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Doctor, Are You A Christopher?

JOHN G. SLEVIN, M.D.

To be a *Christopher* it is not necessary to be a formal member of the Christopher Movement. Anyone who is a true follower of Christ is essentially a Christopher. Just what that may mean to us as physicians is the intent of this article.

Since Vatican Council II, the stress has been heavy on the layman's role in the ecumenical movement. Dialogue with our separated brethren is encouraged. However, in such dialogue we have been admonished to "accentuate the positive," rather than delve deeply into discourse on divers dialectics concerning religion. As physicians, most of us are ill-prepared to discuss theology. But most doctors educated as Catholics are sufficiently well grounded in the fundamentals of our religion to explain it to others.

Pope John through Vatican II opened intellectual doors heretofore barred to us. Our Protestant and Jewish confreres feel more free to speak about religion and to ask us, as Catholic physicians, questions about Catholic practice and belief. Are we prepared to answer their queries? If we wish to be true followers of Christ—Christophers—we will be prepared.

While many Catholic physicians gravitate to the Catholic hospital for their medical practice, some of us prefer and do confine our work to non-Catholic institutions. This writer has spent 36 years on the staff of

a non-sectarian hospital in Detroit. As a result, I have been able to discern what influence Catholic physicians have had on the medical staff. It has been a real opportunity to affect, in some measure, the thinking and the attitudes of our Protestant and Jewish brethren. It has also been a means to inculcate in the Catholic staff members a sense of ecumenism.

More lasting results are obtained by example than by religious polemics. Hence, in this non-sectarian staff where Catholics are a small minority, how the Catholic physician acts, what he says, whether he observes the Friday abstinence, all tend to influence our non-Catholic brethren with regard to their opinions about the Holy Roman Catholic Church. We ARE the Church in their eyes. Hence, if we split fees, charge exorbitantly, practice poor medicine, have a short fuse on our tempers, back-bite, spread gossip, or violate any of the Ten Commandments, our non-Catholic confreres often associate these derelictions with Catholicism. By the same token, our good example, especially our insistence on fair play; our concern for the best interests of the patients; our willingness to practice charity in thought and action, particularly toward those under our authority—these are the acts, the sermons without words, that strike the heart cords of our separated brethren.

As Catholic physicians, especially those of us who practice in non-

Catholic hospitals, we should use our opportunities to inform our non-Catholic staff members about those Catholic practices which are commonplace in every hospital and why it means so much to the Catholic. We should make it clear why the Catholic in danger of death should be informed so that he may receive the Anointing of the Sick. Once the non-Catholic physician understands that the Last Sacrament is a great mental and spiritual consolation both to the Catholic patient and to his family, he will be eager to cooperate. Most Protestants understand the importance to a Christian of the sacrament of baptism. There is then no problem with the non-Catholic obstetrician in seeing that baptism is administered when a baby is in danger of death. In fact, I do not know of any non-Catholic OB man at my hospital who does not know how to validly administer baptism. Usually a Catholic nurse or intern will perform the rite, if one is present. But those same doctors do not hesitate to baptize the baby of a Catholic if necessary. Let us remember, some Catholic physician or nurse instructed them! That is being a Christopher.

It is with a great deal of pride that I recall that my father, who practiced medicine at the same hospital in which I work, was instrumental in having the late Bishop Michael J. Gallagher of Detroit provide for chaplains at non-Catholic hospitals. Until then, only Catholic hospitals had chaplains. If, in your

community, non-Catholic hospitals do not have regularly assigned Catholic chaplains, this is, or should be, a major project for your Guild.

Being a physician carries with it many responsibilities. We do act as the instrument of Almighty God in sickness. Sometimes we forget that it was not our power that cured the sick or restored life in a cardiac arrest. We were simply the tools God used for His Divine purpose. But we are His very special instruments. We are blest by Him with talents which are to be used for the good of our fellowmen. Let us live our lives in testimony of this.

While stressing how, as Christophers, we may influence our fellow physicians, it is not intended to underestimate the good we can accomplish with others and especially with our patients. We do have a unique opportunity to direct patients toward a better life. In particular, as a family counsellor, we may save marriages from being wrecked, salvage an alcoholic, or guide a young person to a useful career.

Our leader, Christ, has admonished us not to "hide our light under a bushel." Yet, too often Catholic physicians shun discussions about religion or fail to express the Catholic position on controversial moral problems posed by non-Catholics. We should welcome such opportunities to present the Catholic viewpoint, without being pedantic or engaging in polemics. This is the idea of "dialogue" expressed by Vatican II. This is being a Christopher.

Dr. Slevin is associate editor, *Detroit Medical News*.