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The Doctor and Peace

The Second Dr. Mariano Alimurung Memorial Lecture

John D. Bergin

This address was delivered at the VIII Congress of the Asian Federation of Catholic Medical Associations held in Manila, The Philippines, in November, 1984. Dr. Bergin, a New Zealand physician, received the Linacre Quarterly award at the 1985 NCFPG convention in Hawaii.

I come to this meeting as a privileged guest from Oceania to take part in all aspects of the Eighth Asian Congress of Catholic Physicians and am deeply sensible of the honor you have conferred by inviting me to deliver the Second Alimurung Lecture which I have entitled, "The Doctor and Peace — His Real Contribution". At a time when millions across the globe are watching, with mounting apprehension, the growing arsenals of nuclear weapons, our profession does need to reflect on its own role in creating the conditions for peace. Apart from this, the theme of peace is surely fitting when we cast our minds back to the violence and tragedy that ended the life of Mariano Alimurung.

I come as a member of the Guild of St. Luke and SS. Cosmas and Damian in Wellington, (New Zealand) an active group of Catholic doctors established exactly 30 years ago by the late Cardinal McKeefry, then metropolitan archbishop of New Zealand. Cardinal McKeefry had very practical ideas about meetings — that they should not be too frequent; and about the addresses and study papers — that they should be preserved and published.

On this basis, Catholic doctors in Wellington have several volumes of Conference papers covering cultural and family strengths, population growth, quality of life, ethical education, care of the aged and the handicapped and the place of the State in medicine. Shortly the papers of a meeting just concluded concerning the Manipulation of Man will be added. One of our principal publications derives from a Major Combined Guild Meeting in 1979 concerned with "Priorities in Medicine in Developed and Developing Countries." In that volume is one of Mariano Alimurung's later addresses entitled "Health Care in the Philippines".¹ I wish to refer to this survey in a later part of my address, but let me recount

how it came to be written and published in New Zealand.

In 1972, I attended, at Cardinal McKeefry's request, an ecumenically oriented meeting on Health Development and Population held in Bangkok. There I first heard an eloquent Filipino, whom I knew only as Alimurung. Two years later, after I heard him again at the International Catholic Medical Association meeting in Barcelona. I learned how closely associated with Catholic action in medicine Mariano had been — founder of the Catholic Physicians' Guild of the Philippines, founder-president of the Asian Regional Federation of Catholic Medical Associations and indeed, president, then honorary president of the International Federation. When we in New Zealand came to discuss in 1979 "Priorities in Medicine" and sought a representative from an Asian country, we were honored to have Mariano as our guest and to hear him expound on health needs in the Philippines.

It was also my good fortune to be in Korea at the time of the Asian Conference where the Alimurung Lecture was established, and I remember the sad and unintended irony of Mariano's remark that it was not usual to have an official address named after a man still living, although that had been his special honor. We all know how soon after that he fell to the brutal blows of an unknown assassin.

Reflections on Lecture

As I reflected on the theme of this Second Alimurung Lecture, I considered how this man of peace and love had met his death by violence, and I reflected, too, on the highly organized way in which doctors were campaigning at the time against nuclear weapons. I was struck by the large number prepared to support protest about the nuclear issue and the smaller number working to reduce abortion in New Zealand. Nor did it seem that there was much corporate action in the profession to raise awareness and concern about those Third World children dying daily from the violence of starvation, in the main without anything resembling adequate medical care. It was reflections of this sort that led me to choose the topic "The Doctor and Peace — His Real Contribution."

Because of the circumstances in which we meet, I contemplate this task in relation to the Catholic doctor; in relation to the gift of life which is fundamental to the work of every doctor; and in relation to the love of justice and truth which he must nurture in order to protect the life which he serves. I think, too, of Mariano and other Asian men and women who, through their association with our Guild, have deepened our understanding of love, justice and truth. Here I have in mind Mother Teresa of Calcutta, who came to New Zealand in 1973 at the request of our Guild and Archbishop Angelo Fernandes of Delhi, who was a guest and fellow speaker with Mariano at Palmerston in 1979. I shall refer again to both these distinguished visitors in the context of the present address. With each of them we wish to love life tenderly, act justly, and walk humbly with the Lord.

