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# Relations Between the Chaplain and the Hospital Staff

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IF the functions of a Hospital Chaplain were only those implied by the etymological or literal meaning of the two words, that is, an authorized priest who serves the Chapel in a hospital, the subject of this paper as well as the occasion in connection with which it is presented would be somewhat irrelevant. Some topic on the rubrics of the Mass or other sacred rite at a convention of liturgists might be preferable. But it is generally recognized that the principal function of a Hospital Chaplain is to minister to the spiritual needs of the patient. And we know that in order to be hospitalized, the patient must be under the care of a physician on the staff. It is, therefore, obvious that any discussion which tends to promote better relations between the Chaplain and the medical staff is not only appropriate but also desirable and practical.

## BASIS FOR RELATIONS

To have true meaning, the relations between the Hospital Chaplain and the medical staff, like all relationships between human beings, closely joined in a common objective, must be based not merely on a natural sympathy and feeling of fellowship, but on justice and charity.

Justice is the rendering to every man that which is due to him. It is the granting of rights and the acknowledgment of duties. With justice, the strong can live with the weak, the friendless with those blessed with influence and prestige. Justice makes men noble. Indeed, unless a man is just, he is hardly a man.

Charity is a supernatural virtue by which we love God above everything for His own sake and our neighbor as ourselves for God's sake. If any one virtue more than another is emphasized in the pages of the Scriptures, it is the virtue of charity. The parable of the Good Samaritan is not only a

devastating commentary on racial prejudice but an imperious command to love all our fellowmen without distinction. Christ identified Himself with the afflicted of every kind—the poor, the hungry, the naked, the imprisoned, the sick. The services rendered to them constitute the criteria for the final judgment pronounced on our lives: "Whatsoever you have done to My least brethren, you have done unto Me." We love our neighbor in the same manner that we love ourselves when we show our interest for his whole person, body, and soul; in other words, for his spiritual as well as for his temporal welfare.

### WHAT THE DOCTORS SHOULD KNOW

The common objective of the doctor and the Chaplain in the hospital is to minister to the physical and spiritual needs of their fellowmen. The former attends to the needs of the body, the latter to the needs of the soul. As long as the doctor recognizes the importance of the spiritual needs of the patient and cooperates with the Chaplain, their relations are bound to be satisfactory.

Unfortunately, such recognition and cooperation is not always obtained. Some doctors, like many other laymen, think that the presence of a priest might worry the seriously ill patient, and therefore, deliberately neglect to tell the nurse to call the Chaplain to administer the Last Rites of the Church until the patient is unconscious. Why should the presence of a priest worry the patient any more than the presence of the doctor? Catholics know that priests have a duty to visit the sick and to administer the Sacraments. They expect priests to visit them. Instead of being worried or frightened, the dangerously-ill patient is usually comforted and says so, if he can talk. The doctor, the intern, and the nurse in charge of a critically ill patient have the grave duty to save his life, if possible, but they also have the grave duty to prepare him for a good death, if his life cannot be saved. Pain relieving medicines, chemotherapy, the so-called "miracle" drugs, (penicillin, streptomycin, aureomycin, etc.) blood transfusions, delicate surgery and even extraordinary means of prolonging life—the patient has a right to all these; but he also has a right (in justice and charity) to the supernatural aids which, he believes, God, through the Church, puts at his disposal, in this most important crisis of his life. Let us even suppose that the presence of a priest might "frighten" the patient. Is not ascending to the adorable Presence of Almighty God in Heaven a prize well worth the "fright" which the presence of a priest and the mention of the Last Sacraments might cause a dying person? After all is done, that the doctor and a priest can do, the issue must be left to the will of God who gives life and recalls it at the time He sees best.

In order to preclude any misunderstanding, allow me, at this point, to say that I have not the remotest intention of belittling the doctors. I practiced medicine and surgery for eleven years before entering the seminary and, therefore, to belittle any physician would, in a way, be talking against my "former" self. A man who studies in an approved Medical School for four years, serves creditably a year of internship, and then makes of himself a successful physician, has the right to express opinions on physical diseases and methods of treatment. But, when the same individual transfers his prestige and speaks as an authority on matters of theology, or the truths of faith, without having made a special study of these subjects, he is out of order. There would be no apparent conflict between medicine and religion if doctors would remember that physical sciences (of which the science of medicine is one) deal with the nature and properties of things and the so-called laws by which things are governed; whereas religion deals with truths, both of the physical and moral order, which lead man to God. No conflict exists between religious truths and scientific truths; both owe their origin to God, the Author of all truth. Differ as they may in their approach to their respective problems, religion and science, are correlated, not only in their wide outlook on the universal truth, but also in their supreme objective of a right order in human relationships.

