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The Attributes of Catholic Medical Education

JOHN V. KING, M.D.

Since my medical career is not completely confined to medical education, perhaps my comments may be more idealistic than realistic. We will certainly admit as a basic premise that the quality of medical education in the acquisition of facts and skills at a Catholic university must be not less than at any other school in the country. However, I feel that Catholic education is distinguished by certain characteristics and should produce certain results.

Basically in all of the training, in all of the courses, I believe that in a Catholic school, man should be treated as man. Man is a body and a soul. Man without one or the other isn't man. Man considered or treated without consideration of both of these aspects in their relative importance isn't treated as man. This is the fact fundamental of life. This fact of life we must keep constantly in mind in our training. When Comrade Khrushchev asked astronaut Titov, "Did you see any angels

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up there?", he betrayed his ignorance of what angels are. In Catholic medical schools, though the most astute dissector of the human cadaver may find no glans, no sulcus, no tissue labeled "soul," we must not be deceived into concluding that man has no soul. If he doesn't find the soul of the lowest clinic patient that he sees, I believe that Catholic medical education has failed because then the student does not see man as man. He's not dealing with his patients realistically. Therefore, let's not make any excuses for religious efforts made in a Catholic medical school. This is our reason for being; to propagate the proper ideas about what man is and how he should be treated.

Let's expect, then, that in a Catholic medical school properly organized, a Catholic would come out of his school not only as a fine scientific doctor, but a better Catholic; that a protestant or Jewish man who is exposed to these four years of curriculum would come out with a respect for Catholic teaching and Catholic educators; that an atheist who goes through a Catholic medical school would find reasons to doubt his position.

Secondly, I feel that medical students during their course of study should be endowed not only with scientific knowledge, but with the idea of their intrinsic worth and duty to society. Too many doctors limit themselves entirely to the scientific, financial and family aspects of their lives. They should somehow be stimulated to realize their potential worth to their community and to their church, whatever church it might be. Medical students are not alone in this. Priests and ministers similarly engrossed for many years in acquiring theological knowledge are suddenly ordained and suddenly have tremendous responsibility. All too often, they are confused as to their role as teachers and leaders of society. There is a natural psychological delay in the switch, from full-time "learner" to full-time "teacher" as a leaver in society. Catholic medical colleges, in fact all good medical colleges, should shorten this interval by stimulating an awareness of community leadership and community service. I am convinced that the image of a doctor in the minds of the public has deteriorated during the past fifteen years, not because of any deterioration in the quality of medical care which physicians have rendered to their patients, (indeed, it is infinitely better) but, rather in the failure of physicians to live up to and assume leadership in community affairs other than direct medical care. How can a Catholic medical college attain these goals? I have a few suggestions.

First of all, a basic medical ethics course which is given importance in the student's mind is an essential

ingredient in the curriculum. Such a course should be conducted regularly by a variety of the outstanding faculty members, both full-time and part-time, as well as certain subjects by a well-trained priest. This would give variety and interest and inspiration to the course. We all know there is so much material to be absorbed in a scientific way that it is difficult to find time in a student's life for an ethics course. Yet emphasis must be placed on such a course when we consider that the student himself must grow and mature, so that he will have firm convictions with which to combat the many difficulties that he will have to face in his life.

Secondly, all of the faculty, both basic science teachers and clinicians, must bring into the discussion of various diseases, treatment problems and so forth, the moral issues involved as a matter of course. Since the student learns not only by what he is told, but by what he sees and hears and what he observes, the attitude of the teacher is most important. He is taught more by the indirect observation of what his teachers value than he is by what they say he ought to esteem. From the very beginning experience with the prospective student, through those basic science days, and into the clinical years, the medical faculty must reflect the Catholic attitude toward an outlook on life, with no apology for this stand because it is the true supernatural manifestation.

Thirdly, if a student is treated as an important individual with a body and a soul and if his interests and welfare are shared by the faculty,

whose duty as Christian educators certainly includes not only the imparting of knowledge, but the interest in the soul of the student as well as the mind, then he has a good chance to become a true Christian physician and thereby attain his place as an outstanding leader of society and a needed leaven in medical thinking.

There is yet another aspect in which Catholic medical education has a duty, in its service to the community in general as well as specifically to the Catholic community. There are few other facilities, and none so well suited, to which the Church may go for help and leadership in medical-moral problems. The Church must have a place to conduct the research and clinical experiments which will establish a Catholic moral position to oppose illicit procedures that may be current or proposed. As for instance, a few years ago when it was thought that a woman who had tuberculosis had best be aborted, lest she die of

her tuberculosis; it was only Catholic-compiled medical statistics on clinical cases that proved that this position was not true and led to the general acceptance of the Catholic position. The same facilities proved the safety to the mother of children of multiple cesarian sections to debunk the idea that one or two cesarian sections necessitated sterilization. Specifically, Catholic research and activities must have a center in our Catholic medical schools. The recent Pope has asked Catholic physicians and Catholic scientists to discover more about the reproductive process. They have given us an order to work on this and certainly Catholic medical schools should take the lead in this type of endeavor.

I hope that we have presented some definite ideas, of what the Catholic university must do, and I believe has done in the past, to produce graduates who will leaven society and maintain Catholic principles as a prominent force in society.