Who can doubt that peace is the deep and desired wish of all; that two World Wars, a host of lesser conflicts and civil disruptions have made it a constant concern, whatever form of armament prevails? Throughout my learning life, the path to peace has been a continuing proclamation of our papal leaders. As a young person I heard of attempts that Benedict XV had made to avert World War I, and his wish to contribute to the peacemaking when it came. As a student, I learned of the apprehension Pius XI had about totalitarian tendencies in social philosophies arising in Europe.

Later, Pius XII agonized about peace moves when developments justified the anxiety of his predecessor, and repeatedly proclaimed the need for just and lasting peace. John XXIII gave us a magnificent letter enunciating principles for peace on earth. Paul VI followed with his message for development and many other statements, including his warning that the attainment of peace and respect for life are inseparable. The present Holy Father has been equally preoccupied with personal dignity, human rights and universal peace.

Collectively from these guides we have been given the objectives — life respected, order maintained, conduct civilized; the difficulties — passion, ideology, exploitation, science, technology and economy all diverted into false and fragile security; the remedies — development, sharing, dialogue, conversion and life in the spirit. We have been assured that peace is possible; that it begins and lives in the heart; and we have been warned that it is a personal duty to attain it.

If we undertake to look at peace, we are committed to look also at violence at all social levels — domestic, suburban, national and international. Such a survey will encompass child abuse, drug abuse, and vehicle abuse; at a more organized level — terrorism, racism, economic deprivation to the point of starvation, suppression of the innocent before and after birth, and nations poised for conflict under the shadow of the bomb. These all jeopardize life or its quality, but those who should have first claim for remedial action by doctors must surely be the innocent victims of abortion, disturbed youth in despair, and the starving children of the poor.

I have mentioned already the moves by doctors to have the nuclear holocaust and nuclear winter better understood. Leave aside any arguments that the action is orchestrated by manipulating forces so that medical authority will help to trepidate the public who will then call for even unilateral disarmament, such weapon shedding being seen by some as heroic and sanctified, by others as foolish and dangerous. Leave that argument aside and accept that nuclear disarmers are totally genuine in their search for peace and contentment. Can this be achieved by dismembering the bomb? Surely doctors are inconsistent who show such fear of the future atom and take no positive action about the fetal holocaust in their immediate sphere of influence.

If what we are really seeking is peace, then we have to break out of the narrow constraints imposed by those who have set the agenda on the sole

issue of nuclear disarmament. We, as a profession, need to consider how best we can play our part in setting the conditions for peace; we need to set our own agenda. That is why I have set my theme as the real contribution of doctors to peace, and the items I place on that agenda are — Love, Justice, Truth.

Paul VI's Statement

On the first day of 1977, the late Pope Paul VI issued a major statement for the Celebration of the Day of Peace.² He denounced the arms race and the secret rivalry for military superiority. He said that peace was possible but only with the concurrence of many — and not easy — conditions. He pointed out that discussing the conditions for peace was a very long and difficult task — one to be left to the experts. "But," he said "we will not be silent on one aspect, one which is clearly of basic importance — Peace and Life. They are supreme values in the civil order. They are also values that are interdependent. Do we want peace?" he asked. "Then let us defend life."

"If you want peace, love life." Should any doctor need reminding that his whole professional existence is based upon life which he should be preserving? Is not the whole abortion picture a mixture of deception, violence and silence by members of our own profession? When Mariano gave his address "Medicine at the Cross Roads"³ in 1977, he warned about the non-recognition of the spiritual by many of those who had acquired marvelous skills in technology and the pragmatic judgments that would follow. Abortion, on the scale now evident world-wide, is just such a pragmatic disaster. Although some of us advert to the problem, while the bulk of the profession pretends it is not there, we have, as Catholic doctors, been sadly ineffective in this field. Mother Teresa has told us of lack of love being the greatest deficiency in life, and abortion the greatest sickness. Her remedy is more love, more care for the unborn child and its mother. That should be our remedy also.

