

5-1-1953

The Formation of the Catholic Doctor

Paul J. Schmidt

Follow this and additional works at: <https://epublications.marquette.edu/lnq>

 Part of the [Ethics and Political Philosophy Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

Schmidt, Paul J. (1953) "The Formation of the Catholic Doctor," *The Linacre Quarterly*: Vol. 20 : No. 2 , Article 5.
Available at: <https://epublications.marquette.edu/lnq/vol20/iss2/5>

The Formation of the Catholic Doctor

PAUL J. SCHMIDT

For the Executive Committee Associated Medical Newman Clubs
Bellevue Hospital, New York City

THE problem of the Catholic attending the non-Catholic University has been much discussed. We, as Catholic medical students would like to indicate what we have felt to be our special problem, and from our experience make some suggestions for its solution.

The student-physician is in a field, the principles of which are taught as much from people as from books, and he spends much time thinking about and discussing personalities, convictions, attitudes and ethics. Depending upon his orientation, the student variously fits these into a medical attitude of his own. Together with scientific facts they form his 'armamentarium' for his life's work.

But to this training the Catholic should add more. He should also use his experiences as tools in the formation of a new spiritual attitude. This attitude should enable him to see his patient not only as a sick human being, but a human being who is part of God's greater Plan; and himself as only an agent in that Plan. This new spiritual attitude, his new personal faith, together with his medical attitude are his own professional attitude.

Mostly the growth of the new spiritual life does not keep pace with the medical metamorphosis in the student. It may be years before, as a busy physician, he realizes that while he was studying bodies, he neglected the growth and development of his own soul. Far too many such as he will never then find time for spiritual ripening; or worse, the fruit will decay. Far too few will have been able to heighten themselves spiritually as they broadened themselves medically, maintaining always a religious and moral outlook in balance with their degree of medical training.

At the medical schools there are learned faculties only too willing to aid the student in attaining his new mode of material existence; but who will aid him in attaining the new ethical, social and religious way of life that should also now be his? Yet, few are the clergy who understand the problem, fewer the Catholic doctors who will help.

Mutual student cooperation in religious formation would seem to be the answer. But the student is a wayfarer and from class to class, group to group, activity varies. We would like to tell you of such a group, the Associated Medical Newman Clubs.

This organization was formed in the Spring of 1951 at a meeting in the Bellevue Hospital Catholic Medical Library of students from four of the five medical schools in New York City, all of which are non-sectarian. The purpose was to integrate the activities of the Catholic groups at these schools in the hope that by combining sporadic efforts some continuous activity might effectively result. Originally we had intended to form an extensive, even national, organization of Catholic medical students, but then we decided to anchor in already existing institutions, the local Medical Newman Clubs. Some of the individual clubs included nursing students, some had university affiliations, others had no formal structure, and thus the Associated Medical Newman Clubs became of necessity a liaison organization.

Our major activity has been a series of Clinical Ethical Conferences patterned after the traditional Clinical Pathological Conference, at which case reports, expert medical opinion and ethical analysis of current medical moral problems have been offered and discussed. These programs have reached a city-wide audience of students and physicians who have declared themselves strongly for continuation of the series.

Other aspects of the work however have not prospered. Activities on a more spiritual level which were delayed until a firmer foundation could be made as an organization, have never developed. Perhaps as a result of this the Association is at present just holding its own.

The blame for this belongs to the students themselves. But in the hope that this and other groups may yet succeed, we would like to tell of some of our problems and their possible solutions.

On the student level we operated under the aegis and financial support of the New York Province of the Newman Club Federation. We have felt this to be a burden on them which we did not repay. Their immediate interests on the whole are not ours. We had hoped that locally other professional groups, *i.e.* law, dentistry, would form units inside the Newman Federation. This however has not happened and we find ourselves hungry and but little understood children. We have not achieved the Christian Professional Formation described by *Pax Romana*, the international movement of Catholic students, as being so successful in France.

