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The Physician's Obligation to Give Spiritual Advice

Rev. Timothy O'Connell

I AM not my brother's keeper! That is the clergyman's job! My work is finished once I have made a diagnosis and prescribed treatment! Each one should stay in his own field!

Statements such as these are not unknown among the members of the medical profession. It is not surprising to find that this is so, since such phrases have unfortunately acquired the status of axioms. They have been accepted as capsules of human wisdom and prudence; in fact, anyone who might question their complete accuracy and wisdom might find himself tagged with that title most offensive to American ears: impractical.

Whatever be the meaning that the moderns give to the word impractical, it may not be the same for a Christian. The values of the Christian were enunciated nearly two thousand years ago by a Divine Teacher. As such, they have the guarantee of a divine wisdom for their accuracy and practicality.

Among the pearls which He cast before ungrateful and unheeding men was the commandment which charged civilization: "Thou must love thy neighbor as Thyself." It was like unto the first commandment, that we must love God above all else.

The Christian physician knows these laws and perhaps feels that already they animate his practice and give specific coloring to his acts. Yet, unconscious of the contradiction, the phrases mentioned in the first paragraph will flow from Christian lips. The physician does not realize that he has become infected somewhat by that virus of scientific amorality which views the patient only as a malfunctioning or diseased organism, and not as a brother to be loved because he is a brother in Christ—a person whose spiritual welfare should be, upon many occasions, of even more concern to his physician brother than his metabolism, fluid intake and output, temperature and heart rate.

The Christian view, however, does not mean that these physical factors are not of prime importance to the physician. It is his duty born of contract with his patient to use every bit of knowledge and skill he has or can acquire to cure or ameliorate the ills of his patient's body. But the physician must not feel that he has completely fulfilled his duty to a patient just by his efforts in the corporeal field.

Every man, and thus the physician, has an obligation according to the Christian law, to love all men. This love demands that when we can reasonably do so, we must not only wish our fellow man well, but actually assist him in his needs whether they be corporeal or spiritual. This obligation is a serious one. Wilful neglect or deliberate refusal to fulfill our duties in charity in an important matter, makes anyone guilty of a grave wrongdoing.

The gravity of the obligation is measured by the excellence of the good of which our neighbor stands in need, and the resources and opportunity an individual has at hand to relieve this distress.

The needs of man are both physical and spiritual. Thus he must have goods of the physical and spiritual order to satisfy these needs. However, the goods of these orders do not enjoy the same value, for there is an obvious gradation in their excellence. The goods of the spiritual order are preferable to those of the physical. Thus salvation and the necessary means to it come first; then the goods of the intellect, will and freedom; then life, health, bodily integrity, good repute and material possessions.

In estimating the duty of one neighbor to another, the excellence and the due order of these goods in a man's life must be kept before the mind's eye and used as a measuring rod of the gravity and extent of the obligation of charity. A neighbor's need in the spiritual order is greater than his need in the physical. The obligation to relieve his distress in the former is greater, therefore, than in the latter. Likewise the obligation to sustain a loss of an inferior good to gain a neighbor's spiritual good is greater than to undergo a material loss to gain for a neighbor his material good. It follows, too, that if loss and gain are of equal value, then our own welfare is to be preferred. No one can sacrifice his own salvation to gain another's; nor is he obliged to impoverish himself

to relieve a neighbor's material needs. But he should sustain a loss of temporal goods if by so doing, he can assist his neighbor's spiritual welfare.

The physician has perhaps more opportunities to fulfill this obligation than those engaged in most other professions. He is brought into intimate contact with his patients. Their secret thoughts and affairs are open to him when closed to all others. He knows their troubles, trials, temptations, virtues, vices, failures and successes.

The physician in the layman's eye has a great and wonderful prestige. He is the great healer. He is the man of education. He is always numbered among the more cultured members of the community. His thoughts on most any subject are listened to and influence many. He is the object of great affection and gratitude in every community.

