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The Doctor and the Redemption

VERY REVEREND MONSIGNOR ROY RIHM

LAST September, for the first time in my 19 years as a priest, I had the privilege of addressing an audience made up exclusively of priests. The occasion was their annual clergy retreat, and I talked to them frequently for three full days. Never before, in all the hundreds of times I have been called upon to face an audience, was I aware of such an immediate and vivid sense of rapport. I was among my own. I was talking to men who shared with me the same ideals and the same problems and the same frustrations. I was talking to men who had dedicated their lives to the same work as I. It was not only a new, but a grand and rewarding experience.

At this time I am strongly reminded of that experience last fall. Like that, this is for me a new experience, as this is the first time I have ever been called upon to address an audience made up exclusively of physicians. But that is not the point. The point is I am now extremely conscious of the same sense and feeling of rapport. In a very real sense I am among my own. You, doctors, and I share the same work, the same calling. Both you and I are engaged in a work of redemption — in fact, we are engaged in the same work of redemption. Specifically, we are both committed to the sublime vo-

cation of redeeming fallen mankind from the ravages of Original Sin.

It may come as a mild shock to you to hear that you are partners with us priests in the struggle to redeem man from Original Sin, but I am here to discover unto you that that is precisely what you are. You are not merely physicians — you are Catholic physicians. As such, you subscribe as wholeheartedly as I to the Catholic doctrine of Original Sin. You agree as wholeheartedly as I with what St. Paul wrote in the New Testament: "Through one man (Adam) sin entered into the world, and through sin death" (*Romans V, 12*). Both sin and death came into the world through Original Sin. Mind you, not just sin — but death and sickness too. The one is as much an effect of Original Sin as the other. Had Adam not sinned, there would today be no sin in the world — and I would have no work to do. Had Adam not sinned, there would today be no sickness or death in the world — and there would be nothing for you to do! Both you and I — and you no less than I — are what we are because somehow we sense the urgency of repairing the damage caused by Original Sin. You have committed your life to the ennobling redemptive mission of struggling against disease and sickness and death. I have committed my life to the ennobling redemptive mission of bat-

Monsignor Rihm, of Saint Pius X Church, San Antonio, Texas, gave this address to the Catholic Physicians' Guild on May 3, 1961.

ting that supernatural disease, sickness and death which is sin. What you oppose no less than what I must defeat, is the direct effect of Original Sin.

True, what concerns you has to do with man's body; what concerns me has to do with man's soul. But this dichotomy between man's body and man's soul exists only in man's mind; it does not exist in a man. Man is one: body and soul. He is never in one respect just a body or in another just a soul. He is not even a component of the two. He is one, body and soul. You may separate the two in thinking about him, but you cannot separate the two in treating him. And so, because we deal with men, you doctors and we priests are *partners* in our respective vocations which are really only one vocation: the redemption of man from Original Sin. It is the *whole* man who must be saved. Yours too is a priestly work!

Because your vocation as physicians and my vocation as priest are so intimately and so profoundly linked, we can learn from one another. Certain common insights, apparent to one, can be passed on to the other. Let me share some of these insights with you.

1) Some of our "occupational hazards" are much the same. The priest must reach out his hand to help those in sin without allowing himself to be contaminated by it. Unless he can he is useless — for "if the salt loses its strength, what shall it be salted with?" (*Matthew V, 13*). The physician must come

into daily contact with contagion and disease. But he must reach out his healing hand without allowing himself to be contaminated. Unless he can, he is useless.

Because you and I try to help people we are exposed to a common danger. People can be so ungrateful. This too, I suppose, is due to Original Sin. Both you and I must be on guard not to let people's ingratitude discourage us in our work. But there is another common danger here, more subtle than ingratitude. It is ingratitude. Some people can be so grateful. We are astounded at the lengths to which they will go to show it. They will heap favors and privileges upon us. Both you and I must beware of this. There is only one short step from *receiving* favors to *expecting* favors. He is a great man who can consistently *accept* privileges without eventually *demanding* them.

2) For both you and me, progress is the great concern. Now progress is the child of hope, and it is significant how here we part company. You can see progress. Within your own lifetime it has been phenomenal: antibiotics, "wonder" drugs, polio vaccines, the life-expectancy steadily lengthening, stupendous new techniques in surgery, the break-through in cancer perhaps near! We priests know little of the same heady vision of progress and success. True, there are more Communion and more converts — but then we read the Kinsey report and we wonder who's kidding whom! Let's face it, sin is here to stay, and we

need look no farther than ourselves to confirm this. But progress is the child of hope. And here again we part forces. You are doomed to defeat. You may win a battle here and there, but you always lose the war. Every patient you treat, regardless of how marvelously and how often he recovers, dies. And about that you can do nothing. With us it is different. We go about our work with a deep and abiding sense of final victory. We do seem somehow to lose most of the battles, but we are confident of winning the war! You find the strength to go on, despite the inevitability of final defeat, because of your hope of intervenient victory. We find the strength to go on, despite our discouragement at intervenient defeat, because of our hope of final victory. Discouragement is the ineluctable lot of both of us. But your strength is our weakness, as your weakness is our strength. We need one another in the good fight!

