all the essentials of Catholic teaching, neither marriage nor civilization . . . can long survive in the modern world.

And who has a better position than a doctor to instruct and help couples confused in the midst of that chaos?

At no other time are people as likely to be open to sound moral and religious teaching as when they or their loved ones are in distress from illness, in severe pain, or in danger of disability or death. Open or not, at few other times do they need as much to hear from someone they respect such truths as those Ben Sirach utters:

My son, when you are sick, do not be negligent,
but pray to the Lord and He will heal you.
Give up your faults and direct your hands aright,
and cleanse your heart from all sin.
Offer a sweet-smelling sacrifice,
and a memorial portion of fine flour,
and pour oil on your offering,
as much as you can afford.

This is all updated with the Christian's understanding of the point and purpose of life; of death as punishment yet the door to eternal life; of God's providence; of the value of sufferings, borne for love of Christ and of those He seeks to save, in union with His sacrifice in the Mass.

By his own quiet but determined efforts on behalf of his patient, the doctor can show the whole family, in action, his conviction that God wishes us to do our utmost for one another and how to trust Him and to leave all the fruit of our labors in His hands. Ben Sirach speaks briefly to this also: "The physicans too will pray to the Lord that He should grant them success in diagnosis and in healing, for the sake of preserving life." A physician who, through his confidence in God, is not defeated by an illness or a death which he cannot prevent, but who can still grieve with the patient and his family in their suffering, will teach far more than he will ever know in this world.

Knowing our own weaknesses and mistakes can help us greatly to be kind and patient with those whose fears and ignorance make them annoying. A physician, say, dealing with a young couple with their first child, needs great patience and gentleness with these people, worried and anxious by unknown and mysterious symptoms, calling him for what he knows to be trifles. It is this connection with charity that gives the "bedside manner" its true rationale and intelligibility.

But love can be demanding and exigent also. I am told the Dutch have a proverb, "Tender hearts make bad surgeons". I remember Doctor Devine, our family physician when I was a boy. A woman had a small child with an intestinal difficulty. The doctor examined the child and told the mother to feed the youngster a certain diet. But the youngster got worse. So the doctor went back to her house at mealtime, unannounced, and watched through the window as the mother fed her child. "Baked beans, she was feeding him!" he stormed; "I gave her hell!"

A Catholic physician, then, makes manifest to the world the sort of love that God has for His people—seeking our good even when He must inflict pain. The doctor, also, must act as a father, who seeks as gently as he can to teach his child the lessons he needs to learn, regardless of the child's pain or reluctance—even as God the Father treats us in this life, as He dealt with His own Son.

The physician teaches—best by his example—that charity cares for people according to their need, not according to their ability to pay or their social importance or their prominence or their moral goodness. He gives special care to those most in need of it, the weakest of all: the infant in the womb, the hopelessly comatose, the incurably or terminally ill. Taught not only by the Church, but by the consensus of Christians, Moslems, Jews, and of such great pagan religions as Hinduism and Buddhism, he uses his strength and skill to protect the weak person, not only from disease but from those men stronger than he, at least for the moment, and whose convenience and calmness of life he is disturbing.

The doctor's life is meant to be the perpetual re-enactment of our Lord's parable of the Good Samaritan—our neighbor is the one who most needs us, not the one by nature or affinity closest to us. The physician shows the sort of love that God, Who had mercy on and died for those most in need has shown to us, ourselves lost in our sins. By the same actions, the doctor teaches the Church's perennial interest in man's integral salvation, looking to his bodily and psychic health wherever these may be pursued without harm to his spiritual good—she who is our Mother laboring always to nurse tenderly and to heal us of our sinfulness.

The physician's example needs, at times, to be reinforced by spoken instruction, not only to help people understand diagnoses and treatments, but to give a family strength to bear the burdens and strains put on it by sickness. Family members need to see that they must support one another in their weakness, even as the doctor has been supporting them. They need someone who can spell out for them the basic moral obligations which bind them and show them their reasonableness, at least for the man of faith.

