The Linacre Quarterly

Volume 31 Number 4

Article 9

November 1964

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Recommended Citation

Evans, Joseph P.. (1964) "Professional Excellence," *The Linacre Quarterly*: Vol. 31: No. 4, Article 9. Available at: http://epublications.marquette.edu/lnq/vol31/iss4/9

Professional Excellence

David Snave is a physician and now, in addition, a second year seminarian. After finishing medical school at one of our private church-affiliated medical schools, he served an internship at a large metropolitan hospital following which he began a residency in medicine at a university hospital. During his first residency year he decided that he wished to enter the priesthood, having in mind the possibility that he might eventually be asked to serve in the missions. Now well embarked on his priestly studies, he has written to Dr. Evans, an old family friend, asking his views on The Theology of Professional Excellence. The reply of Dr. Evans follows:

My dear Dave:

The assignment you pose in your recent letter startles me. As I suppose is true of many busy physicians of my generation, I have, over my nearly four decades in medicine, given very little thought to the matter and, being busy, I am tempted even now to set your letter aside until a more opportune time for answer. However, as one of my Chiefs pointed out to me years ago, a valid question requires an answer and can be ignored only at the peril of failing to crystallize one's own thinking. I am assuming that it is proper to limit your question to professional excellence in the field of medicine.

Moreover, though you ask for my views on a theology of professional excellence, I prefer to answer in terms of professional excellence. This preference arises from my conviction that there need not be, and often is not, any thought of theology on the part of many who achieve professional excellence, as I shall attempt to document. A second reason for failure to theologize is that I am a physician, not a theologian, and the concept of lay theologians is too recent an introduction to the contemporary scene for me to have shared its development. You, at your age, with your medical experience and now your beginning training in the priesthood, might well think seriously as to your possible role

in developing theological thinking along these lines, even though I realize your ultimate goal is work in the missions.

Were I a medical historian, I think I could adduce considerable evidence that the motivation of many great men was not of theological origin. While there is evidence that Hippocrates was a man who revered his gods, I suspect that we are too far removed from his time to judge what his wellsprings of excellence were, and probably this would be true of many of the physicians in the interval. Such a survey of the motivations of men like Laennec, Linacre, Thomas Brown and others might be a study well worth pursuing. As I remember Cushing's Life of Osler, there was no clear indication that theological motives were a primary cause of Osler's excellence, and this despite his familiarity with the Old and the New Testaments.

I find it more helpful to consider the matter by thinking of some of my own great teachers. Here I would like to remark parenthetically, since we are speaking of professional excellence, that I wish every medical student seeking advanced training would consider the men with whom he will be professionally associated rather than the institution itself, for it must be remembered that institutions are in truth made up of those who serve them. I know that you have read Sir

Richard Livingstone's small book, On Education, and that you will recall his quoting Whitehead as saying that each student ought to have before him "the habitual vision of greatness"—what a challenge to medical educators with or without formal university connections!

My first great teacher in science was a biophysicist to whom I shall always be deeply grateful, for he introduced me to the methods of the natural sciences and taught me the rigors of honest scientific reasoning. He would accept no work of shoddy standards, yet his personal life ended in a shambles, as far as I could judge. Among several great teachers in medical school were Hans Zinsser and Harvey Cushing, at the preclinical and clinical levels. From Zinsser's autobiography, As I Knew Him, and from John Fulton's biography, Harvey Cushing, as well as from what little I knew of each of these teachers personally. I get no sense of a theological inspiration.

This is not to deny that I have had other teachers in whom I was aware of a spiritual resource. But the presence or absence of a spiritual, of a theological orientation is not the question. The question is whether or not there is a theology of professional excellence.

Let me draw now on current experience. I have recently had occasion to visit one of the Latin American countries, one rather better known to me than to the casual American visitor because I have been there on several occasions. I know a man in that country, deeply motivated spiritually, who is doing a splendid job of directing an exemplary surgical service. On the other hand, in another city of the same country, I know an agnostic pathologist who is doing equally excellent educational work. Can an ag-

nostic have a theology of professional excellence, even one that derived from his very Christian background? I doubt it, and any attempt to claim this would, to my mind, be suspect.

Many a present day medical scientist, and in particular, many a clinician, is pretty well able to get along without God, thank you.

What conclusions do I draw from these personal observations? First, I would say that there is a real merit in professional excellence, of and by itself. The teachers that I personally knew and have cited have had a profound influence on American medicine. Much of their excellence may have resulted from their capacity to eliminate outside influences from their busy lives and thus to increase the intensity of their specialized efforts. Next, I would conclude that their genetic endowments had a great deal to do with their success as measured in secular terms. This is so obvious that the statement surely requires no documentation—they were men of great natural ability. In the lives of most leaders is to be found the influence of at least one dedicated teacher, a symbol to them of greatness, of an individual to be emulated in at least some of his qualities. Thus, it appears to me-even at the risk of offending some pious souls, that one is forced to conclude that professional excellence need have no theological dimensions.

But we can turn the question about and ask whether there may not be theological implications for professional excellence, which leads us to reflect on secular versus Christian humanism. Any candid observer of the present American medical scene can cite numerous examples of very highly motivated physicians with no obvious religious commitment.

What then is the role of the com-

mitted Christian in the life sciences—for indeed there must be a role. Before one attempts to answer, one ought to consider what it is that differentiates the Christian. Clearly this lies in his acceptance of the insertion into history of the redemptive action—the reality of the Incarnation, Death, and Resurrection of Christ. If the scientist makes no such acceptance, his entire motivation is different, even though the difference in the course of ordinary living is not very obvious.

But for those who accept the reality of the redemptive action there is, or should be, another dimension to our professional performance. Father Charles Davis puts it well (America, 3:158, 1964): "The heavens tell forth the glory of God. But so does man. Man, the noblest work in visible creation, is the child of God's thought and a revelation of his maker. And man is so, not just in what he is, but in what he does, in

his activity. . . . Yes, the products of our technological civilization point to God and reveal further facets of His mind. They are God's works as well as man's. Or rather, they are God's works because they are man's. Man in his activity was conceived in God's mind, and continues to exist there."

It seems evident to me that many men achieve excellence devoid of such an insight. It is likewise manifest that too many of us who have been given the insight fail to be motivated by it. I suspect this is because most of us in medicine, by the very nature of our work, are activists and give too little time to meditation and to prayer, even to the prayer that all may see more clearly and participate more fully in the Divine Purpose.

Always with every best wish,

Sincerely yours,

Joseph P. Evans, M.D.

Kellogg Grant to Stritch School of Medicine

A grant of \$493,100 was made recently from the W. K. Kellogg Foundation to the Stritch School of Medicine of Loyola University, Chicago, which the school will use to strengthen its administrative department and further to develop a full-time clinical faculty. This is the second grant made by the Foundation in recent weeks to schools of medicine which have evidenced interest in long-term planning and improvement and have previously used Foundation funds for surveys to pinpoint administrative and academic areas

in which the award moneys will be concentrated.

The grant to the Chicago institution will facilitate additions to its administrative staff including the appointment of two assistants to the dean, who serves also as vice-president for medical affairs. One of the assistant deans will handle financial affairs and the other will concentrate on the improvement of the curriculum and teaching methods. There also will be named a hospital administrator to head a new teaching hospital to be constructed by the school, this administrator to qualify for a faculty appointment and to become a member of the medical school council. Also encouraged by the Foundation's gift will be a fuller utilization of the research potential of the medical school faculty, since it is believed that a research-oriented faculty can greatly strengthen instruction in the basic sciences.