The body systems which take part in physical begetting surely share the reverence given to the life which they conceive, and they are destroyed or frustrated at our peril. If it were indeed possible to eliminate abortion by counseling, it would simply return while contraception remains in vogue. If we love life in the womb, and campaign against abortion, we are incomplete in our effort if we do not resist contraception, the first anti-life measure. Life is a gift and opposition to the provision of it is surely opposition to the giver.

The thoughts of Cardinal Hume, first expressed at Westminster Hospital in July of this year, are relevant and explain why I associate conception and abortion with peace:

To make the environment holy, there has to be respect for human life. The acceptance of abortion has marked a watershed in western attitudes towards the sanctity of human life. Experimentation on live embryos

has followed. Now that we have abandoned absolute principles in the defence of life we are left with temporary fragile safeguards to protect the life of the handicapped and the aged. When we do not respect and protect human love, we allow into the fabric of society, forces just as pernicious and destructive as physical violence and war.⁴

Such are the conflicting desires of patients and doctors that, alongside induced sterility, there are efforts to undo ligatures and restore previously sectioned tubes; and alongside a myriad of induced abortions, expanding endeavor to engineer embryonic development outside the body. The number of infants popularly known as test tube babies now being reared has reached several hundred and they appear to be well children. I am not concerned to discuss every aspect of in vitro fertilization, but as far as it relates to my thesis concerning doctors and peace, there are anxious commentators who already see the biological revolution more dangerous than the bomb.⁵

The scientific achievement speaks for itself, but it does not say everything. It does not say that only 20 percent in some cases rather less of new embryos implant and that of those who implant, 30 percent will abort spontaneously. The procedure in its early stages involves masturbation for semen which is often not even that of the husband of the woman who will bear the child. Fertilization is separated from the human embrace; man is mixed in a dish, made not begotten, inspected for suitability and if accepted, allowed to proceed.

In many cases there is fertilization of more ova than are required and in many, transfer of more embryos than are likely to implant, this in the hope of a higher human yield. Refrigeration does not solve the problem of future disposal and experimentation now approved by a series of national and international enquiry commissions chills us to the marrow, while placement for gestation in the womb of a woman who has not supplied the ovum and is not the wife of the sperm donor distorts concepts of relationship and family beyond the wit of man to disentangle.

The family unit is a matter of deep personal concern to me as it undoubtedly was for Mariano Alimurung. We are therefore alarmed that some of the matters we have been discussing can only have a negative effect on the traditional concept of marriage and family. Its natural order and cultural ubiquity, as well as social welfare and community research, are all orientated towards harmony and peace, even if there are failures in attaining these goals. The formation, autonomy and development of the family are set down in detail in Pope John Paul's Apostolic Exhortation "Familiaris Consortio". Elsewhere, the Holy Father says that peace comes through trust, trust through love and love through the family. That being so, even if they originate with doctors, medical measures, which are anti-life or anti-family, are anti-peace.

The family has certainly had its challenges in the past two decades from secular humanism and excesses of feminism, but it retains flexibility

and many strengths. It is surely the task of doctors to provide something more than the contraceptive pill as preparation for marriage and to abolish abortion as any sort of solution for repair and enhancement of marital or parental relationship when the doctors are called upon to counsel in this vital area.

Part II

From the framework of loving tenderly for life, I turn to the question of acting justly for health. The psalms, the prophets and the popes constantly cry out for justice and it is clear from their many utterances that the justice they envisage is necessary for peace. Paul VI called development peace. Our colleagues who work in developing countries tell us that health is development, and we know that doctors, although not the sole guardians of health, are false to their calling if they do not provide it. Nowhere is this better seen than in the presentations made by our Asian visitors at the New Zealand meeting in 1979.