In that country, the Conference Laennec has a program aimed at the scientific, human and religious formation of the medical student. It assists him in his study of moral and social problems and integrates him to his corporate and apostolic responsibilities. An outline plan of this organization has been published by *Pax Romana*¹.

Our relations with the clergy have been most happy. We received many hours of help from educators, theologians and hospital chaplains. But here

we felt the need for an authority, familiar with medicine, versed in ethics and with the time and interest necessary to be a rallying point for student generations, and the sanctity to aid them to live by moral judgments, once established. Again we think of France and the two full-time chaplains whose "parish" is officially some 2,000 medical students and 1,200 doctors who comprise the Conference Laennec. We have many times heard members of the clergy express their annoyance at difficult relations with individual physicians. Granting the testiness of many physicians, had they not been left to attain their particular religious balance, themselves unaided, easier relations might possibly exist to the benefit of clergy, the physician, and above all, the patient.

The area of our activities which seemed to offer initially the most promise seemed to be liaison with the Catholic Physicians' Guilds. Any difficulties which have been encountered here can perhaps be ascribed to geography. There is no Guild in the Borough of Manhattan, where four of the five medical schools in New York City are located. As a result, membership in the two local Guilds consists almost exclusively of busy practitioners with no present academic connection. Their very membership indicates that they have achieved a spiritual balance in their professional life, but they are far removed from the atmosphere in which, as students, they themselves once needed assistance. Despite these circumstances the Bronx Catholic Physicians' Guild has been most helpful to the Associated Medical Newman Clubs. Their action in making available copies of *Linacre Quarterly* has been a means of introducing students to the current literature of interest to the Catholic physician and also of informing them of the existence and activities of all the Guilds.

Outstanding success has been achieved in Boston among the medical students by the physicians of the Guild of St. Luke. That organization has active members with academic connections and as a result student problems have been understood and student activity fostered, not only on an organizational level as outlined already in a previous issue of this journal², but also on the personal level; counseling and direction to training in the specialties being available and research and high scientific standards encouraged.

But it would seem that in the field of inter-personal relationships, the practicing physicians of the Guilds could also accomplish much. The religious and moral values of Medicine are related more to its Art than its Science, and should therefore be more easily transmittable by the practitioner than by the academician.

We would therefore make a plea, even to the busiest of Catholic doctors—to remember the difficulties of his own transition to spiritual maturity—

to remember his oath "to teach them his art, if they want to learn it". We would like to assure him that the busy students also want to learn it. They need his aid in their efforts in a secularistic environment to remain Catholics, to become doctors, and above all, to become *Catholic doctors*.

1. Catholic Faculty Groups in France in *Christian Professional Formation in Theory and Practice, No. 2, Pax Romana, Fribourg, Switz., 1950.*
2. Guild Activities, *Linacre Quarterly* 18: No. 3, August 1951.

* * * * *

Evidence of interest in other sections of the nation is reported

Six members of the Los Angeles Guild are conducting a series of these seminars for the benefit of the students of the local medical schools who would have no other opportunity of formal direction in medical ethics. The efforts of these men are received most enthusiastically. Those doctors responsible for the very worthy venture are: Robert Kelly, M.D., James Kelly, M.D., Clyde Von der Ahe, M.D., Eugene Hoffman, M.D., Joachim Haekel, M.D. and C. Francis Werts, M.D. The Guild will also present some Catholic ethical views to a group of students at UCLA at one of their extra curricular study group meetings.

A course in religious and moral ethics is taught at the State University School of Medicine in Denver, Colorado under the able leadership of Dr. Frank B. McGlone, first President of the Denver Guild. This group also takes interest in the Catholic members of the house staffs of the various hospitals in Denver as well as the Catholic medical students and see to it that they are invited to meetings and have access to LINACRE QUARTERLY.

The Newman Foundation at the University of Minnesota is supplied with the journal, too, by the Minneapolis Guild for the membership there.

