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A Report from the International Organization of Catholic Physicians

Dr. C. J. Vas, President

Dear Colleagues,

October and November appear to be months of increased activity for me each year. In this period of 1985, I have attended three meetings and I should like to share these experiences with you. All the meetings were held in Rome. These were:

1. An ad hoc meeting convened by Dr. Robert Walley of Canada to discuss a "Draft Proposal for a Catholic Institute of Health". This was held on Oct. 26, 27, 1985, and attended by 15 individuals from all six regions of the world.

During the discussions, it appeared that all present were highly motivated to give witness in the health world and all revealed a tremendously filial devotion to His Holiness, Pope John Paul II. After long discussions over two whole days, as well as brief consultations during the Catholic Hospitals' Congress that followed, the general objectives, rationale and specific objectives were finalized. The structure and other practical details were also discussed and approved in principle.

Many of you will remember that this proposal was first mooted in FIAMC circles by Dr. Walley in Rome during the XV FIAMC Congress of 1982. Since that time, he has presented this idea in various parts of North America, Latin America, Africa, Asia, Oceania as well as Europe. A lone crusade! But many have begun to realize that there are some good points in this project which, if realized, will be of immense value to the Church worldwide. The group nominated Dr. Walley as executive director and empowered him to convert his ideas into a viable and practical project. We all hope that the succeeding 6-12 months will bear fruit by way of the establishment of a Secretariat with its own funds and effective activities. Should any wish to be associated with this project, please let me know, or certainly contact Dr. Robert Walley at:

1 Parliament Place
St. John's AIA-225
NEWFOUNDLAND, CANADA

2. The second meeting in which I was invited to participate was the 1st World Congress of Catholic Hospitals and Health Care Institutions, from Oct. 29-31, 1985. This was held in the Vatican itself in the audience hall or Aula Paolo VI. Despite the advance publicity being patchy in some areas, due not to any fault of the organizers, the occasion was a great success in that it brought together about 1,500 participants (clergy, religious and laity) from all six regions. The credit for this successful meeting goes to the steering committee headed by our own Msgr. James P. Cassidy with Chev. Marcello Sacchetti as secretary general. He is well-known to us as president of the OSPEDALE BAMBINO GESU - a generous host for our FIAMC executive committee meetings.

This congress was convened with the active encouragement of the Holy See to bring together representatives of the huge number of Catholic hospitals and health care institutions which comprise the single largest source of health care in the world. Many felt that the Congress would attend to the increased need for communication and cooperation among all these groups to fulfill their divine vocation and realize their commitment. As the days of the Congress progressed, hopes ran high for the establishment of a new International Federation of Catholic Hospitals and Health Institutes.

The Congress began on Oct. 29 with Cardinal Eduardo Pironio, president of the Pontifical Council for the Laity, as well as president of the Pontifical Commission for the Pastoral Care of Health Workers, presiding at the inaugural function which was to have been addressed by Cardinal Agostino Casaroli, secretary of state. He was unfortunately in hospital under treatment for a severe injury. This was followed by an erudite talk on the theology of health by Msgr. Carlo Caffarra of Rome, who, as you will recall, is to be with us at our next XVI FIAMC Congress in Argentina.

The afternoon of the first day was spent in listening to six continental representatives who addressed themselves to "What is a Catholic Hospital?" and the activities of Catholic hospitals in their regions.

On the morning of the second day, continental group meetings were held. Attendees discussed their problems and almost unanimously resolved to start an international federation of Catholic hospitals and health institutes.

Moreover, they chose two individuals from each continental or regional area, much in the way of FIAMC, to join a band of the "Chosen 12" to commence the arduous work of establishing an international Catholic organization of hospitals. This group met at the end of the Congress to discuss structures when I presented, on request, the FIAMC way. They are to meet again in Rome just before our own executive meeting in May, 1986.

To return to the Congress, the second afternoon had Father Calisto Vendrame, the Superior General of the Camillians and Advocate Richard Concannon of New York (advisor to the Catholic hospitals) discuss the needs of the Church in health care from the ethical, political and legal points of view. It was of interest that much time was made available for discussions from the floor. This is something we, in FIAMC, must also ensure at our own meetings, as it adds to the richness of the dialogue.