Mariano's picture of "Priorities in Health Care"⁶ included the popularity of medicine as a profession, modified somewhat by the exodus of qualified personnel. It dealt with the development still needed as between rural health and city hospitals. It encompassed the needs of the poor and recommended extension of services into the community. The goal he saw was better living for all in body, mind and soul.

Sister Katherine Jobson, medical missionary from Malawi and Pakistan, contrasted post-war changes with the colonial period and its humanitarian but dominating approach.⁷ Economic expansion had added not only facilities but also costs, and even mission hospitals were in danger of serving the elite. In the new scene, priorities did not relate to erecting hospitals but to primary health care. Education and protein might be important, but the basic remedy lay in altering land tenure, irrigation and cropping. At the same time, the new missiology indicated⁸ was the duty of Christians to plant the faith in local culture to incarnate the gospel.

Of like mind was Angelo Fernandes, archbishop of Delhi. Examining the population problem involved much more than enumerating people. Studies needed to be concrete and derive as far as possible from local thinking. There might be a universal model of development, but solutions imposed from elsewhere only perpetuated dependence and impeded real development. Developing people should make their own history and interpret it to themselves. Research should not be the monopoly of the developed world. Fragmentation and oppression would remain until brotherhood was established with shared bread and shared earth. Starvation is an affront to human dignity, a disgrace to us all, but it can be remedied by love, service and solidarity with the poor. Education is required not only for the illiterate, but for the unaware in the developed countries. Science, technology and religion can remedy the situation when linked with an awareness of human needs, but only if the law of life which

belongs primarily to the family is applied between nations. Development is more than material; the exercise must be spiritualized, wants must be reduced to the level of frugal comfort.⁸

Health Professional's Special Opportunities

The Archbishop notes the special opportunities for the Christian health professional to create a sign community, a soul to society, a spirit to the world. Whatever special skills or particular studies are required, attention must be directed to community health and wholeness of the person. This needs a shift in emphasis from high level hospital technology to middle level skills and health care centers. Rebuilding political and general opinion in the direction of such basic needs is a prophetic task, very appropriate for a Guild of Catholic Doctors like the group he was addressing. He himself wished to see this development linked with a new international economic order such as he had strongly advocated on other occasions. This, he believed, would strengthen in a reciprocal way world peace and disarmament.

The recommendations, in summary, are: relieve poverty, foster a one world dimension, build community; remember that illness belongs to human existence; in restoring health, attend to the whole person right through the psychological and spiritual to vocation and destiny. This combination of community-based approach and involvement of the whole person again provides a concept for renewal, a new strategy for Christian doctors who should be the first to recognize interdependence in the quest of health and holiness. The worst evil, as Mother Teresa has said, is unconcern.

These are powerful thoughts and practical suggestions, but they need implementation in Ethiopia, in Bangladesh, in Latin America, in any area where there is starvation and poverty. My concern is to raise awareness, especially among those of us removed from the scenes of starvation and death, of the immensity of the problem and its relevance to peace. Here I offer for consideration the words of the Chilean poet, Mistral:

We are guilty of many errors and many faults
But our worst crime is abandoning the child
Neglecting the foundation of life
Many of the things we need can wait
The child cannot
Right now is the time that his bones are being formed
His blood is being made
And his senses are being developed.
To him we cannot say "Tomorrow"
His name is "Today"

*(Gabiella Mistral — Chilean
Poet and Nobel Prize Winner)*

Part III

We have looked at love and life and at justice and health which is life. We must now look at truth and life, truth and man, knowing as we do that love, justice and truth are closely interwoven in our relationship with God Himself and with our patients. They are equally interwoven with our contribution to peace. Ghandi countered injustice with non-violence built on truth; Mother Teresa counters it with compassion based on truth. Truth is reality matching knowledge and it underpins all the virtues. Our loving action arises from our attention to our neighbor's real needs, and taking his life is not one of them. Justice in feeding, immunizing, caring, relates to truth of a situation which is often different from what should be. When we speak of "what should be", we are in the field of obligation, of ethic, and here truth is absolutely basic in respect of man, his origin, his path, and his goal.