Likewise, the Cleveland Guild subscribes for the medical units of the University of Cincinnati, Western Reserve University, Ohio State University, and nine medical fraternities in the area.

Obstetricians Offer Mass of Thanksgiving

The time was a day early in January 1944. The place was St. John's Hospital in St. Louis. The administrator was discussing with the staff's chief obstetrician the events of the previous year. Personnel shortages had occurred, supplies had been curtailed—it had been difficult to carry on, giving the usual patient care during a war year. "In spite of all—we have been singularly blessed" the physician was humbly declaring. "We have not lost a mother during these trying months. Thanks be to God for that!"

In pursuing the matter further, the grateful physician wondered aloud if the hospital would help him sponsor a Mass of Thanksgiving and invite all the obstetricians on the staff. Immediate assent was forthcoming. By happy coincidence, the most convenient Sunday closest to the thought was the Feast of the Holy Family and was chosen as the day. Invitations were sent to 14 obstetricians on the staff. This year, for the ninth time, 40 physicians assisted at the Mass.

Frequently internes serve the Mass. Breakfast then follows in the hospital and the priest celebrating the Holy Sacrifice is asked to address the group, honoring the occasion.

1954 will be the 10th anniversary of the Obstetricians' Mass of Thanksgiving. To share this custom with all those who serve in this field, we are reporting this activity with the thought that other Catholic hospitals in co-operation with their staff may be interested in establishing this practice. Without any formal organization, it is hoped that this beautiful ceremony expressing gratitude might become national.

Obstetricians are urged to discuss this with their hospital administrators and if agreeable, make plans for a Mass of Thanksgiving in the hospital chapel on the Feast of the Holy Family in 1954 and annually thereafter.

Annual Meeting of Catholic Physicians

The annual meeting for Catholic physicians will be held Wednesday, June 3, 1953. The occasion is sponsored by The Federation of Catholic Physicians' Guilds but not necessarily limited to membership. All Catholic doctors are cordially invited to attend.

The place—Hotel Commodore, New York City

The time—12:30 p. m.—Luncheon

A short program will follow the luncheon. His Eminence Francis Cardinal Spellman, Archbishop of New York, is to be guest speaker.

If you have not mailed your reservation to date, you are urged to do so at once.

The following letters were prepared for the Medical Staff of Mercy Hospital, Oshkosh, Wisconsin by the Chaplain and the Moral Ethics Committee in the interest of Catholic patients in danger of death. The editors of LINACRE QUARTERLY publish these for their excellence as reminder of an important directive of the ethical code enforced in many of our hospitals.

To the Medical Staff of Mercy Hospital:

The Moral Ethics Committee of the hospital has deemed it necessary to promulgate anew one of the ethical directives of the hospital code in force here. It is this:

"Everyone has the right and the duty to prepare for the solemn moment of death. Unless it is clear, therefore, that a dying patient is already well prepared for death, as regards both temporal and spiritual affairs, it is the physician's duty to inform, or to have some responsible person inform, him of his critical condition."

The hospital code requires that the physician inform the *patient* either directly or indirectly. The physician, therefore, does not fulfill his obligation by informing the patient's family, unless he is certain that the family will inform the patient. The obligation is to the patient, not to the family.

The hospital code does not require that the patient be informed as soon as his critical condition is discovered, nor does it require that the patient be told the cause of his critical condition. The code merely requires that the patient be told about his critical condition, in sufficient time to prepare for death as regards both his temporal and his spiritual affairs.

