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Guilds, Medical Students and the Medical Apostolate

MICHAEL D. MCMANUS

There are but twenty-four hours in each day. With the passage of time, the individual is being asked to give more and more of his day to various activities. This is especially true of the Catholic physician. As a Catholic, he is asked to support his parish, participate in the dialogue, educate his children and his fellow men, assuming the responsibilities that are his as a layman. Às a physician, he must see to his continuing education, perform his work well to achieve excellence in his field, and participate in research. As a Catholic physician, he must combine these two spheres in their natural unity: the voice of the Church must be heard in the world, and it is the responsibility of the Catholic physician to see that this is done in the field of medicine.

It is obvious that all Catholic physicians (and medical students) have duties to fulfill in a true and vibrant medical apostolate. All available talents are required. God must be served in the quest for personal sanctification; the family must be supported, loved, educated, the specialty or family practice or mission activity must be performed with excellence.

But this is not sufficient. It is not enough in the world of the 1960s to live as an individual. Group formation for organized action is the order of the day so that multiple talents may be combined for the more efficacious accomplishment of stated objectives. The Catholic physician is at a distinct advantage in that he already has an organization in which he may jol his resources for the common good. This group is, of course, the National Federation of Catholic Physicians' Builds. This is not to say that the Guilds are the total answer, nor that they are being used most effectively. They are not and they will not be un litheir potential is realized.

The Guilds (as presently o grating in most areas) are missing a real source of talent and are not fulfilling their obligations. All that h ; been said does not suddenly app to a physician when he is ready to enter practice. What of the intern, esident and physician in the armed orces? Furthermore, the medical stude it must not be neglected, since he is the doctor of tomorrow, and is considered by many to be a doctor upon his entrance into medical school. In addition, the earlier a guiding influence is brought to bear upon a young doctor, the more receptive will he be to fulfilling the demands and responsibilities that are his.

The NFCPG has a committee for medical students, interns, residents and the Armed Forces. How many of their proposals, etc. are implemented on the local level, if indeed they are known? It is the author's belief that each Guild should have such a committee, provided, of course, there is a medical school in the vicinity to work with students. The activity will vary in different areas, but with imagination and initiative the most feasible projects can be discovered. Suggested areas of

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endeavor will be outlined below, and the specific proposals for one locality will be detailed. If there seems to be emphasis on the medical student in what follows, it is explained by the present professional status of the author. Much has already been said in former editions of this publication, but is repeated for completeness and unity.

Every Catholic, whether he a physician or a carpenter, must grow spiritually. How is the Guild implementing this growth? Among other ways, days of recollection, retreats, the White Mass, and Memorial Masses are recommended. All can certainly participate in these activities. It is absolutely necessary that each Catholic physician be knowledgeable concerning the position of the Catholic Church on medicalmoral issues. This must not be approached from a negative aspect. What does Mater et Magistra and Pacem in Terris have to say about the relation of modern medicine to our society? What did Pope John XXIII mean when he said every man has the right to medical care? Catholic physicians must be as well versed in the above as they are on the Church's teaching on abortion. How is the Guild furthering the individual physician's knowledge?

Everyone is interested in the missions, but how many medical students are aware of the real medical needs that exist? Have they heard of the Catholic Medical Mission Board and their publication Professional Placement News Notes? This is only one of several organizations providing services. Could students spend some time (summer electives especially) in the mission which each Guild sponsors or should sponsor? Usually it is not necessary to go beyond the city limits to find areas where medical aid is needed. It may be possible for a Guild to set up its own clinic, or help staff existing ones; interns and residents might be able to contribute a few

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hours each month; this could be a valuable teaching experience for medical students, in addition to assisting in the corporal works of mercy.

How is each Guild contributing to the health care of the clergy and religious in a given area, along with physical examinations for Catholic school children? Objectives must be stated and personnel utilized. Those who are established in their practice can give advice to those just beginning their professional medical life. High school students should be approached and urged to enter medicine.

What research is the Catholic physician doing? Is it not possible to implement the work of the Catholic hospital? Research into the rhythm method, and other possible methods which are both morally licit and effective, when there is need to limit the size of the family would be a valuable contribution. In some localities, Fertility Clinics are being established, with the approval of the hierarchy, so that the rhythm method may be more widely used, and used more effectively. There is also a need for medical-moral centers which can undertake a continuous evaluation of appropriate questions. Guilds might consider the position of the Catholic hospitals in their respective communities and help to enunciate their role.

A number of proposals have just been outlined. It is obvious all would not be applicable, nor desirable, for each Guild; but some may be and should be implemented. The degree to which medical students can enter into the activities is variable, measured by the time needed for studies, but there is certainly room for them and they must be considered in the plans. In following paragraphs the plans which are being developed in Philadelphia are outlined.

There are five medical schools in Philadelphia and four of them have an active organization of the Catholic

At the time of preparing the above, Mr. McManus was a fourth year student. University of Pennsylvania School of Medicine and President of the Linacre Guild.

students. Meetings have been held and it is hoped that a union may be formed, possibly through the Newman Club Movement. It is planned to engage speakers to address the joint group and interchange faculty members for similar occasions. At present the Linacre Guild of the University of Pennsylvania, School of Medicine, publishes a newsletter-The Linacre Brief. Possibly a joint publication will result from the union, giving the students an opportunity to express their views.

There are two Guilds of the National Federation in Philadelphia and it is hoped to establish a working arrangement with one or both of them, through their Medical Student, Intern, Resident and Armed Forces Committee, with the thought that the union of medical students might be given a voice in the activities of the Guilds. When this is accomplished, many of the previous suggestions could become fruitful. A center for medical-moral evaluations might be established; there are at least two clinics in Philadelphia where the members of the Guild could serve: Casa del Carmen and St. John's Hospice. Those whose work is in the field of psychiatry could spend their time profitably at the Youth Study Center of the City of Philadelphia. At the University of Pennsylvania a number of lectures are given and seminars are hele these can serve as a beginning for t = proposed union's activities. Such topics as the following are being covered Conflicts in Psychoanalysis, Huma Experimentation, Medical Confide iality, Mission Medicine, Pacem in Tel is and Medicine, and the Child Psyche ath.

This article has attempted outline some activities that might e appropriate for the National Fee ration of Catholic Physicians' Guil and local units. Some of these arc being pursued, others need develo ment. Particular emphasis has been placed upon the need for including the medical student in the full prog m of the Guilds. All that has bee said has meaning only in the following context: The future belongs to us and we will have only oursel es to blame if it is not what we wish it to be. The Catholic physician from medical student to practitioner must know what the Church teach 3; all must realize that the world will not come to us, but that we must go to the world, bearing the Christian message, as Vatican II is urging us 10 do; the means presented to us by the Church must be known, appreciated and used. Non-Catholics in the medical profession must be made aware of the essentials of Catholic thinking. We have a work to perform and we must do it effectively.

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In Memoriam

With sadness we advise of the death of Mr. M. Raymond Kneifl, loyal friend and former executive secretary of the National Federation



of Catholic Physicians' Guilds. He was stricken by a heart attack on the evening of July 11, 1964.

Many of our Federation associates remember him for his wise guidance and genuine interest in the growth of the Guilds in the years after the central office became housed with the Catholic Hospital Association with which organization Mr. Kneifl then served as executive secretary.

Members of the National Federation are asked to join with his many hospital friends in praying for the repose of his soul and the consolation of his widow, Eleanor. May he rest in peace!