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CATHOLIC MEDICINE IN ASIA

MARIANO M. ALIMURUNG, M.D.*

THE WORLD of today is truly unique in many ways. The scientific and technological progress we have attained is something totally undreamed of not very long ago. Indeed, our ambitions and our own recent achievements are extending our domain beyond the confines of the earth, as we gradually invade and hope to conquer outer space. In medicine, wonders are being born continuously and at a faster pace. All this is most gratifying, aimed as it is to the betterment of this world. But . . . is it really so? All the time?

For amidst these wonders and these conquests, there is much discontent and unhappiness. In fact, we are still striving for peace. The tragic part of the entire situation is, as it often happens, the application of our scientific and technological achievements for purposes that are neither lofty nor good at all. This is easily seen in the practice of medicine. This is one of our greatest concerns in Asia.

OUR PROBLEMS

One of the most obvious problems in Asia today is what demog-

raphers have termed "population explosion." How true this is and what is its real magnitude are being argued upon. Nevertheless, the fact that in India alone there are about 438,000,000 people, or almost a quarter of the total population of the world today, is something that cannot escape our attention.

At the same time, while assuming the existence of an explosion of the population, we must also admit another startling reality; namely, the high rates of morbidity and mortality. In other words, health care is far, far from being satisfactory in many areas of Asia today. It is not unusual in Asia for large areas to be without a single physician, communities without any health facilities at all. Even in the Philippines, where medical education has been partly successful in providing rather substantial numbers of graduating physicians during the past few years, there are still many large communities without any physician therein. No wonder then, disease saps the health of the people; epidemics easily appear and spread; the death toll remains impressively high.

It is true that medical centers are developing in the metropolitan areas. They are gradually attaining measurable success, worthy of the highest praise. Still, when the medical achievements of the East

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are placed side by side with those of the West, one is forced to the conclusion that progress in the former lags since the necessary financial support and research equipment facilities are too limited, often quite wanting completely.

And if we were to consider aiming at the ideal and the high standards of medical education, as envisioned and maintained by the leading medical centers in the United States, then the impasse is readily met. The heavy financial burden attendant to so-called ideal medical education, in terms of American standards, is something truly phenomenal. Such resources are non-existent in Asian countries. Compound this with the fact that in many medical schools, such as the private colleges in the Philippines, no Foundations nor government aid is available to them, and the added fact that the teaching hospitals have to be maintained by the medical schools themselves makes the problem of financing medical education a huge and complex difficulty. Mention must also be made of the widespread destruction of facilities and physical plants consequent to the ravages of the recent war, along with the fact that the education of many young men and women was interrupted during those years.

Amidst all this comes Western medicine with so many recent wonders of technological advances being offered to very fertile and hungry minds in Asia. What is the reaction to these modern medical advances? All too

often, anything new is tried on arrival, rapidly popularized and unfortunately, perhaps readily accepted, without careful scrutiny of the varied consequences that such medical practices are likely to develop. Thus, lobotomy, artificial insemination, anovulant pills, prophylactic hysterectomy and vasectomy, and other similar medical procedures are tried and, perhaps, silently popularized. Because they are modern discoveries of Western medicine, they are new procedures, attractive, if not actually "elegant."

What can Catholics in medicine do? In all Asia today, there exists only one Catholic Medical School — the University of Santo Tomas in Manila. How else can Catholic medical ethics be channeled? Through Catholic medical literature? Yes, perhaps. The dearth of such material is a reality.

What about the medical societies? Obviously, medical societies are only as good as their individual members. Catholic Physicians' Guilds are in the picture. Even these seem to be unable to cope with the vastness of the problem. In Japan, Vietnam, India and other Asian countries not yet blessed with an abundance of our Faith, our Guilds can exert only a very narrow influence especially in matters wherein there are those who seem to claim a conflict between medical science and "religion" and wherein it seems that science must prevail. I am told of the sad plight of our Catholic colleagues in Japan who find it difficult to find places in the leading

medical centers and to attain faculty appointments. Even in a Catholic country like mine, the Philippines, our Guild's influence is far from ideal. There is much poor thinking about medical deontology and so much influence of Western medicine that many times, the practicing physician and the medical teacher are prone to follow more science and less deontology. Needless to say, the materialistic environment pervading the world today contributes also to this lack of firmness of our moral foundation in meeting these medical problems.

OUR ANSWERS

The foregoing problems are quite appalling in magnitude and complexity, but they also demand immediate attention and solution. Otherwise, evil will become so deep-rooted and so widespread that it will be extremely difficult to face and eradicate it if left unchecked.

We must develop a strong and solid front against the so-called population control programmes and planned parenthood movements creeping into Asia today. Our brethren in the West must exert all efforts against the transport of this illicit medical attempt to solve the problem of population explosion. Our colleagues in the West must exert their efforts to informing the medical profession and the community at large of the unreasonableness and potential harmful effects of the anovulant pills, now being proposed for and actually in use in some Asian

countries. It is disconcerting to learn that a Catholic doctor in America has actually contributed much in the perfection of these pills. Thus, it becomes imperative on the part of our moralists, if not actually the Holy See, to clarify and make clear pronouncement on this issue.

We must encourage and collaborate fully in the implementation of the true and right solutions to the population problem, namely industrialization and improved socio-economic conditions, so that our so-called medical experts will stop devising means to control births.

More Catholic medical schools should be established. The efforts of the Japanese Catholic Medical Association to build one in Tokyo is a project deserving our wholehearted support. This is a huge venture and can be realized only through the help of every Catholic physician in the world.

Medical literature in the light of Catholic teaching should be produced in more abundance. We must be more alert to evil propaganda and answer such misinformation with force and promptness. Only through enlightenment can ignorance be eradicated.

Health care in Asia needs help along with assistance to medical education. Until the goal is achieved, more men are needed like the late Dr. Thomas Dooley who showed such leadership and medical apostleship in the villages of Laos. The cost of medical education is tremendous. The impact

of this is felt even more in Oriental countries. It is hoped that the bounty of the West will come to the aid of Asia's medical centers so that they may grow not only in numbers but mostly in standards. We are happy to learn of the current program that the American International Development organization is now about to initiate in the Philippines, to aid the private medical schools there. Catholic foundations and philanthropists must include in their responsibilities the fate and future of our medical schools, particularly Catholic institutions.

Lastly, we feel that our hierarchy can assist our efforts. We need their inspiring support. We need their fatherly direction to help us establish a Physicians' Guild in every diocese. The relationship between priest and doctor must be further emphasized. The morality of medical problems very often needs the explanation of the

clergy. Study sessions, symposia and panel discussions regarding medico-moral issues would do much to safeguard Catholic ethics in medicine. Oftentimes we observe our own Catholic forces unorganized, and therefore, ineffective. It is our personal feeling that even the few Catholic physicians we find in our part of the world need to develop leadership qualities and that our spiritual leaders can help us.

And to conclude we wish to submit to this Congress the desirability of bringing its sessions to Asia in the near future. Two years ago, we invited the Congress to hold its next meeting in Manila. We repeat that invitation today and hope we will be accepted this second time. Such a gathering would have tremendous impact throughout Asia. Our influence throughout the East is needed. Manila would welcome you with open hearts.

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