The third morning was chaired by Archbishop F. Angelini, pro-president of the Pontifical Commission for the Pastoral Care of Health Workers. This session was billed as a meeting of health care operators.

In our session, time was tight for discussion largely because all were looking forward to the Talk of Talks and a visit from the Holy Father, Pope John Paul II. Excitement ran high and hundreds were clamoring to touch some part or other of His Holiness. A fantastic spectacle - as usual. I do not know how the Holy Father does it! Despite a heavy schedule, he looked as bright as ever, relaxed, and had a lot of good things to say. Long may he live and be guided by the Holy Spirit!

The last afternoon session received the reports of the various continental groups under the chairmanship of Msgr. Cassidy. This session brought people together and cleared the confusion in the minds of some as to the role of international Catholic health organizations such as FIAMC, CICIAMS, FIPC and the new hospital structure on the one hand and the new Pontifical Commission for the Pastoral Care of Health Workers, created by His Holiness Pope John Paul II, on the other hand, which is to stimulate, promote and coordinate the existing autonomous Catholic organizations in the health sphere.

All in all, this was really a good and useful meeting for all of us. I found it enjoyable, stimulating and full of promise. I am grateful to Msgr. Cassidy, Mr. Sacchetti and the steering committee for having invited me. Permit me to briefly present some interesting sidelights on my presence in Rome.

- a) This Congress brought together for the first time ever (I think), the presidents of CICIAMS, FIPC and FIAMC as well as the chairmen of the Health Commission of the Organization of International Catholic Organizations (OIC).
- b) I learned on good authority that the Holy See is actively considering the allocation of space for a FIAMC secretariat in the Vatican.
- c) The Holy See was also very happy that our African medical colleagues were coming together in extension of the work of FIAMC in early February, 1986. In appreciation of this and the considerable difficulties faced by them, the Holy See made a handsome donation to the organizers in Ghana.

d) My meetings with Catholic doctors and others, such as bishops, in areas where no guilds, or associations of Catholic doctors exist, have made me realize that they need help for this. I now appeal. Can you all please prepare a short note on what can be done by small groups of Catholic doctors in our field and how you managed to overcome the inertia that surrounds so many of us? These individuals want some advice and are prepared to learn from your experiences. For instance, a Bishop from a Third World country asked me how to get his Catholic doctors together. Recently, he found that an organization in favor of family planning in general had some prominent Catholics for promoters. He wanted to know what is being done in this area by others.

Please send your suggestions to our secretary general, Dr. T.P. Linehan, or directly to me.

3. After a brief rest and some work at the Hospital, I found myself again on my way to the Eternal City. Having contracted a really severe upper respiratory infection which aggravated some systemic disorders, I felt I was on my way to eternity. Alas, Rome airport arrived and no strikes. I also felt great that I had cheated some taxi-drivers of their exorbitant fares by taking the buses. But it was nice to be back in Rome for the XIV annual Plenary Meeting of the Pontifical Council "COR UNUM" (P.C.C.U.) - my second of a 5 year term.

Our work was interrupted on the very first day by the ghastly news from Colombia of a volcanic eruption. The secretariat sprang into action and within hours the Holy Father approved the emergency action taken by the Council.

The highlight this year was the initiation of a world-wide campaign for the detailed study of charity and poverty - what it really means for and in the Church and to each one of us.

Concern was often expressed by the members during the discussions at "health" no longer being a mandate of the P.C.C.U. as it has been since 1975. Nevertheless, all agreed that the subject of health invited increased attention by the Church and all prayed, I am sure, for the success of the new Pontifical Commission of Pastoral Care for Health Workers.

Without any doubt, the one event on the agenda which always attracts the most attention is the very individual audience with the Holy Father. All the robes - crimson, red and purple, the best suits and dresses - are in evidence on the bus which takes us to the Vatican. It is curious that while this may happen every few months for some of us - such a visit is always a great and stimulating occasion, one which fills us with awe at meeting the successor of Peter on whom Christ founded the Church. Looking around at the Church in the Vatican, existing for almost 2,000 years, and the many episodes of human frailty, one cannot but be convinced

that the Holy Spirit is with us all in the Church. It is up to us to make the most of His guidance.