### MEDICO-MORAL PROBLEMS

As stated above, the common objective of the medical staff and the Chaplain is to minister to the needs of their fellow men who are confined to the hospital. The former attends to the physical needs, the latter to the spiritual needs. The spiritual needs of the patient, however, are not limited to the administration of the Sacraments but extend to any medico-moral problem which may arise.

It is presumed that every doctor on the staff of a Catholic hospital has studied medical ethics and is familiar with the comprehensive *Code of Ethical and Religious Directives* in force in all Catholic hospitals in the United States and Canada. But since at times a physician is likely to encounter a medico-moral problem with which he has no personal experience, he should not hesitate to consult with the Chaplain. This not only may help him to find the correct solution to his problem but may also foster better relations between Chaplain and physician.

The Chaplain is not expected to be an eminent authority on Moral Theology, but in view of his position, he, more than anyone else in the institution, should know the moral principles involved in certain medical or surgical cases. The Sister-Supervisors in Surgery or Obstetrics should notify the Chaplain whenever any medico-moral problem comes to their



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 HOTEL CLAYTON JUN 23 1953*

Guests at Speakers' Table: (reading from left to right) Rev. Ignatius Cox, S.J., Moderator; Rev. J. J. Flanagan, S.J., Editor LINACRE QUARTERLY; Wm. P. Chester, M.D., Retiring President, FEDERATION OF CATHOLIC PHYSICIANS' GUILDS; His Eminence Cardinal Spellman, Archbishop of New York; Rt. Rev. Msgr. Donald A. McGowan, Moderator, FEDERATION OF CATHOLIC PHYSICIANS' GUILDS; J. J. Toland, Jr., M.D., President, FEDERATION OF CATHOLIC PHYSICIANS' GUILDS; Raymond G. Cross, M.D., The Most Holy Luke SS. Cosmas and Damian, Dublin chapter.

departments. Whenever the Chaplain himself has doubts about the morality of certain newer procedures (if time permits) he should get in touch with the Diocesan Director of Hospitals. When the latter is unavailable, he should contact the Chancellor of the Diocese. Doing this does not mean that the supervising Sisters are ignorant of the problems. It simply helps to keep the Chaplain informed of what is going on in the hospital. If the Chaplain for reasons of his own, does not want to handle such problems, he should notify Sister Superior.

Since some doctors on the staff, either by reason of their limited practice or other circumstances, very seldom meet medico-moral problems, they are likely to forget the moral principles involved. To keep informed, it would be well if they attended at least one staff meeting a year devoted to the discussion of medico-moral subjects, such as Caesarean Hysterectomy, Castration for Breast Carcinoma, Vasectomy with Prostatectomy, Moral Aspect of Sterility Tests and Artificial Insemination, Lobotomy, etc., The speaker at such meetings could be the Chaplain himself, or the Diocesan Director or a competent priest selected by either. The knowledge derived from such discussions would be beneficial to all. Further, it would serve as one of the best approaches to staff members who desire knowledge concerning questionable procedures. Those who might feel that they are being forced to conform to specifically Catholic views, when they and the patients under treatment are not Catholic, must realize that the observance of the ethical and religious directives involved in certain cases are a matter of conscience—a seriously binding duty — which the Catholic hospital authorities assume, at least implicitly, with their office. The Sisters in charge of a Catholic hospital have the duty to make their hospital approximate the definition of the ideal Catholic hospital and not merely a hospital with a Catholic complexion. To achieve this, they cannot tolerate any defection.