It is all these things, however, which force on him the obligation to be charitable frequently. He must not think he has done everything he should do when pain and discomfort have been relieved, or disease cured by his science and care. For if he does this, in many instances, he will have fulfilled his contract as a physician, but not his duty as a brother to a brother.

Nothing is more obvious to the physician than that a man must die. But he knows too, that dying is not a mere hastening of the dissolution of a man's parts into the chemicals of which his body is composed. It is also a supreme and decisive spiritual moment. It is the portal to another life, and what kind of life that will be, may depend entirely on the last few hours, or be greatly affected thereby. At this time every man has the obligation to make his peace with God and to prepare for his reckoning.

In the light of this concept, utterly inexcusable are the attempts of some physicians to keep from the patient, and family if there be one, the probability of death. Ukases are issued by them to everyone that the patient must not be disturbed; the patient is told not to worry for he will be well soon and any alarm manifested by the relatives concerned is viewed with disdain or brusquely passed off as unfounded. This technique is neither Christian nor called for.

The physician must recognize that his patient has often a real spiritual need and that every man has definite obligations to fulfill at this time. He is not to wait until unconsciousness has taken place before calling for a priest. Such a procedure makes the ministrations of the priest of conditional worth. The patient is deprived of Viaticum and an opportunity to confess properly. The Church wishes the Sacraments to be given to a person in possession of his faculties if it is at all possible. The technique of false optimism makes these things impossible to achieve.

This abuse has grown large in our day. A sentimentality towards death has replaced a realistic attitude. Indeed it has little of real love of neighbor in it. Would the same physician care himself to be deprived of, or hindered in the use of the means of salvation if he were in the same situation, because of some sentimental reason? A man should know he may die so that he may prepare. Death is a fact which he and all concerned must face. Let him do it when he can do so surely and properly.

These words, refer, of course, to the Catholic patient who would wish the Sacraments. But unfortunately, there are people who do not wish to receive them or do not know of them. Can the physician do anything of spiritual value in such cases? Has he a duty to do anything?

A dying Catholic patient is in extreme spiritual need if he has long been away from the Sacraments. He should be helped if it is possible. The physician should at such times use the means of counsel and encouragement to urge the erring patient to make his peace with God. His words may break down the barriers erected during the past years and allow the priest to apply the only medicine which can cure this disease of the spirit. His non-Catholic patient also, who is unattended by a minister and does not wish one, is very often in equal need of repentance for past misdeeds and friendship with God. The physician can and should attempt to persuade such a patient to pray if no one else has or will. He can, and should if he is able, urge the patient to pray with love of God and with repentance for the deeds in his life which were against this love. This is what the physician would want someone to do for him if he were in a like need and situation. Do unto others what you wish done unto you!

It is not only on the occasion of a death bed that the physician has to consider the spiritual welfare of his patient and make use of the means he has at hand to help, but also at other times.

The physician who has practiced for any length of time has encountered the case of the patient afflicted with an incurable disease. It may be cancer, a coronary condition, advanced tuberculosis or similar ailment. When the patient will die is problematic. It may be weeks, months or even a few years. In addition, the doctor knows definitely that this patient has led a far from virtuous life. Should he give spiritual advice to this patient?

There is no doubt that the patient is in spiritual need. It is true, too, that perhaps he can extricate himself from his difficulty. Perhaps the members of his family could urge him to take his salvation into account. Yet despite these possibilities, it is the physician very often who is in the best possible position to advise and urge a proper course. He can be objective. His counsel will not have that taint of accusation which the family or friends may inject into their words, engendering the patient's resentment. Furthermore, he can help pave the way by contacting a priest, if the patient is a Catholic, to be sure that any fears in the mind of the patient about not being able to receive the Sacraments may be dispelled. His words backed by the prestige of his profession can be most influential in having the patient, be he Catholic or Protestant, recall his true destiny and prompt him to make the needed efforts to achieve it.