There is much excitement in Rome with meetings of some of the Pontifical Councils, the cardinals of the Church and the Extraordinary Synod. Let us hope and pray that the coming weeks will see greater blessings for our Church.

In conclusion, my kindest personal regards to you and your families and best wishes in your work. God bless you.

Yours faithfully,

C. J. VAS
Bombay, India

1. GENERAL OBJECTIVES OF FIAMC

- 1.1. To promote the fullness of life for all through community health care based on the Christian principle of respect for all human life, with a focus on the family as the chief guardian of health.
- 1.2. To act as a prophetic witness by reflecting on the teaching and practice of contemporary medicine in the light of the Gospel and its values.

2. RATIONALE

Throughout the world, families in general and mothers and children in particular are facing an enormous tragedy as illustrated by maternal and infant mortality figures in the Third World, and the incidence of abortion and child neglect in the First. This situation arises not only because of poverty, hunger, ignorance and disease, and by inappropriate, inadequate, and destructive medical technologies, but also from utilitarian principles presently dominating international health policy.

Throughout history the Catholic Church has been one of the largest providers of health care throughout the world in financial investment and in the number of its committed religious and lay people. However, even some church-related institutions have been caught up in the dilemma of the maldistribution of available resources. The pressing needs of these times call for new initiatives to promote the formation of health care workers by providing them with the means to integrate new insights in the health services, which include the primary health care concept and current theological reflection on the Church's healing ministry.

3. **SPECIFIC OBJECTIVES**

- 3.1. To provide a permanent, professional, interdisciplinary center for the support and development of health care workers who are committed to its general objectives.
- 3.2. To help Catholic decision-makers in health work set appropriate priorities.
- 3.3. To collect information on existing programs relating to the general objectives, to evaluate them and to adapt them where necessary to provide improved approaches.
- 3.4. To be a communication center and to publish on a regular basis.
- 3.5. To develop close liaison with other church and government organizations sharing these objectives.
- 3.6. To provide assistance through such activities as consultation services, workshops and education programs.

4. **STRUCTURE**

- 4.1. A central headquarters which would have no permanent overseas structure but would conduct activities at central headquarters and on site in existing structures which may be health related organizations or dioceses, community groups, hospitals, both secular and religious, etc. Activities would be by invitation only responding to requests for assistance. It would be prepared to train all levels of health care workers—M.D.s, nurses, diocesan health co-ordinators, etc. . . . as requested.

The organizations options are:

- i. A totally independent organization
- ii. Part of an existing organization, for example: university, institute, hospital . . .
- iii. An organization sponsored by a consortium of religious orders with the laity as a new dimension for their health care apostolate.
- iv. An organization of lay and religious sponsored by a bishop(s), episcopal conference(s), or the Holy See.

4.2. **Location**

Europe, possibly England because:

- a. central
- b. better for communications
- c. fund raising
- d. management

- e. travel
- f. more "neutral" territory politically
- g. more professional and academic resources and support.

4.3 Personnel

- a. A small permanent staff with long or short-term consultants working with local counterparts in particular countries.
- b. Team approach — physicians, nurses, health auxiliaries, ethicists, theologians, from different cultures, both religious and lay.

4.4 Finances

- i. Government grants. Projects could be undertaken with grants received from international agencies, for example: US Aid, CIDA, WHO, etc. . . .
- ii. Financial support through Church organizations, for example:
 - a) local churches
 - b) Knights of Columbus
 - c) Misereor
 - d) Missio
 - e) Development and Peace
 - f) CAFOD
 - g) religious orders
 - h) Caritas, etc. . . .
- iii. Tax deductible contributions from: a) individuals, b) corporate businesses, c) private foundations.

4.5. Budget

Initial capital cost for premises, office equipment, office furniture, word processor, computer, photocopier; library, telephone, postage, stationery, travel.

Initially, a small team of a director, research assistance and secretary would be required to develop the project.