3. For both of us, attitudes are of primary importance. To be any good at all we have to be tenacious, never-say-die fighters. How difficult it is to fight what you do not hate. Imagine a priest not hating sin. He wouldn't be any good because he couldn't battle it. You remember the story about the notoriously laconic President Coolidge; returning one Sunday morning from church, Mrs. Coolidge asked him what the minister's sermon was about. "Sin," was his total reply. "Well, what did he have to say about it?" she asked. "He was against it." If the priest is to fight

sin he must be against it. You are committed to a struggle too: the war against sickness and disease. What is your attitude toward sickness and disease? Do you hate it? Hate it with a passion? Do you really want to stamp it out? If you do not, you may be a nice fellow but you are a sorry doctor. To be a good doctor, dedicated to conquering sickness and disease, you can have no tolerance for them as such. You have to hate them or you will make a poor adversary. Why do I mention this? Because it is particularly apropos of *Catholic* physicians. There is a kind of phony "Christianity" prevailing today which would have you believe that sickness is a blessing, that it is a good thing in itself. Don't you harbor such nonsense; for if you do you will not only be a sorry doctor, you will also be a sorry Catholic. "Through one man (Adam) sin entered into the world, and through sin, death." Sickness and death are not a blessing, they are a curse. They are not the work of God, they are the work of Satan. They are the penalty of sin. They are punishment — and only a pervert *likes* punishment. Look at the life of Jesus. He was not sick a single day of his life. He hated sickness and disease and infirmity and death — and most of his miracles bear witness to that! True, He chose to die. But He chose death not as something good in itself. He made it quite clear that He chose it only as the atoning price to be paid for sin. Of course, the patient acceptance of sickness and even of death in a spirit of atonement for sin is a

magnificently Christian thing. But we must not confuse the *acceptance* of sickness and death with sickness and death itself. The one is a great grace; the other is a curse and a penalty to be hated and feared and resisted. As a Catholic doctor you must hate sickness and death in itself. Only so can you be any good either as a doctor or as a Catholic. As a Catholic physician you should counsel the *acceptance* of sickness and death in a true Christian spirit. But you must never allow yourself or your patient to fall into the trap of regarding sickness and death as something good in itself.

4) Remember the old saying: "hate the sin but love the sinner"? The axiom is equally valid for both of us, except that in your case it might be paraphrased: "hate the sickness but love the sick man." How easy it is to transfer your opposition to *something* into opposition to *someone*. It is as easy for you as it is for me. How the priest in his work must guard against this. He must hate the sin, but God help him if ever he hate the sinner too! The priest must hate stealing but he must love the thief; he must be opposed to lying but not to the liar; he must despise adultery but he may not despise the adulterer. If ever — by thoughtless action, heedless remark, careless jest or slightest innuendo — he should intimate that he not only hates the sin but also the sinner, the door shall have been slammed shut forever on the poor sinner who detects this. The usefulness of such a priest is finished. So too the physician. The physician must

hate the sickness but not the sick person. He must ever be on guard against transposing opposition to the one into opposition to the other. If ever, by word or action or attitude, he should intimate that he does hate the sick person his usefulness is at an end. He has failed.

5) Finally, a word about something else that you physicians and we priests should have in common: a deep sense of dedication to our vocation. Only if we are dedicated can we fulfill it. If it be true (and it is) that we are useless if we are not "all priest," it is equally true that you fail if you are not "all doctor." People have a way of knowing — people who depend on us. We priests have a certain advantage here: by Canon Law the Church protects us against non-priestly, outside interests and avocations. (It doesn't always work, but the protection is there in Canon Law: clerics are forbidden to engage in private business enterprises.) What a pathetic and tragic figure that priest of God who is first something else and only secondly a priest. The same is true of you — except that you have not only less protection against outside interests but also more opportunity for them. So be it; all the greater the challenge. If you would be true to your calling, you must let your medicine be your life. Of this be sure: when the art of healing is no longer your first concern, you have had it. You may be a smart business man but as a physician you are a fraud and a phony. You should have the good grace to retire from the noble profession you have deserted.