Some doctors object to such a procedure on the basis that this is not their business, and that through it a patient may be lost. Perhaps this could happen, but one suspects that the statement is exaggerated. The doctor has a very intimate relationship with the patient and the patient is confident that the doctor is concerned with his welfare. The patient actually has no reasonable ground for resentment when he knows advice is offered kindly and for his betterment. It is a rare patient who would have no concern for his survival after death and would not welcome the hand offered to lift him up. Many an opportunity has been lost on such occasions to help save a soul because of the groundless fear that a patient may not return to the doctor. But even if he did not, any loss that might occur should be well worth the gain obtained by

the reunion of even one patient to the God who made us all. There is always joy when the prodigal comes home and he who sends him cannot but be blessed by the Father. He Who provides for the lilies of the field knows well how to make recompense to those who lose anything because of love for Him.

How often, too, comes to the doctor's door, the patient whose life has been devoted to a ceaseless and relentless search for material success. His ambitious drive has finally taken its toll. The damage may not be serious at the moment and so the proximity of death is not evident from the medical viewpoint. Yet if the patient continues his present course the result will be inevitable. Such a patient is in need of more than a warning that he should slow up. He has become a lopsided personality and forgotten the purpose for which he was born, and has neglected all except what he considers to be success.

It is not an impertinence on the doctor's part to introduce to the patient in some way the subject of his values and life plan. It is not impossible that he might do a lot for his patient's hypertension by showing him he was not created to be a living oblation to the god of material success. Many such individuals have forgotten to let spiritual values influence their actions. They are imprisoned within the walls of their one-sided values. It is often only the doctor who can reveal their exaggeration to them amicably and objectively, and thus liberate them from these fetters with profit to body and soul.

It hardly seems scientific to treat just one part of a problem and neglect the functions of the part in the whole. Man is a whole, composed of body and soul, and interaction is always present. Psychosomatic medicine has this fact for its fundamental basis. Thus it does not seem scientific, much less Christian, to allow a man to pursue a course detrimental to soul and body, simply because the doctor fears to enter the pulpit! The patient needs to be delivered from his bodily and spiritual wants. In many cases the doctor can help to do both with a few well-chosen words learned from the wisdom and prudence of Christ. There are perhaps others who could do this for the patient, but they do not have the physician's opportunities. It becomes his obligation when he can do so with reasonable hope of success and no one else can or will help.

Marriage in its many aspects offers a fertile field for the physician to sow spiritual values. By doing so, he may prevent marital unhappiness and domestic collapse. He must not feel that he has no duty to do this. His duties in the professional sphere do not exempt him from consideration of the other needs of his neighbor, or his duty to use reasonable efforts to prevent harm from coming to his neighbor, particularly since the possibility of any loss accruing to him from his efforts in this direction is practically remote or non-existent.

In the light of this consideration, for example, the doctor should not let the patient afflicted with venereal disease leave his office without informing him of his moral obligations to himself, his family and society.

The doctor naturally is interested in curing and preventing these diseases. He uses his medical lore in the actual treatment of the disease but he should also avail himself of the assistance of the moral law. The patient should be told that his own disregard of the moral law is most likely the reason for his present plight and that his bodily and spiritual welfare demand that he observe it in the future. Likewise, the patient should have it impressed on him that he has a very definite moral obligation to refrain from infecting anybody else. Neither should there be any omission of emphasis on the point that he has a duty to cooperate with public health authorities in their efforts to ward off the damages from these infections to the general public.

Moral values have a very definite worth and place in these cases. Unfortunately, the attitude of far too many of the medical profession is that a moral approach to the problem is relatively ineffective. During the war, the only official attitude in the armed services was that unreported infection was the only sin. There was no condemnation of promiscuity by officialdom on the grounds of principle. Everywhere the men were deluged with contraceptives and medications. Glowing reports of the effectiveness of sulphur medication and penicillin were also disseminated to remove the last fear. In fact, the problem was treated officially in the same way as was the problem of "trench feet." The net result, psychologically, was that many young boys received the impression that since these well-educated men did not think that sexual promiscuity was a moral wrong, then the only evil was catching a disease.

