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The Professional Responsibility of a Catholic Physician: A Personal View

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The practice of medicine is a vocation in which learned skills and knowledge are applied for the maintenance of health and for the treatment and prevention of disease. It is essentially a service to others, of intimately personal significance to individual, family and community. It is particularly concerned with the attempts to restore health when there is a breakdown in the physiological or psychological functioning of an individual, which has profound impact on his/her social functioning and that of other individuals who are affected by his/her state of health.

Because of this commitment and to protect individual rights and interests, the medical profession has developed a code of ethics, a set of controls over behavior and standards, so that the service offered is of the highest order and is accepted as such by clients and colleagues.

The medical profession first set down its code in the 5th century BC and thus established its role as a healing and caring profession based on certain philosophical concepts and working principles. This is known as the Hippocratic Oath, later reiterated in the Declaration of Geneva formulated in 1948 following the horrifying experiences of the second World War.

A theistic component to this code was articulated by a great Jewish physician and philosopher of the 12th century in the famous prayer of Maimonides. This prayer expresses in beautiful and elegant language the motivation of a physician, derived from his pervading belief in God. It is a profound dedication by a physician to serve both God and man.

The practice of medicine has always involved major decisions in the field of morality. Hippocrates referred to the sanctity of human life, to the

ethical norms of the relationship between physician and patient and the proper respect between student and teacher. The overruling dictum of all practice and research has been the principle of "Primum non nocere" or "First do no harm". In more recent times, major medical and research organizations have formed their ethics committees to resolve major ethical dilemmas and to establish guidelines of ethical behavior and research methodology.

Christianity's Impact

It was inevitable that Christianity would have a major impact on the practice of medicine, especially in giving deeper meaning and understanding to the precepts of the Hippocratic Oath and in emphasizing the duty to care for one's neighbor. The dignity and destiny of each human person were clearly enunciated, the redemptive mercy of God was revealed in the message of the incarnation, death and resurrection of Christ. Physicians learned "that insofar as they did this to the least of human beings, they did it to God Himself."

It is worth setting out in full the prayer of Maimonides which hangs on my office wall. It was given to me many years ago by an American general practitioner who has been a close friend of mine since I first met him in South Vietnam in 1966. The dedication of Maimonides hangs as a plaque in his waiting room in San Francisco where I first read it about 1970. I believe that it sums up, in a most humble and fervent way, what should be the basic responsibilities of all medical officers, but more particularly, Catholic medical practitioners. This prayer is appended to this document.

For every Catholic physician, I believe there are two dominant factors which should influence his or her practice of medicine. The first is the concept of the sanctity of human life, the immeasurable dignity of the human person as a child of God, deserving of our deepest love and our most competent skills, used with wisdom and dedication. This should form the basis of the intimate relationship which develops between doctor and patient and it should be clearly perceived by the patient who must place his/her trust and confidence in the skill and advice which he/she seeks from the medical practitioner.

The second factor which should determine the behavior of a Catholic physician is the guidance of the Church on issues of morality as they impinge on the practice of medicine or in the field of medical research. This guidance must ultimately rest on the source of the Church's authoritative teaching as set out in the documents of Vatican II. It is not enough to accept a theologian's opinion or even that a body of theologians if it conflicts with the pronouncement of the authentic magisterium. It is not for a Catholic physician to say or to implicitly accept the proposition that Church teaching has no role to play in his practice of medicine.

I believe that the Catholic physician is first of all a Catholic and secondly a physician; otherwise he is not deserving of the title of a Catholic physician. If he does not apply Church teaching in his practice of medicine,

there is nothing to identify him as being essentially Catholic in the practice of his vocation. It is a central tenet of Catholic teaching that in matters of morality the ultimate authority rests with the magisterium and not with personal opinions or with individual theologians or schools of theology, even if they still retain the title of being Catholic.

Several important events have contributed to a major crisis for Catholic physicians in Australia. One of the most important was the encyclical *Humanae Vitae* which was released in 1968. Another factor was the 1967 Abortion Act in the United Kingdom, the 1970 Abortion Act in South Australia, and the U.S. Supreme Court ruling on abortion in 1973. More recently, the development of the IVF technology, its associated research and clinical application, have raised grave ethical issues.

At the same time, medical practitioners are deeply divided in their philosophical beliefs. In a Queensland study of the attitudes of doctors toward abortion in 1980, over 50% of the respondents practiced no religion or were agnostics or atheists. Moreover, 42% of psychiatrists were in favor of abortion on request, which probably explains why psychiatric indications figure prominently in these statistics. This attitude of the profession is reflected in the political intervention of the Federal Secretary of the Australian Medical Association during the period of the 1979 debate over the Lusher Motion in Federal Parliament. That motion aimed at terminating federal funding for the procedure of induced abortion and the federal secretary of the AMA urged members of the parliament to reject this motion. In 1982, the Australian Medical Association made a submission to the West Australian Law Reform Commission in which it explicitly requested the legitimization of some forms of infanticide. From the legitimate decision of not providing extraordinary means of sustaining life in an infant with a severe irremediable physical defect, the profession now sought the right not to use normal means of dealing with a correctible defect such as intestinal obstruction in a child who suffers from mongolism. The change in philosophy may seem subtle, but its implications are profound.

