The
CATHOLIC DOCTOR

By

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The medical profession in many respects resembles the priestly vocation. The doctor, like the priest, has embraced a career directed to the welfare of his fellow-men. The doctor is interested primarily in their physical health, the priest in their spiritual well-being; but since there is an intimate relation between body and soul, the functions of doctor and priest, properly fulfilled, are mutually beneficial. The conscientious doctor, like the devoted priest, is prepared to sacrifice his comfort, his recreation, his health, and in cases of extreme necessity even his life, whenever duty demands such sacrifices.

A doctor should ever bear in mind the dignity and the importance of the task of caring for the human body. A certain measure of respect and admiration for the body, as a marvellously fashioned and beautifully functioning specimen of animal life, is possible even on the part of an atheistic physician. But only the doctor firm in the conviction that the body whose ills he is treating is the

dwelling-place of an immortal soul imaging God Himself can be deeply impressed with the exalted nature of his profession. And the highest appreciation of the sacred dignity attached to the medical calling is found in the doctor possessing a strong Catholic faith, who regards the human body as the temple of the Holy Spirit, sanctified by the sacraments, destined to a glorious resurrection on the last day and to immortal bliss in heaven.

An attitude of this kind toward (he medical profession is to be expected of those doctors who have made their studies in a Catholic medical school. But unfortunately the great majority of the Catholic doctors in the United States have received their professional training in secular institutions. This means that the lectures to which they listened were impregnated with crass materialism. Practices opposed to the natural law, such as contraception and " therapeutic abortion " were presented to them as normal procedures, which any sensible physician will recommend in certain circumstances. Perhaps even the

teaching of the Catholic Church on these matters was the object of ridicule in the classroom, as a relic of medieval ignorance. At any rate, these doctors were never urged to devote themselves assiduously to their professional practice by motives drawn from the sublime destiny of the human body or from the doctrine that every human being is an actual or a potential member of the Mystical Body of Christ.

It is therefore of vital importance that our Catholic doctors be thoroughly instructed in the principles of their religion bearing on méditai practice. It is an undeniable fact that some Catholic physicians and surgeons, in perfect good faith, resort to measures that are gravely sinful according to Catholic moral teathing. I have heard of cases of Catholic doctors who, on the occasion of an operation, tieil up a woman's perfectly healthy fallopian tubes in order to save her the inconvenience of future pregnacies, anil apparently never doubted about the lawfulness of this procedure.

Priests who have doctors among the faithfid committed to their pastoral care should be mindful of their obligation in conscience to provide these men (or women) with adequate instruction on their professional duties. If a considerable number of doctors reside in a parish a special study club for them is in order, and open discussion of the problems they encounter in their field should be encouraged. If, for some reason or other, this method is not feasible, the pastor should provide his parishioners of the medical profession with individual instruction, at least by presenting them with useful books, such as *The. Catholic Doctor,* by Bonnar, O.F.M., or *The Handbook of Medical Ethics,* by La Rochelle, O.M.I., and Fink, C.M. The confessor of a doctor has a grave duty to see to it that his penitent is sufficiently familiar with the ethical principles pertinent to his practice. It could hardly ever happen that a confessor could allow a doctor to remain in good faith, when this latter is habitually employing some unlawful method of treatment, with-

out realizing that it is wrong. For, since such a practice would usually be detrimental to the common good and would be the occasion of scandal, it would constitute one of the cases in which a penitent may not be left in good faith, even though it is very doubtful that [he admonition will be heeded.[

The first problem that presents itself in the matter of medical ethics is the lawfulness of operating on a pregnant woman before the child she is carrying is viable. The principles bearing on the case are quite clear and simple: it is never licit to perform an operation which has for its only immediate effect the removal or the killing of the fetus; but for a sufficient reason (the preservation of the woman's life) an operation may be performed to cure an acute diseased condition, even though the death of the child follows as an indirect effect. However, the application of these principles is sometimes quite difficult because of the complicated factors involved.