The example of his own family's life can be of great importance to the doctor in such teaching. As in the Holy Family, both Mary and Joseph were called to make sacrifices. So that the divine Physician might heal us all, so the modern physician's family will have to make sacrifices on behalf of his work. Think only of what sufferings her Son's career imposed on Mary, from the Annunciation till the moment of the Resurrection. Joseph had to ponder, heartbroken, the unexpected pregnancy of his espoused, to flee into exile, later to move again to return to Nazareth.

Somewhat ironically for those who think of doctors as godlike, good physicians, perhaps more than any other professionals, must be supported by their spouses if they are to continue their work for others without destroying themselves. The unremitting demands of their calling, if yielded to without prudence and trust in God, can become inhuman and can easily tempt them to escape, whether by recourse to drugs or to illicit sex or simply to the inhuman use of their art which reduces it to a mere technology in the hands of one who has lost his humanity and sees his patient only as a "case".

The physician's most critical role today, perhaps, is to help the patient and/or the family make those delicate and crucial decisions which arise from perpetual coma, grave fetal defects, seemingly interminable suffering. It is the physician who can best instruct the family, say, on the questions of cessation of treatment, if he himself is well instructed.

Yet the doctor must be humble enough to realize how many other factors may rightly enter into such decisions—factors lying outside his competence. Since the voice of the physician is often the one most listened to in such circumstances, since it is his advice or even just his inclination or quiet desire which is followed, he must be very careful, so to speak, that patients and their families should retain their freedom.

His contribution, however is not merely help in making a hard decision. He teaches, by the doing, how to stand firm against a world that is corrupt. A physician who has kept his faith and his bearings is a tower of strength to people in need of moral clarity.

Let me be wholly clear here. I am not in any way suggesting that the will of the family should take precedence over the doctor's best judgment as to what is good for his patient. Only his conscientious seeking of the patient's good can, in the long run, really be for the good of the family and of society. To invert the natural order here would do no true good for anyone.

Physicians, then, are educators—educating the family in the basic principles of healthful living and in the simpler means for meeting the most common injuries and diseases. More important, they educate families in Christian attitudes toward life and death, toward comfort and suffering, educating all people in the nature of an indispensable profession. Thus, much indeed of what the Church has expounded (and the scriptures) about the educator can be applied without more ado to the physician.

Family As Physician

As is shown by the terrible psychological trauma inflicted on an infant who is never handled or fondled or nursed in the few days following birth, life itself—certainly any healthy life—is dependent on the natural unit

which gives rise to the child. The individual cannot survive from infancy except through the good offices of his or her family.

Nor should we forget that the aged depend on others in a very similar manner. Often their "senility" is but the result of having no interesting and strongly affective interactions with other people, few new images, little new experience. Often they depend on the sustenance and other bodily care they receive from younger people for life itself. Man at every age is essentially social.

Precisely as natural, the family is constituted for the maximum of mutual support in terms of health. While this has seemed fairly obvious in most cultures, it is only in relatively recent times in the individualistic post-Renaissance, post-Reformation West that Freud and others discovered the profound impact of every trait of the existing family on the psyche of a new child. It took longer still before psychiatrists came to realize the need, in most cases, to deal not with the disturbed individual alone, but with his entire family.

But if the family constitutes a psychic unit, which for the purposes of health, cannot easily be broken apart, the same is true also of bodily health. This is due partly to the physical proximity of family members. It is due partly to the genetic relationships of the children to their parents and the genetic harmony or incompatibility of these. But it is due also to the unity of our human nature, spiritual and material in one single being. As a result, the tensions and difficulties or, conversely, the happiness and equanimity born of familial relations show themselves in disease or health.

We are all aware of the repeated and solemn teaching of the Church, most recently in *Familiaris Consortio*, that parents, by nature bear the primary responsibility for the education of their children, also that the family is the "domestic Church", bearing the heavy responsibility for the first formation in faith and morals of its members.

I wish to argue here, on analogous lines, that it is to the family—primarily but not exclusively, to the parents—that God entrusts the health of its members. Even as parents are the first teachers of their children within the community of the family, even as they are normally the ones who must see to the baptism and religious upbringing of their children, so they are their children's first physicians and first nurses; the home is the first hospital.