Before I left Wellington, I asked Cardinal Williams for a message of goodwill. The Cardinal wrote, asking me to say that the conference has his warm and prayerful support. He prays that it will stimulate reflection and conscientious decision and strengthen the vocation of all taking part.

What is vocation? Surely it is to witness and proclaim as Christians in the art and science of medicine. For this we need excellence and skill. We need knowledge of man's body, what ails it, and what relieves or rebuilds it, but if we confine our knowledge and understanding to that level, we are simply treating the husk or the shell. Man is central to the way of medicine in the same way as Pope John Paul makes him central in the way of salvation¹⁰ and we must know and teach, at least in our own circles, as much about metaphysics as about biophysics of man.

This view was endorsed by Bishop John Mackey at the fifth major meeting of the New Zealand Guild in which Mariano participated. Bishop Mackey alluded to the ambiguity in our attitude to human life if we do things which are set to hurt the very life we possess.¹¹ He pointed out that much of today's decision-making derives from feeling rather than reason, and this should be countered by attention to the supernatural, and reintroduction of natural law. He favored restoration of metaphysical enquiry aimed at recognition of order in being, of value in order and of choice in values. Such measures would lead to real improvement in the quality of life; but such measures are resisted by the failure to apply in the field of religion the same powerful logic used in the laboratory, and the tendency of the scientist to look at phenomena while the philosopher looks at being. Even so, geneticist and philosopher may each reveal man as a unique, unrepeatable human individual. Man, however, needs to know and understand himself, his nature and destiny. The living matter of his biology will eventually disintegrate but his power of thought and choice make him responsible, immortal, irreplaceable. He has rights which, once given him, will not be infringed even by God Himself. When man does understand himself, he can recognize norms written into his nature,

develop a sense of ought from his knowledge of what is, formulate principles that avoid mere expediency and relate choice to the end and purpose of human action. Thus he builds a natural law which is available to men of any creed or none.

Father J. Esler, in speaking after Mackey, was concerned that despite the existence of a sound theory of ethic, there would be some truth in the charge made by those like Illich who say that medicine has gone astray or that doctors have, in their use of it.¹² Patients, too, have an ethic which involves choice, and their capacity to cope with their own illness and suffering must be strengthened, not reduced. In helping the patient to manage life, sickness and perhaps death, the physician is both treating and loving his neighbor. Mother Teresa's management of her dying friends and the hospice movement around the world exemplify this. The physician helps his patient with the choices that must be made, helps with his growth, his search for meaning. Treatment should strengthen, not pamper. It should not eliminate the patient's autonomy.

It is in the interests of both patient and doctor, Esler says, that problems are approached in a realistic manner, that sickness is confronted, that every patient is seen as unique, that the truth is told, that growth is fostered and rights are respected. Christian doctors should be prepared to be guided by the church, ready to announce the good news of salvation, and allow the Lord to assist in healing. Spirit is acknowledged, religion recognized, faith strengthened and the limits of medicine conceded.

Mariano Alimurung was one who maintained the ideals in that admonition "Doctors should be guided by the church". In 1960, at the first Congress of Asian Catholic Physicians,¹³ and again in a paper published later in the same year,¹⁴ he expressed his concern about advanced technology unguided by ethical principle, about prescriptions and procedures contrary to Christian morality which were taking hold in medical practice and about the need for ethical education to accompany medical education of those preparing for the profession. He expressed very similar thoughts in the keynote address at the Asian Federation meeting in Korea,¹⁵ showing that in 20 years the problem had not gone away, but neither had Mariano lowered his standards or lessened his zeal. He showed the source of his zeal in the reference he made in the same Korean paper to the Filipino physician, Rizal, and in a separate paper given as the Rizal Lecture at the end of 1979.¹⁶ In both these addresses he showed appreciation of Rizal's love of God, of his fellowmen, of his country and of excellence in his work. The appreciation was shown in a way that made Rizal's attributes his own.