[Cf. Aertnys-Damen, *Theologia Moralis,* 13th ed. (Turin, 1939), Vol. II, n. .138.

Thus, some theologians believe that in the event of tubal pregnancy, the removal of the tube (entailing the death of the fetus) is not permitted unless it is certain that in this particular case a pathological condition is present which puts the woman in imminent danger of death.[2] Others hold that whenever a tubal pregnancy exists, an operation to remove the tube is allowed, even though the danger to the woman is not yet imminent, because a pathological condition is certainly present here and now which constitutes a grave danger to life.[3] The recent findings of medical science would seem to favor this second view, and there are good Catholic doctors who accept it.

There are some doctors—and perhaps among them are some Catholics—who attempt to palliate the ejection of a fetus in the early stage of its existence by asserting that during the first few weeks of pregnancy the fetus does

[2] Cf. O'Brien, "Ectopic Gestation," *The American Ecclesiastical Review,* CV, 2 (Aug. 1941), 95 f.

[3] Cf. Davis, *Moral and Pastoral Theology,* 3rd ed. (New York, 1938), II, 174 f.

not possess a rational soul. Indeed, a considerable number of Catholic theologians have favored the view that the infusion of the spiritual soul takes place only six weeks or longer after impregnation. Nevertheless, whatever may be thought of the scientific value of this opinion, it cannot be regarded as tenable with respect to the sinfulness of abortion. Every direct abortion is regarded by the Catholic Church as murder, however immature the fetus may be, and is penalized by the Church with the censure of excommunication.* A practical application of this principle is the case of a girl who has been raped. Although it is a soundly probable opinion that measures may be taken to remove the semen of the attacker from her body, it would be gravely sinful to give her any form of treatment which even probably would eject an impregnated ovum.

When a Catholic doctor is asked by a woman who fears that she is pregnant to give her a medicine that will terminate the pos-

4 Canon 2350, 1.

sible pregnancy, may he give her a harmless drug, leaving her under the impression that he is satisfying her wishes? Some Catholic doctors have this custom, alleging that in this wise they prevent her from going to a doctor who would take actually abortive measures. However, I am inclined to believe that the scandal of even an apparent co-operation in so grave a sin would be so serious that a Catholic doctor, approached in this manner, must state explicitly that he will do nothing to bring about even a probable abortion.

The moral principles relative to abortion and to operations entailing the death of a fetus arc known to most Catholic doctors, but there are other principles with which many are not so familiar. For example, there is an obligation by the divine law of charity to baptize any child in imminent danger of death, irrespective of the wishes of the parents. However, since there is also a sound principle that charity does not bind when a graver evil might follow, a doctor would not have to confer baptism when it is foreseen

that by so doing he might arouse public hostility against the Catholic Church or Catholic institutions. The doctor should be familiar with every detail of the baptismal ceremony and should observe meticulous care in conferring this sacrament. He must see to it that the words are said *while* the water is being poured, that they are audible (at least to himself), and that he has no condition regarding a future contingency, such as: "I intend to baptize only if the child is going to die" or "I intend to baptize only if the priest will not arrive in time to give the sacrament." In the case of intra-uterine baptism, the water must be poured, if at all possible, on the head. And, no matter how certain it may seem that this has been successfully accomplished, the sacrament must be repeated conditionally after birth, as long as the child's head had not emerged at the time of the former baptism.[6]

In the matter of baptism there are two cases which even a well-instructed doctor is

[5] Canon 746.

likely to overlook. The first is the case of a miscarriage or the ejection of a fetus as an indirect effect of an operation. If there is any probability that the fetus is alive, it should be baptized, no matter how immature it may be. The most practical method, in the case of a very small fetus, is total immersion, while the baptismal formula is recited. The membranes or the tube enclosing the fetus should be broken sufficiently to allow the water to flow on the skin.®

!'he other case arises after the death of a pregnant woman. Of course, if the child is viable, all doctors would agree, apart from religious considerations, that a caesarean operation should be performed so that the little one may have a chance for a normal life-span. But even when the fetus is quite immature, Catholic principles call for a caesarean section on the dead mother, so that the sacrament of baptism may be administered to the child. Since this is an obligation