### WHAT THE CHAPLAIN SHOULD AVOID

The fostering of friendly relations between the hospital staff and the Chaplain does not mean that the latter need visit the doctors' homes, play golf with them or spend time in their summer cottages or their mansions along the lake. Doctors, like people in other professions, are not immune from feelings of professional jealousy. Such close association between one or even several members of the staff is not prudent, and, sooner or later, will invite criticism on the part of the other members of the staff with less lucrative practices. Even if, by a happy coincidence, the Chaplain was a schoolmate or neighbor of the doctor during boyhood years, their relationship should not be any closer than with other members of the staff. It is no news to the Chaplain who keeps informed of what is going on in the

hospital, that among doctors there are cliques. This is especially true in recent years when, as a result of the excessive trend to specialization and the establishment of specialty boards in every field of medicine, only a comparatively few doctors on the staff are permitted to perform major surgery in large city hospitals. General practitioners, many of whom heretofore have done good surgery and helped maintain the hospital's existence, now either must refer their major operations to one of the men on the senior surgical staff, or lose the case. In other words, they have to put up with it. Obviously, this has created a serious problem, not only for most general practitioners, but also for the hospital authorities upon whom this ruling has been imposed by the American College of Surgeons, under penalty of losing their approval. In connection with this problem, some Catholic doctors on the staff, affected by the above ruling, occasionally have recourse to the Chaplain to see whether he can influence the hospital authorities in their behalf. Realizing the futility of such entreaty, no prudent Chaplain would do it, even if the doctor in question were an old friend or relative.

Among other things which the Chaplain should avoid in order to keep his relations with the staff harmonious are: discussions about the exorbitant fees charged by some surgeons, needless operations that are sometimes performed, comments on the morality of fee-splitting and/or ghost-surgery in certain hospitals, largely around cities. Recently the above mentioned practices received much publicity following the appearance of an article in the *U. S. News and World Report Magazine* by Dr. Paul R. Hawley, Director of the American College of Surgeons. In some States efforts are being made to introduce a bill in the state legislature to prohibit fee-splitting between physicians and surgeons, under penalty of revocation of the license to practice medicine from one to two years, upon being found guilty. Naturally, everyone deplors needless operations, ghost-surgery and exorbitant fees. Fee-splitting however, is still quite a controversial subject even when it is no secret to the patient.

### ATTENDANCE AT STAFF MEETINGS

The question has often been asked: "Should the Chaplain attend the staff meetings?" When a priest is assigned as Chaplain to a hospital, the authorities of the institution should see to it that, as early as possible, he is introduced to the staff at one of its meetings. Subsequent attendance at the meetings by the Chaplain would, in my opinion, be optional. It would depend on how many doctors are on the staff, whether the Sister Administrator and/or some other Sisters also attend regularly, the nature of the subject discussed, etc.

One staff meeting which the Chaplain should attend, if he wishes, is



the so-called regular business meeting in which are discussed miscellaneous problems and policies pertaining to the staff. At this meeting the Sister Administrator and several other nuns are usually present and, therefore, the Chaplain would not feel out of place. In approved or non-approved hospitals of the American College of Surgeons in which staff meetings are held only once, or at most twice a month, the various problems pertaining to the hospital and staff are discussed before the presentation of the scientific paper. It would also be a good thing for the Chaplain to attend staff meetings in which nervous and mental diseases are discussed. A few years ago I happened to attend one such meeting and the paper was on epilepsy. In relating the history and incidence of the disease, the speaker, a non-Catholic psychiatrist, stated that among men of renown who had been afflicted with epilepsy was St. Paul. In other words, he called St. Paul's fall on the road to Damascus, from which followed his conversion to Christianity, an epileptic seizure. At the end of the talk when the chairman of the meeting asked for discussion and comments, not one doctor in the audience, most of whom were Catholics, had realized what an erroneous and offensive assertion the speaker had made against our Catholic teachings about St. Paul's conversion. Then I got up and very emphatically called their attention to it. No one is forcing non-Catholic doctors to believe any of our Catholic teachings, but when such doctors are extended the privilege and honor to address the staff of a Catholic hospital, they should guard against any statement which is likely to be derogatory to Catholic faith and morals. The Chaplain who wishes to attend staff meetings should have no voice in them except when the discussion involves matters of faith and morals. Chaplains in mental hospitals should not try to infringe upon the role of the psychiatrist in treating mental illness. However, when the mental condition is the result of feelings of guilt or problems of conscience, the Chaplain can help the psychiatrist by creating a stable attitude on the part of the patient, and by giving him a frame of reference for the reconstruction of his life. Of course, if the psychiatrist is materialistic and does not subscribe to the fact that man is composed of body and soul, he will shun such help; fortunately, most psychiatrists agree that in order to cure patients they need religion and a strong moral code and, therefore, welcome the help of a priest as a religious adviser.