Doctors' Primary Task

To know the supreme truth is surely a primary task for us. Meeting under the title "Catholic doctors," we can hardly obscure the fact that religion is involved; that we relate in some way to God. A few minutes ago

we shared thoughts that had been presented to Catholic doctors about man. To derive our ethic, we have to complete the enquiry with thoughts about God, since He is the source of our obligation in regard to our patients and the community. Equally, He is the source of the compassion we must exercise, for He above all descended from on high and shared our earthly lot.

In healing our fellowman, we share in restoration and repair, never in discrimination or destruction. For this wholeness the task is transcendent, life is sacrosanct and the faculties that beget life are precious. These are the basic principles of our ethic; these are the reasons we come together as individual Catholic doctors supported by fellow Christians in a guild. For this, too, is surely our task: to share our ethic with those who do not have our privilege. For this purpose our prayer group, our study group, our guilds, our conferences are essential.

Conclusion

My contention throughout this address has been that there are forces afloat which have multiplied since Mariano Alimurung expressed concern nearly 25 years ago: that children still starve; that biotechnology is both a probe and a sword; that political terrorism and medical violence are both more proximate than the bomb; that retribution is to be expected and lingering desolation may be as cruel as a burst of flame. Meanwhile, if doctors seek peace, they may as citizens, shun the bomb, but they should realize such an action will be of little avail unless as doctors they attend to their responsibilities in the field of human life — life at conception, life in gestation, life in suffering and in handicap. To allow malnutrition, infection and abortion to continue on their present massive scales is to promote the conditions of self-service by the powerful which makes possession of the bomb inevitable. Christian doctors, at least, have no option but to struggle in their profession as well as in civic life against these evils by loving tenderly, acting justly and walking humbly in the company of the Lord.

References

1. Alimurung, M., "Health and Health Problems in the Philippines." "Priorities in Medicine — New Zealand and Other Countries." Proceedings of the Fifth Combined Conference Auckland-Wellington of the Guild of St. Luke, Ss. Cosmas and Damian.
2. Paul VI, Pope. "If you want peace defend life." Message of His Holiness for the Celebration of the Day of Peace, Jan. 1, 1977.
3. Alimurung, M., "Medicine at the Crossroads". *Cross Magazine*, Nov.-Dec., 1978.
4. Hume, Cardinal, *London Tablet*, July 14, 1984.
5. Ramsey, Paul. "On in-vitro fertilization", Testimony before the Ethics Advisory Board of the U.S. Dept. of Health, Education and Welfare, 1978.
6. See Ref. 1.

7. Jobson, Sister Katherine, "Priorities in Medicine in Underdeveloped Countries." See Ref. 1, Proceedings of Guild of St. Luke Conference.

8. Fernandes, Archbishop A., "Social Justice Priorities in Health Care." See Ref. 1 proceedings of Guild of St. Luke Conference.

9. John Paul II, Pope, "Redemptor Hominis."

10. Mackey, Bishop John, Keynote address to the Fifth Combined Conference of the Guild of St. Luke/Ss. Cosmas and Damian. See Ref. 1 Proceedings.

11. Esler, Father J., "Priorities in Life." See Ref. 1, Proceedings of Guild of St. Luke Conference.

12. Alimurung, M., *Catholic Medical Quarterly*, October, 1960.

13. *Ibid.*

14. Alimurung, M., "Quo Vadis Uomo." Keynote address at the opening session of VII Asian Congress of the Catholic Medical Association, Aug. 31, 1980. *The Medical Forum*, Vol. XVII, No. 1.

15. Alimurung, M., "Rizal and His Love of God, Love of Country and Love of Fellowmen." *The Medical Forum*, Vol. XVI, No. 1, Jan.-June, 1980.

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