Related to this changed attitude to abortion are the questions of antenatal diagnosis, the use of fetal tissue and the application of IVF technology. The profession has moved considerably from the sentiments expressed in the Hippocratic Oath, the Declaration of Geneva and even from the United Nations Charter of Human Rights.

Another major factor which has led to a high level of confusion is the prevailing attitude in society generally and some of the adopted positions of so-called Christian theologians. Fundamentally the prevailing philosophy is that of utilitarianism which comes in several different forms. These variants may be called simple utilitarianism, preference utilitarianism, situation ethics, proportionalism, positivism and so on. There are many public exponents of these concepts and there is a subtle use of language and a play on emotional responses. In the field of medicine, this prevailing philosophy emerges in several ways.

There is the problem of the "hard case" and the outstanding example is known as the Bourne Affair. It was the gynecologist Bourne in England who, in 1938, challenged the criminal law when he carried out an induced abortion on the victim of a pack rape. He was acquitted and the law on abortion began to crumble. The act of induced abortion was not recognized as absolutely or intrinsically wrong. It may be seen as vaguely wrong, a pre-moral evil or as a disvalue, but the morality of the action was determined by the situation or by the good consequences or by the so-called greater proportionate good.

The same principle has come to be applied to the "quality of life" decisions as exemplified in the recent case in England of a mongoloid child with a correctible bowel obstruction. It is seen in the current demand for ante-natal diagnosis to determine whether the fetus in the uterus has a genetic or acquired defect and the main reason why the medical profession encourages the service is to seek and destroy. The question posed is an appealing one: is it not humane and therefore right to terminate the life of a disabled human being whose existence can only be a source of continual suffering for itself and for those responsible for its care?

Application of Philosophy

This philosophy is applied in the debate on in vitro fertilization and embryo transfer. Even if a large number of embryos die in the procedure (about 90 to 95% in current practice), the procedure is justified because some infertile couples will be able to bear their own child. The proportionate good is emphasized and is facilitated by denying any significant moral status to the embryo.

The prevailing ethic of utilitarianism suits our modern consumer society. Material well being, the pursuit of material ends and self-gratification have become the "goods" of modern living. The means whereby these can be obtained should be available and so too should the measures needed to deal with the consequences. Many of these measures demand the close involvement of the medical profession.

This has led to serious attempts being made to alter the various declarations which have set down the guidelines for medical practice and research.

The situation is aggravated by the current debate among theologians about the concept of proportionate good. What is happening is that some theologians are denying that a particular act in its own right may be objectively or intrinsically evil. They speak of premoral evil, ontic evil or disvalue in order to eliminate the concept of the intrinsic evil of particular actions. They see an action as being made up of several components which include the situation in which an individual finds himself when he is deciding how to act and the consequences which flow from that act. Many of these theologians therefore accept that such actions as masturbation, artificial contraception, abortion, fornication and adultery may be morally good, provided that the situation and the consequences are such

that a so-called proportionate good may be obtained. Such an approach can be devastating for Catholic physicians, as it is possible for two physicians, given the same set of circumstances, to reach different conclusions—one to carry out an abortion, the other to refuse an abortion.

It is not my intention to engage in a prolonged discussion on these trends of theological explanations and speculations. What I wish to state is that a Catholic physician has a grave responsibility to put his act together in a climate of differing social values, the erosion of the code of the profession and the hostile attacks mounted against the Church's magisterial authority. That will mean that he must educate himself not only in medicine, but also in the principles of moral theology and authoritative Church teaching.

For me, my Catholic faith is of paramount importance. It determines the meaning I should place on my life on earth and the manner in which I should act whether in a professional capacity or otherwise. It means that I must clearly understand what it means to be a practicing Catholic and what demands my fundamental beliefs have on moral decision-making. As a Catholic, I do not believe in the proposition expressed in the phrase "Catholic with a free choice". I cannot accept the validity of a theological opinion which conflicts with authoritative statements of the magisterium. I cannot accept that I am bound to provide a service which I believe to be intrinsically wrong, even though it may be accepted by a large segment of the profession and by large numbers in the community.

I believe it is my responsibility to determine what the Catholic Church teaches in various areas of morality as it affects my practice of medicine and my everyday activities. I wish to be known as a Catholic physician with emphasis on the word "Catholic" and I wish it to be seen that I act in accordance with the official Church teaching. I believe that it is important for me to search deeply into Catholic philosophy as it affects the concepts of the sanctity of human life, into its teachings on the nature of the human person and human suffering and the origin of human rights. I believe that I have a responsibility to put my faith into the practice of my vocation, as Maimonides suggested 800 years ago.

His prayer follows on the next page.