There was also, of course, the chaplain's talk to the men, but his efforts on this stage were often reduced to a bit part. Science had pandered to the lower elements in man and its great prestige overwhelmed the uninitiated. The record is not one to be proud of, for many were corrupted and the diseases which infected thousands still do so. The full effect of this amoral attitude perhaps will never be known. Its effects have been brought back to civilian life, for the loose habits acquired have remained. Many have married and brought their false sex evaluations into marriage to horrify their innocent spouses. Many of them still persistently practice promiscuity. Infidelity and divorces have been the result. Future years will undoubtedly reveal the now unknown havoc sowed by the infected among countless women and children. To look at the results even from just a patriotic viewpoint, this attitude of nearly utter negligence of a moral viewpoint, was and still is, harmful to the well-being of the nation. Some one should have at least whispered to the "brass" that men and women strive for virtue mostly for God's sake and not because of fear of harm to their bodies.

This attitude of scientific amorality is very much alive. It is found in the schools, the hospitals, the imposing waiting rooms and even the learned journals, particularly of psychiatry. The layman has been influenced by this attitude and few doctors will deny that many of their patients are completely oblivious of the moral aspect of sex. For they will defend promiscuity as a health measure, adultery as freedom, and even perversion as uncontrollable.

The Christian physician cannot allow this to grow unchallenged. He can demonstrate that many of the profession believe in the law of God and inform his patient that he should also. Mere humanitarianism would counsel that a physician should impart ideas of virtue to the ignorant and the misled. Christian charity demands it.

The cancerous growth of divorce in the United States also calls for the physician's particular talents. There is a fair percentage of these marital disasters which could have been prevented if the physician had acted differently and with some consideration of spiritual values.

Many of the states require an examination for venereal infection before the issuance of a license to marry. This offers a golden opportunity to the physician to instruct the patient, particularly the man, with the proper sex knowledge. Ignorance on this score has produced frigidity, physis trauma, and other abnormal reactions. These effects have eaten away the foundations of many a home and helped swell the cases coming to the judge's bench. For the same reasons, marriage has become a hateful bondage to too many.

The physician, at the time of examination, can inform and impress on the patient when he recognizes such a need, the idea that the sexual powers are a gift of God and are to be used according to the manifested wisdom of the Deity. He should impress on those given to prudery that sex is not essentially evil because purity is a cherished virtue. Likewise, he should endeavor to eradicate the false notion that marriage is solely concerned with the individual's sense satisfactions and of concern to the individual only. The patient should be made to realize that it is a contract of tremendous concern to society and replete with obligations to God, to children, to neighbor and to his or her chosen spouse.

It is not beyond the physician's duty to warn those who are too young for the burdens of marriage, the unsuited mentally and physically, and those who are in haste to repent at leisure. He should correct at once the seekers for contraceptive advice and warn them that perversity is against nature's law and not just an arbitrary *fiat* of the Catholic Church. He may well be impatient with those who before marriage ask for rhythm or contraceptive knowledge. Let him pull aside the veils of their base or selfish motivation and inform them of the real purpose of marriage and their duties, and show his utter lack of sympathy for their viewpoint.

There are times, too, that he can arouse or inject spiritual evaluation into the lives of those already married. He will do well if he can make a selfish male consider the welfare of his wife even if sacrifice is exacted from him, and make the figure-conscious female realize that she is making her existence meaningless for vanity's sake. He should inform her that she has very serious obligations in conscience towards her husband. He can vent his

scorn on the view that a large family is somehow indelicate, and encourage those who wish to live unselfishly and nobly.

Certainly there should be no place in a Christian physician's direction for indicating the need of therapeutic abortions or sterilization to solve economic problems. When the pregnancy is complicated he can instill into his patient's spirit the will to do the right thing regardless of cost and with confidence that God's way is the best and only way to solve any problem. His words of spiritual advice at such times have a tremendous impact, often far more than the words of a clergyman. The patient may feel that the latter is a bit academic about such problems, but she cannot feel that way about the physician. Her problem is also his, and if he trusts in God, she will feel that she should too. The reward of such advice will not infrequently be a more cooperative patient and a medical triumph in the outcome of the case.