• Cf. La Rochelle-Fink, *Handbook of Medical Ethics* (Montreal. 1943), pp. 218 f.

of charity only, not of justice, and since there is almost always grave reason to fear that the fetus is already dead, a doctor would not be obliged to incur grave inconveniences in consequence of this procedure, such as the risk of a civil suit from the relatives of the dead woman, which might result in his exclusion from professional practice. When a doctor foresees the approaching death of a patient who is with child, he should try to secure the permission of her husband, or of some other responsible member of her family, to perform the caesarean operation as soon as she passes away.

A fetus that has been baptized should be buried in consecrated ground. When the mother also has died, the little one is most appropriately buried with her, whether it has been baptized or not. Even an unbaptized fetus should be buried, not cremated; and the same is true of amputated members of the body.[7] The indiscriminate use of cremation in hospitals today is an insult to Christian

[7] *Ibid,* pp. 221 f.

decency, and doctors attached to a hospital staff should try to remedy this abuse.

The doctor is bound by the law of God, as well as by his Hippocratic oath, to preserve the life of a patient as long as is reasonably possible. This means that ordinary measures must be employed even in the case of one who will continue to be, naturally speaking, merely an unprofitable burden on society. If the child whose physical constitution is so defective that he will grow up to be a drivelling idiot is seriously ill with pneumonia, the physician must employ the most effective remedies he knows in order to cure him, provided they can be reckoned as ordinary means. There is no obligation to use extraordinary remedies to preserve a life so hampered. Thus, if the child needed a very difficult and delicate operation, which only a specialist could perform, in order to prolong its life, there would be no obligation on the parents or on the doctor to provide such an operation. Similarly, there is no obligation to have recourse to some very unusual and

expensive treatment or to a very painful operation (such as the amputation of a limb) to gain a brief prolongation of life for an elderly person.

On the other hand, no doctor may ever deliberately and directly accelerate death in the case of a dying person. However painful may be the patient's condition, however burdensome he may be to his family, it would simply be murder to give him a drug with the direct intention of hastening his passage from this world. At most he could be given an analgesic, if his condition calls for it, which, while directly intended to relieve the pain, might have, as an indirect effect, the lowering of resistance and consequently an acceleration of death. But even in the use of a pain-killing drug an important point must not be neglected. The sick person should not be rendered unconscious in the hours immediately preceding death, unless the pain is unbearable—and even then, it would be wrong to deprive him of consciousness before he has had an opportunity of preparing his

soul for eternity. For the final hours are a time of great merit, when the dying person should have the full use of his faculties, as far as possible, that he may make himself ready to meet God. It is in these hours that the departing Catholic is encouraged and consoled by the beautiful prayers that the Church has appointed for that solemn occasion.

A deplorable pagan custom is in vogue among many doctors today—the custom of deceiving their patients about their condition so effectively that they slip out of life before they realize that they are dying. Some doctors regard it as a proof of their professional skill to be able to keep up a false hope in a dying patient to the very end. Unfortunately, some Catholic doctors have adopted this practice, at least to the extent of deceiving the sick person and the members of the family so long that the priest is not called until the last agony has begun. No condemnation is too severe for a Catholic doctor who would be so neglectful of the salvation

of an immortal soul. As soon as there is danger of death the Catholic doctor attending a Catholic patient is bound to inform the members of the family, so that the spiritual needs of the sick person may be provided for; and if the admonition is unheeded, the doctor has an obligation to summon the priest himself. In the case of a non-Catholic, too, the doctor is bound in charity to see that in some way the suggestion is made to the dying person that he prepare his soul for the supreme moment on which his lot will depend for all eternity.