#### SHOULD THE DOCTOR OR THE CHAPLAIN TELL THE PATIENT THAT HE HAS CANCER ?

The discussion of the above question is included in this paper by request. Despite monumental efforts to stress hope and emphasize successful results

for cancer patients, most lay persons still regard a diagnosis of cancer as a death sentence.

Obviously it is the doctor's duty to tell the patient that he has cancer; but whether he, or some responsible person authorized by him, (which could include the Chaplain) is obliged to tell the patient the malignant nature of his disease, depends on whether the cancer is in an early or advanced stage. If the disease is in an early, operable stage, the doctor should prevent temporizing or half measures by warning the patient that unless he submits to radical surgery or extensive radiation, his lesion "will become" malignant. If the disease is already far advanced or has recurred notwithstanding previous radical surgery, and/or radiation, it is best not to mention the word cancer or malignancy in the presence of the patient.

In 1949 I attended a symposium sponsored by the Department of Cancer Research of Marquette University School of Medicine. The discussion included not only the moral but the legal and psychiatric aspects of this problem, also. The lawyer (Mr. Herbert Hirschboeck) stated that a doctor could be held legally liable if the patient suffered material damage as a result of the doctor's failure to inform him of the malignant nature of his disease. The psychiatrist (Dr. James Purtell) pointed out that the very word cancer fills many people with dread, and in telling the patient that he has cancer the doctor might precipitate in him an unfavorable psychological reaction. The theologian (Father Gerald Kelly, S. J.) stressed the right and duty to prepare the patient for the solemn moment of death and the spiritual damage which might result from failure to inform the patient of his serious condition. The three participants in that symposium were familiar with the duties of the Chaplain in a Catholic hospital, and none of them, as far as I remember, even alluded to him. I took it to mean that it was their opinion, with which I concur, that it is not proper for the Chaplain, no matter how capable he may be in his approach to the sick, to be the first to tell the patient, with inoperable or recurrent cancer, the nature of his disease, unless the attending physician asks him to do so. Some doctors think (and correctly so) that certain Catholic and other religious patients will accept the diagnosis of cancer with less emotional reaction if the Chaplain tells it to them. When the patient is aware, or has been told by the doctor, that he has cancer and as a result becomes extremely depressed, the Chaplain should comfort him and try to restore or impart faith and hope whenever he visits the patient. Anyhow, it is the general consensus of opinion that to inform the patient of the seriousness of his illness, so that he can prepare for death, does not necessarily imply that the doctor, or other responsible person (including the Chaplain), is obliged to tell him the precise nature of his malady.

Apropos to this problem, I should like to quote from an article entitled: "Telling the Patient the Truth" by Lawrence J. Henderson in which he expresses the humanist's point of view: "To speak of telling the truth, the whole truth and nothing but the truth to the patient is absurd. Like absurdity in mathematics, it is absurd simply because it is impossible . . . Consider the statement: 'This is a carcinoma;' assuming it to be as trustworthy a diagnosis as we ever reach . . . If he knows that carcinoma means cancer, it is quite certain that circulatory and respiratory changes and other very intricate changes in the central and peripheral nervous system will follow . . . If you recognize a duty of 'telling the truth to the patient,' you range yourself outside the class of biologists with lawyers and philosophers. The notion that the truth, the whole truth, and nothing but the truth can be conveyed to the patient is a good specimen of that class of fallacies called by Whitehead (English mathematician and philosopher) 'the fallacy of misplaced concreteness.' It results from neglecting factors that cannot be excluded from the concrete situation and that are of an order of magnitude and relevancy that make it imperative to consider them. Of course, another fallacy is also often involved, the belief that diagnosis and prognosis are more certain than they are . . . I am not saying that you should always, or in general, or frequently lie to your patients, for I believe that a physician's integrity is a priceless possession . . . It is quite impossible in some cases, as I have explained, to tell the truth, the whole truth, and nothing but the truth to the patient, to talk about doing so is simply meaningless. Surely this does not relieve the physician of his moral responsibility. On the contrary, as we more clearly perceive the immense complexity of the phenomena, our appreciation of the difficulty of the task increases and with it our moral responsibility."<sup>1</sup>