Most of the world's children have been born in no other hospital than the home or under the open sky in field or forest. Midwives from the earliest records came where called, bringing their skills to help a woman who, even if skilled herself, was not able to help herself if a serious difficulty should arise. Midwifery, then, was something that could well be exercised within the family and the existence of male obstetricians shows that a husband might do the job for his wife, as needed, if he is himself adequately skilled.

So also, the latest and the best in modern Western medicine, the regulation of the frequency of conception through natural family planning, is in other places very old. A woman's nursing of her child not

only enters into that matter but has psychic and physical health effects on the infant which, I think, may last through all its life. When any member is sick, the resources of the family are mobilized, not always knowledgeably, to assist in recovery.

Parents' Status As 'First Physicians'

This status as first physicians gives parents the right and obligation to seek the best interests of their children by employing experts—professional physicians—to assist them in their task and to supply for their own ignorance of health and disease.

The family's rights concerning the health of its members are various. The rights of parents concerning the health of their children are not the same as, say, a wife's rights concerning the health of her husband. Sometimes it is the parents who are ill or aged, and it is the children who must see to their care. But these rights all grow from the same soil of human nature. The family remains the primary unit for the preservation of health.

The situation, then, is singularly like the situations in education and religious formation. The family can do its job well only with outside help. But it is help and service which the family seeks, not replacement. It is its own members who are vested with the basic right to care for their own and each other's health. The physician is, as a specialist, truly their servant. He serves, however, as an equal—one man in service of others. He may not, then, cooperate in evil.

When the patient, say, would like to die and would dispense with even ordinary means because his life is truly terribly difficult, the doctor may not accept his patient's choice. So, if a family wants the tubes of a mentally retarded daughter tied, he must refuse. He is his patient's good servant, the family's good servant, but God's first.

Rooted in nature itself, such a right cannot be superseded by the decisions of those, for example, who have other views than the parents as to how to raise children. Nonetheless, the larger communities in which the family finds its own well-being have legitimate claims also as to the health of the members of the family, just as to their education and their religious formation. But the larger communities have no moral basis for setting themselves up in opposition to the parents, whose responsibility in these matters is not transferable.

Yet even as parents do in fact educate in religion and morals and culture, even when terribly incompetent for these tasks, so too they are often inept in even rudimentary health care, falling victim to quackery, often enough losing patience and mistreating the sick. What, then, is to be done in the case where the parents' decisions amount to the killing of the innocent, even if only through ignorance? Or what is to be done when family members are in fierce conflict as to the choice of medical treatment? Nor can one forget the perennial problem of bad families, of familial envies, jealousies, hatreds, avarices, and lusts.

The solution increasingly urged by the pro-death elite of our day, is to dissolve the family by giving the child "rights" against its parents, to be defended, needless to say, by others than the child, or to subject it totally to the State. I would make two suggestions pointing towards alternatives to such unacceptable approaches.

Doctor's Role As Teacher

First, looking again at the doctor's role as teacher, where possible the physician should help a bad family to become better and stronger.

One day a father of a newborn infant and an ambulance driver dropped off at the neonatal intensive care unit a baby who had been born without a rectal opening and suffering from hydrocephaly. After a day or two, the doctor called the father, told him the situation, and asked what he wanted done. The father simply said, "Do what you want." The doctor insisted, "It's your baby and you have the responsibility for the decision." The father didn't budge. So the doctor did the bowel opening and otherwise took care of the baby. When it was time for putting in a shunt, he contacted the parents who again showed no trace of interest or concern. Determined to get them involved with their child once the shunt had been inserted and was working, he drove some 50 miles to their home with pictures of the baby. Then, they suddenly showed interest and said of course they's like to have him given the best treatment possible; they's like to have him home with them when he could come. In fact, it proved possible; they took the baby home with them very happily, and last the doctor knew, the baby was getting along fine.

So, each doctor, according to temperament and ability, is to seek his own way of helping people look upon illness and death in a more Christian manner. There is, clearly, no guarantee of full success. Human freedom can resist even God's offers of grace.

Where education fails, then the law can be called in to correct abuse and to prevent the evil effects of parents' refusal to accept their responsibilities. But the child has no rights against its parents other than those it has against mistreatment by anyone.

The second suggestion is simply to recall the societal impact of good physicians.