Problems relative to sex are frequently presented to doctors nowadays. As is very evident, a doctor is never allowed to recommend any form of contraception, nor to furnish chemical preparations or instruments for this vile practice. This applies to non-Catholic as well as to Catholic patients, for the prohibition of contraception is a law of God binding all human beings, not a mere act of ecclesiastical legislation for Catholics only. If a doctor sincerely believes that a woman can-

not safely have more children, either permanently or for a time, he can inform her that pregnancy would be dangerous, leaving it to her conscience to choose the lawful course of abstinence in preference to sinful means. If, however, he has reason to believe that a married couple in such circumstances can be persuaded to employ periodic continence (the "Rhythm") in place of contraception, he should explain this method and its application to their particular condition. For this purpose, the Catholic doctor should familiarize himself with the most recent data on this system which originated with Doctors Ogino and Knaus. At the same time, the physician should realize that this system should not be regarded as a "Catholic birth control method." And even the "Rhythm," though it involves no positive physical abuse of marriage, can nevertheless constitute a sin of selfishness and a violation of legal justice, if practised for a considerable time without a sufficient reason.§

§ Cf. Griese, *The Morality of Periodic Continence* (Washington, 1942).

The question of artificial fertilization is sometimes brought to the doctor by a husband and wife who desire children. If the difficulty consists merely in the fact that in their relations it is found to be impossible to deposit the semen far enough within the vagina to effect pregnancy, it is perfectly lawful for the physician to aid nature by the use of a syringe, after the couple have had relations. But if artificial fertilization is taken to signify that the husband commits pollution and then the semen is injected, it must be condemned as sinful. It is a matter of discussion among theologians whether it is permitted to a doctor with the aid of a needle to extract semen directly from the testicles of the husband and then inject it."

However, the term " artificial fertilization " as used nowadays usually refers to the case of impregnation with semen provided by a donor, a man who is not the woman's husband. It is said that there are thousands of

' Cf. Noldin-Schmitt, *De Sexto Praecepto,* 30th ed. (Innsbruck, 1938), n. 77.

children in our country today who owe their existence to this manner of insemination, and yet are commonly believed to be the sons or daughters of the man who is the husband of their mother. The donor procures the semen by masturbation, and the transfer is effected in such wise that the woman and the donor never see each other.

No Catholic doctor can co-operate in effecting artificial insemination of this type if he wishes to be consistent with the teachings of his Church. For this process involves the grave sins of masturbation and adultery. At least, the specific guilt of adultery, the transfer of semen by a man to a woman who is another man's wife, is present in this revolting procedure, even though there is no direct physical union. Our Catholic doctors should realize that a practice such as this is a manifestation of the paganism that permeates present-day society in the United States, tending to degrade human beings to the status of cattle.

Sometimes a doctor is requested to examine

the semen of a man to discover if he is sterile or not, and in the event that he does suffer from some form of sterility to find if it can be remedied. The question naturally arises: How may a specimen of the semen be obtained without violation of the law of God? It is unquestionably immoral for the man to masturbate for this purpose, although the average non-Catholic doctor today would not hesitate to prescribe this procedure. According to the Catholic interpretation of the natural law, a deliberate act of pollution is intrinsically wrong, and an intrinsically evil act may never be performed, no matter how praiseworthy the purpose to which it is directed. This doctrine is corroborated by an explicit declaration of the Holy Office, given August 2, 1929.'[10]

Catholic moralists are hesitant in suggesting a method for procuring semen for examination. Bonnar says, after rejecting masturbation and condomistic intercourse: "I am sure it is not beyond the ingenuity of a

[10] *A.A.S.*, XXI (1929), 490.

gynaecologist to think of other means. I am not disposed to discuss them here."11 La Rochelle-Fink say, in relation to the examination in question: " It is forbidden if it calls for immoral means, allowed if the means used are not immoral in themselves."12 Some suggest rectal massage, which procures a small quantity of semen without any venereal pleasure, but it is difficult to see why this method is not essentially the same as masturbation. Others recommend the use of a perforated condom by the man in having relations with his wife, which will result in a small portion of the semen remaining in the condom for the purpose of examination. But the objection to this method is that it involves a direct purpose of ejecting some of the semen into a place not intended by nature—and the morality of the action is not changed by the fact that it is only a small amount. The direct removal of a few drops

