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# The Catholic Physician in a Non-Catholic Hospital

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This account is based entirely upon the personal experiences of the author during three years of practice in the Miami area. The opinions expressed here are not necessarily those of other physicians who are members of the Catholic Physicians' Guild of Miami and who practice in hospitals other than those with which the author is affiliated.

Only two of the eighteen hospitals in the Greater Miami area which are members of the South Florida Hospital Council are Catholic. Since the population of Dade County covers a large geographic area most of our fellow religionists are therefore cared for in hospitals not sponsored by our faith.

The spiritual needs of Catholics in these hospitals are usually cared for by the priests in whose parishes the hospitals are located. The chaplains in the religious institutions which are non-Catholic are most cooperative in ascertaining that critically ill Catholics are offered the opportunity of seeing a priest at any time and are usually the first to institute such proceedings. At the sectarian hospitals the Head Nurse on the floor has the responsibility of notifying the priest and none of them has been remiss in this duty, even though most are not of our faith.

The relationship betwen the Catholic patient, the non-Catholic hospital and his physician seems to be a good one in most instances. None of these institutions has attempted to impair this relationship.

Very few moral or theological problems have arisen which have not been solved satisfactorily. Some of the situations which have developed will be mentioned briefly. In this area we are unfortunate in having an increasingly high rate of automobile accidents. In many instances individuals who sustain the multiple injuries so common in this type of accident are afflicted with severe head injuries which are not always amenable to surgical care. Modern techniques such as artificial respirators, renal dialysis and cardiac pacemakers enable the physician to keep the so-called vegetative functions of the organism in order and yet a patient remains comatose with dilated, fixed pupils for days or weeks. When these unfortunate individuals have not responded to the initial therapy by the artificial respirator the other methods have not been instituted because it is thought that these other measures would be considered extraordinary. It should be emphasized that the author specifically is referring to patients who have been unconscious since injury, have dilated, fixed pupils, exhibit decerebration or flaccidity and who have abrupt arrest of respiratory function. The respirators have been utilized in these individuals to allow the surgeons sufficient time to exclude an intra-cranial clot. When such has not been found the extraordinary means of sustaining life have not been utilized and the respirator turned off when the electroencephalogram is flat. In most instances all of the reasoning has been explained to the family and their clergyman. There have been no dissents to turning off the machines. Most of the clergy today seem to be well informed in these matters and when they are in doubt about the situation the hospital chaplain has been readily available to mediate the matter.

One of the more perplexing situations develops in the case of the unbaptised child who is in imminent danger of death and the faith of the parents forbids infant baptism. To ignore the situation shirks responsibility. If the parents hesitate at the suggestion to have the child baptised, a consultation with their minister should be urged. All manner of persuasion should be exercised in the light of discretion. These individuals would consider infant baptism not only to be unnecessary but also sacrilegious. Further communication on the subject would only offend all parties concerned. We might be equally offended if it were suggested to us that we not baptize one of our own children who was critically ill. Some individuals have brought up the idea of clandestinally performing the baptism ceremony. This seems ill-advised.

In general the Catholic physician who is closely associated with individuals and institutions without real knowledge of Catholicism can best serve his church by two means. First, he should be an exemplary physician. This applies not only to technical skills but also to personal relationships with hospital personnel. Uninformed individuals may tend to regard poor medicine as being synonymous with the other components of the man who is a doctor, including his religious faith. Secondly, the physician who is a practicing Catholic can serve his church with varying degrees of evangelism. He can be either aggressive or passive. To be passive, or even not to be known as Catholic would be unworthy. To proselytize among individuals whose heritage has been in other faiths might not be advocated both from a theological and professional standpoint. The policy of setting a good example and finding areas of common ground would seem to be the best avenue as so recently advocated by the late John XXIII.

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