The physician has an opportunity to give solid counsel in the case of patients who have swallowed popular treatises of psychology. Some of them are saturated with a mechanistic interpretation of the human mentality and emotions, or a monistic interpretation of all human motivation. Books presenting this point of view are hardly worthy of the name of science, for they are purely theoretical, have a pronounced bias, an impatience with anything of the past, strive for the sensational, and are guilty of oversimplification. However, they have been read by many a patient without any training to evaluate them correctly. As a result, through them the patients have adopted a rule of life or followed advice in their problems which has only increased their difficulties. Homosexuality, masturbation, the necessity of never being inhibited lest psychoses envelop them, divorce as a solution of marital disorders, and sexual interpretations of all human actions are, in his bible, matters without moral import. Verily they have fallen into an abyss wherein there is neither free will nor noble ideals of virtue to rescue them from degeneracy and decadence.

The doctor frequently is the only hope this type of patient has. He can dissipate the credence that has been put in these pseudo-scientific treatises or practitioners. He can try to make the patient see that a human being is more than a highly compli-

cated bundle of reflex actions or a mere helpless puppet pulled about by an "unconscious", whose ingenuity in passing the censor makes it invincible. The physician can restore to the patient a sense of his essential dignity, confidence of his ability to conquer in the trials of life with the assistance of God, he can allay his anxieties, and give reasonable explanations for his phobias and explain his rationalizations. By doing these things, the doctor can lead the patient to security and true peace.

That spiritual advice can be salutary has been proven, for example, by the phenomenal success of the Alcoholic Anonymous organization in the treatment of alcoholism. The spiritual motive of belief and contact with a being superior to man (God, more correctly stated) plays an essential part in the victim's rehabilitation. The patient, if he is the right type, rescues himself with the forgotten virtue of humility which is, basically, honesty with self, and uses the resources of his free will. How do the mechanists and the adherents of reflex action explain the success of this organization? The Christian doctor has the means to help his bewildered brother by sound advice based on Christianity. He must not forget these weapons in his pharmacopeia and unwittingly be a mechanist in his treatment of such a patient. Like results can be obtained in similar maladies which are basically spiritual, as the Christian internists can testify.

The other Christian virtues can likewise play an important part in treatment. There is love of God needed by us all, but particularly by the aimless and despondent; there is temperance for the sensual; chastity for the incontinent and patience for the choleric. There is love of neighbor for the introverted personality, the selfish and the lonely. There is hope and faith in God for the miserable, the paralytic, the bedridden, those who grieve and those heavily burdened. There is trust in God for the fearful and the bewildered; and humility for the arrogant and overbearing. Fortitude can help the wavering, the overburdened and those stricken with sudden and unexpected disaster. These are weapons against the ills of men and the physician should use them to help his suffering brother. They are spiritual, but so is the disease.

The tasks of the physician are indeed heavy in his professional sphere. Nevertheless each patient is his brother in Christ. He

cannot be satisfied that he has relieved his brother's ills with that type of indifferent treatment which the moderns call scientific. A man is composed of more than organs, pulse rates, heart beats, blood pressure and peristaltic movements. The truly great physicians have treated man's heart and soul, for they knew of the spirit's role in the ills of the body long before psychosomatic medicine rediscovered it. They knew too, that biology, physics and chemistry only explain some of the obvious facts, but are powerless when the spirit is diseased. The only absolutely effective medicine whenever the spirit is affected adversely by error, by vice, by loss of faith, hope and love of God and man was and is the virtue taught by the Great Physician 2000 years ago. Can the Christian physician feel he knows better than He Whose wisdom was divine? Can he refuse to give whatever help he is able even beyond the call of strict duty to his indigent neighbor and still call himself a follower of Christ? The physician is the ideal physician when he remembers to be a Samaritan, who binds wounds and also heals the spirit with the medications of Christ.