The doctor, of course, will be tactful in informing his patient. There is no need for a blunt revelation of his condition. [If the patient is a calm, matter-of-fact, solidly religious person who accepts life and its sorrows with courage and resignation, and he asks what the probabilities of life are for him and how much time he may expect, he might be told with profit. If the patient is unstable, subject to moods that master him to his own detriment, perhaps it will be best to tell him in time to straighten out both spiritual and temporal affairs, but not before, unless he seriously insists upon knowing and claims his right to know. If there is any question whatever of the outcome of the disease, answering queries of impending death by admitting the probability, but showing the possibility of recovery, may buoy the patient's spirit and help him to conquer the onslaughts of his illness.*] Whatever the case, when the proper time comes, the doctor should leave no doubt in the patient's mind that there is danger of death and approximately how great the danger is.

Neglect in observing this part of the code will be considered as serious as neglect in observing the medical directives of the code.

Should the family or relatives sternly object, the doctor can tell them that the moral law and the hospital code require him to inform the patient of his critical condition, and thus divert their anger from him.

We ask your full cooperation in this matter.

Sincerely yours, (Signed)

VERNON G. GUENTHER, M.D.

MARCELLUS C. HAINES, M.D.

RAY F. WAGNER, M.D.

EARL B. WILLIAMS, M.D.

REV. DENNIS A. WORZALLA, Chairman

* cf. *Handmaid of the Divine Physician*, by Sister Mary Berenice, O.S.F., R.N., Ph.D., Bruce Publishing Co., 1952, p. 12.

MERCY HOSPITAL

The Chaplain's Postscript:

This letter gives me the opportunity to seek your cooperation in another matter. As the chaplain in a Catholic hospital, one of my chief duties is to administer the last rites of the Catholic Church (Confession, Communion, Last Anointing or Extreme Unction, and the Apostolic Blessing) to dying Catholics. Since I lack medical knowledge and medical acquaintance with the Catholic patients, it is impossible for me to fulfill my duty without the cooperation of the hospital staff.

Heretofore I have had to rely almost entirely on the sisters and the nurses on the floor for notification that a Catholic was in danger of death. They have been very faithful in fulfilling this duty. But they are not always sufficiently aware of the patient's condition, especially as regards new admissions; and as a result there were some "close calls," and more than once the Catholic patient was too far gone to be able to receive all of the last rites.

And so I ask you, too, to cooperate with me that I may fulfill this duty more perfectly. When a Catholic is in danger of death, please notify me, or have the nurse on the floor notify me that I may give him the last rites while he is fully conscious. When there is immediate danger of death, be sure not to administer drugs that will take away the patient's consciousness until after he has confessed his sins, received Holy Communion, and the Last Anointing (Extreme Unction).

Catholics regard the last sacraments as extremely important and beneficial. Very many pray regularly all through their lives that God might allow them to receive the last sacraments before they die. Catholics who receive the last sacraments feel prepared for death. Catholic relatives breathe a sigh of relief and thanksgiving when they hear that the patient received the last sacraments before he died. The last rites bring a certain peace to all involved.

Here is the reason why: Catholics believe that a good confession will take away all the sins for which the penitent is sorry. Moreover, Extreme Unction will give him all the grace he needs to face death courageously and to conquer any temptations that may arise before death. It is also the belief of Catholics that Extreme Unction will take away at the moment of death all the sins that its recipient committed between the time of his last confession and the time of his death, and will cancel out completely his debt of temporal punishment provided he is sorry for all of his sins at least because he fears God's just punishments. In short, Extreme Unction prepares him for immediate entrance into heaven, should death be God's will. Finally, Catholics believe that Extreme Unction has the God-given power to heal the body in some cases. Catholics, therefore, very often have greater hope of recovery because they believe God may cure them through the sacrament of Extreme Unction. Catholics rely on a text from St. James' Epistle for some of this doctrine: "Is any man sick among you? Let him call in the priests of the Church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the sick man, and if he be in sins they shall be forgiven him" (5:14).

In view of these Catholic beliefs, I think you will agree that your Catholic patients who are dangerously ill will appreciate as much as I, myself, your cooperation in bringing to them the last rites.

Thanks in advance. May God bless you.

Sincerely yours,

DENNIS A. WORZALLA