#### OTHER MEANS OF FOSTERING BETTER RELATIONS

One of the best means to foster better relations between the Chaplain and the medical staff, or at least the Catholic doctors on the staff, would be the establishment of a Catholic Physicians' Guild in as many Dioceses as feasible. Although the Chaplain would have little or no connection with the Guild, unless the Bishop had officially appointed him as its Moderator, the spiritual influence of an active Guild upon its members would not fail to bring good results, even among those with mere nominal faith. The existence of a Catholic Physicians' Guild in no way constitutes any violation of professional etiquette.

A Physicians' Guild with a library of works dealing with the application of medical science to Catholic theology, philosophy and apologetics would not merely be of great value to Catholics, but would most certainly interest

many non-Catholic doctors who are eager to correlate their science with wider principles of human conduct. Never was the organization of Catholic doctors more necessary in the name of religion and science alike. Never was it more necessary to raise a bulwark against the irresponsible pseudo-scientists who would drag science from its orbit in their attempt to sweep away the principles of religion and morality.

In a discourse on the connection between theology and science, the great churchman and scholar Cardinal Newman said: "There cannot be a worse calamity to a Catholic people than to have its medical attendants alien or hostile to Catholicity; there cannot be a greater blessing than when they are intelligent Catholics who acknowledge the claims of religious duty, and the subordination and limits of their functions. No condition, no age of human life, can dispense with the presence of the doctor and the surgeon; he is the companion, for good or for evil, of the daily ministrations of religion, its most valuable support or its most grievous embarrassment as he professes or ignores its creed."<sup>2</sup>

When repeated attempts at organizing a Catholic Physicians' Guild have failed, consideration should be given to the participation by the doctors in some other form of Catholic Action, especially the Retreat Movement. Even if only one or two doctors from every Catholic hospital staff could be induced to make a yearly Retreat especially for them, it would be immeasurably beneficial. Indeed those who make a Retreat are very few compared with the large number of Catholic doctors in the United States. But knowing from experience how difficult it is to organize medical men for Catholic Action, it would be an accomplishment even if only one doctor from every Catholic hospital made a yearly Retreat.

In his personal contacts with doctors not of our Faith, the Chaplain should seize upon what is true in their religious beliefs and seek to lead them further, rather than put them on the defensive by direct attack. People are brought to Christ by that which is good and true in what they already hold and rarely by being shown where they are wrong. This point applies particularly to Chaplains in city, state, or veterans' hospitals and in Catholic hospitals in which the majority of the members on the staff are non-Catholics.

The more the Chaplain imitates Christ the Supreme High Priest and Model of all Chaplains, the more good he will accomplish among his daily associates. The Chaplain who fulfills his priestly duties well, who, as it were, is a priest to his fingertips, need not worry about his relations with the medical staff. Some doctors may have erroneous opinions of priests, yet they cannot help being favorably impressed and edified, when they see a Chaplain spread Christ's love in a world which continues on the deadly

paths of hatred. Situations arise, are bound to arise, which have no precedent. Only our faith, our common sense, and our prayer can guide us. There are bound to be mistakes. The Chaplain, like everybody else must learn from experience, his own and that of others. If he does this, then not only his relations with the staff will be harmonious but the spiritual ideals and religious practices which Christ expects of institutions operated in His name will be realized in every Catholic hospital.

### SUMMARY

1. The true basis for relations between the Chaplain and the hospital staff are justice and charity.
2. Doctors should not pretend authoritative knowledge on matters of faith and morals unless they have made a special study of them.
3. When in doubt about certain medico-moral problems, the doctors should consult the Chaplain.
4. The Chaplain should avoid any discussion which the patients or the hospital personnel is likely to construe as critical or unfavorable to the doctors' professional, economic or social standing, even when fortunately there are no such doctors on the staff of the hospital in which he is Chaplain.
5. The Chaplain's attendance at the staff meetings is optional. It is desirable when psychiatric topics are discussed.
6. The problem of notifying the patient who has cancer varies with individual cases and defies general rules.
7. A Catholic Physicians' Guild or some other form of Catholic Action would undoubtedly help bring about better relations between the Chaplain and the hospital staff.

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