11 Bonnar, *The Catholic Doctor,* and cd. (New York, 1939)· P· 83·

12 La Rochelle-Fink, *Handbook of Medical Ethics* (Montreal, 1943), p. 90.

of semen from the vagina immediately after intercourse seems open to a similar objection, for the direct ejection of semen recently deposited (that is, within an hour, at least) is a violation of the integrity of conjugal relations. It would seem that the only certainly lawful methods of obtaining a specimen woidd be to wait until that period of time has passed after which a woman may lawfully use a douche (that is, at least an hour) and then to take a specimen from what remains, or to utilize what may have been accidentally (that is, not of direct purpose) deposited outside the vagina at the time of relations."

What should be the procedure of a physician who, in the course of his professional practice, discovers that a young man, preparing for marriage, is suffering from a contagious form of venereal disease? Evidently there is a conflict between the obligation of preserving professional secrecy and the duty of protecting the prospective bride from a

13 Cf. Clifford, "Sterility Tests and Their Morality," *The American Ecclesiastical Review,* CVII, 5 (Nov. •912). 358 f.

loathsome ailment. Of course, if the patient can be persuaded to abstain from marriage, or at least to inform his fiancee of his condition, (he doctor's responsibility in the matter ceases. There has been some disagreement among the theologians as to the procedure the doctor should follow in the event that the young man intends to go ahead with the marriage, leaving the girl in ignorance of the danger to health in which she is going to be placed. However, the better theological opinion seems to be that in such circumstances the doctor may (and perhaps even must) warn the girl, even though it involves the violation of the professional secret.'[14]

Sometimes a doctor who has made studies in a special field believes that he may have discovered a new remedy for a certain disease, more effective than any hitherto employed. He is anxious to experiment with this remedy, yet he realizes that the element of chance must be considered. There is some

14 Cf. Regan. *Professional Secrecy in the Light of Moral Principles* (Washington, 1943). p. 145.

probability that the experiment may prove a failure, that his discovery in reality kills rather than cures. He is called to attend a person suffering from the disease in question. Should he employ the standard remedies which have been proved to possess some efficacy, or may he experiment with his own discovery, in the hope that it will be more effective, yet with some fear that it may do grave harm? He might be tempted to argue that the knowledge he will derive from a test-case will be so valuable to mankind that it will compensate for the risk to the individual patient's life, but such a mode of argumentation is a fallacy, according to Catholic principles. His immediate duty to the patient demands that he use the remedy which offers greater probability of success, even though there is some probability that the other measure will actually prove more efficacious. Only in the supposition that he can honestly say that his discovery has at least as much probability in its favor as the recognized methods of treatment is he allowed to

make the experiment.

The use of hypnotism to benefit the physical or nervous condition of a patient is permitted at times, provided that due precautions are employed so that greater harm may not be done. Perverse inclinations to alcoholism or impurity are sometimes lessened by this form of psychological treatment, practiced by a skilled hypnotist. But the doctor must be on his guard against any abuse of this procedure, particularly in dealing with women patients.

It is not easy in the materialistic world of today for a Catholic doctor to be staunchly consistent in following the principles of his religion. But he will find aid from on high if he leads a practical Catholic life, and particularly if he receives the sacraments frequently. And he should strive to vivify his professional activities with a supernatural spirit. When he enters the sick-room, he will try to have in his soul the sympathy and the affection which the Divine Physician bestowed on the suffering men and women who

thronged about Him twenty centuries ago. In the spirit of Christ, the Catholic doctor will be solicitous for the souls of his patients as well as for their bodies. He will readily endure hardships, sacrifices, danger for those to whose assistance he is summoned, confident that he is thus rendering himself worthy of the consoling assurance: "As long as you did it for one of these, the least of my brethren, you did it for me."[15]

[15] *Matt.* 25:40.