A physician, insofar as he succeeds in living well as a Catholic, bears a splendid and public witness to the Lord and His Church. He offers, therefore, a service to families which is not a service to this or that particular family, though it takes shape in this context, but is a service rendered to all families in a given society or culture.

There was a time in our country, perhaps, when that witness was a very quiet one: the doctor's calm and self-denying efforts for all his patients, along with his faithfulness to his own family duties, giving both wife and children his love and time. Simply through his being a worthy member of a great profession, one known for its integrity and careful maintenance of both medical and moral standards, he contributed to its social impact.

But today, his witness is more obviously social, for he is engaged in controversy, in conflict, at war. The faith of the Church is now under attack from all sides. It takes moral courage to stand up against the pushers of contraceptives and of surgical sterilizations—indeed, “Everybody’s doing it”. Already four years ago, 39% of married couples in the U.S. were surgically sterile. It’s enough to make one wonder why 85% of married women are said to be users of contraceptives. It takes courage to hold out against those who would make of the physician the agent of the state in killing the criminally guilty. It takes an unremitting courage to sustain the battle against the killing of the innocent, whether still in the womb or born with defects. It takes courage, while fighting that battle, to stand against those who would cut off the most ordinary treatment from “hopeless” patients or excise their vital organs while they are, at least quite probably, still alive. Only physicians can effectively lead the struggle against those who would abuse their skills to generate human beings *in vitro* or in the body of one not their mother or to bring success in cloning human beings. The physician is the best one to counteract the plausible talk of those who would cheat in their ways of making money, whether from the government or from insurance companies, “since they’ve got plenty of money”. The list could go on much longer; but you know its contents better than I.

Official American family policy is not designed, as George Gilder has remarked, to make it “possible for Catholics and others to follow Catholic moral codes without dooming their families to poverty and turmoil. Most Catholics have long suffered a deep conflict between the teaching of their church and the dictates of current national economic and social policy.”³

The power of the city, state, and nation is being mobilized to wipe out any truly Catholic approach to medicine, just as it is with regard to Catholic education. Consider only the efforts to take parents’ educational tasks away from them and to replace them with school teachers of often alien beliefs and standards, and through school health clinics which instruct in contraception and refer for abortion.

We have enemies, most largely through ignorance of us and misinformation, but some quite knowledgeable, men and women who hate us precisely because they know what we stand for. We should be under no illusions. There are many who would gladly see us dead.

The physician, then, has a very special interest in fighting against any sort of governmental monopoly in the provision of medical services to the community. Such monopoly is an open invitation to those whose desire for control is not limited by any scruples about the means of attaining it. More basically, governmental monopoly violates the principle of subsidiarity, fundamental to Catholic social teaching in all areas. In the context of this talk, such monopoly would prevent the family from having the physician at its service, for he would be rather the servant of the state.

But, I would guess, from my own experience in the Jesuits, the more painful and difficult fight for doctors today is that against the internal

corruption of their own professional organizations. These have moved from public approval of contraception and abortion to approval of infanticide; from denying the psychic evil of masturbation to denying that of homosexual activity; from approval of brain death as equivalent to personal death to approval of cutting off food and water from those who can still receive them. What social evil related to medicine are not some medical organizations in favor of?

It should make you, though grieving and angry, very proud to be members of the Catholic Physicians' Guilds, to be those men and women with enough courage and strength and faith to be willing to stand firmly against these evils. Still better, you have the faith and hope needed to fight these battles in the Lord's manner, not with hatred or by lies or mere power, but by the patient effort to help those who are in even more pitiable condition than the physically sick, despite the evil they do to you and your profession and our people.

In consequence, as I watch physicians of the body in their self-denial and dedication to practical love of the Lord and His least brethren, I gain new strength and courage for my own work. I know many other—and am honored in knowing—physicians of the soul who find your good example equally impressive.

References

1. In the profession of arms or the military profession, one achieved one's qualifications by working up through the ranks, not from books and demonstrations, but from the experience of war.
2. Gilder, George, review of *Family and Nation* by Daniel Patrick Moynihan, in *Catholicism in Crisis* 4, (#6, June 1986), pp. 34-5.
3. *Ibid.*