The Identity of the Catholic Physician and Contemporary Bioethical Problems

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What is a Catholic Physician?

In this age when many people are searching for their ancestral roots and are wondering about their self-identity, it is appropriate for a medical practicioner to ask, "Who am I as a Catholic physician?" Does being a Catholic make a difference in my practice of medicine? But is not medicine a science (and an art) which is a discipline independent of religion, of theology, of philosophy, and, yes, supposedly free from political considerations? So why do I say I am a Catholic physician? Is it not sufficient to say that 'I am a physician who also happens to be a Catholic' or, indeed, vice versa, 'a Catholic who happens to be a physician'? Which is substantive and which is the modifier: 'a Catholic physician' or 'a physicianly Catholic'? (The latter pair is awkward, I admit, but "physicianly" is a legitimate adjective – see *The Random House Dictionary of the English Language*, Unabridged edition, 1983).

To be a Catholic is not at the same level to say that "I am a Filipino," (as important as that might be) or that I am a musician, or that I belong to the Rotary club or to the Knights of Columbus. While all these do say something about who one is, about his values, social status, etc., these affiliations do not permeate one's life as thoroughly as does being a Catholic not do they have the eternal consequences which the possession of Divine Grace has.

Being a physician who is a Catholic does have a profound effect in one's life. The following series of realities may be helpful: one exists, one is alive, one has or is body and spiritual soul, and as a Catholic one has been transformed by the grace of the Spirit from being "merely" a

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creature of God to being truly, and astonishingly, a child of the Father, sharing in His Divine nature by a supreme gift (cf 1 Jn 3:1: "See what love the Father has bestowed on us in letting us be called children of God! Yet that is what we are").

Consequently, man recognizes that this world, as it now exists, is not his true home, and not being his true and final home one walk on this earth as a pilgrim. In addition, one could be a husband or wife, a father or mother, a physician, perhaps also an artist, a golfer, a member of the Knights of Columbus, a member of Rotary Club, or other fraternal organization. One can also be a member of one or more professional medical societies possibly including the Catholic Physicians' Guild of the Philippines. But all these memberships are not on the same plane of importance. Certainly being a Catholic has the most profound impact on an individual person who happens to be a physician.

Perhaps some will think to themselves "there are certain things I may not do, for example, abortions, contraceptive sterilizations, physician-assisted suicides." While this is true, more important, I believe, than the "may nots," the procedures that would be immoral to perform, are the positive consequences of being a Catholic physician. He is the hands by which Jesus Christ through his church continues to exercise his compassionate ministry to the sick and wounded that he had exercised while he walked among us in his physical body. The Catholic physician is, by and in Faith, Christ's ministers for health! When they exercise their healing skills on a patient in the name of Jesus they are working with Him to restore health and strength to your patient. Ultimately, all the human skills which they possess, including their acquired medical training, are gifts of the Lord to be used for the well-being of others as well as for his honor and his glory. By loving and skillful actions the Catholic physician reflects the love of God and his wisdom, for these attributes of God are not only made manifest by the beauty and order of nature but also by human activity in his Name.

Suicide and Physician-Assisted Suicide

Especially when dealing with patients who are terminally ill the Catholic physician helps them prepare to meet the Lord. It is important that the dying patient be cared for with reverence and dig-

nity. To the extent possible the control of pain should be adequate to meet the desires of the patient. It is a known fact, but inexplicable fact, that many doctors (perhaps as high as 70%) do not prescribe sufficient analgesics to control adequately the pain of their patients. Usually, patients want the pain removed, but also want to remain sufficiently lucid so that they can communicate with their loved ones and with the Lord. If the pain is under adequate control, the patient is less likely to desire and ask for euthanasia or physician-assisted suicide. Although these are similar, in the former case the patient requests the physician, directly or indirectly, usually by some previous understanding, that he bring about his death in some "medical" manner so that pain may be eliminated. The 1980 Vatican *Declaration on Euthanasia (#II) defines it as*

> an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used.

In physician-assisted suicide the patient dies by his own hand, even though the physician has assisted in that death by providing the instructions, the medication, the equipment necessary to bring about the patient's death; the patient carries out the final step; pushing a button, turning a lever, or throwing a switch. It is suicide (self-killing), but the physician has a direct responsibility for the patient's death (see case presented by Timothy E.Quill, MD, NEJM 7 March 1991, pp.691-694 in which the physician knowingly prescribed sufficient barbiturates with which the patient, at a time and place of her choosing, could commit suicide).

Suicide, according to the Church's teaching is objectively a serious moral evil. It notes that:

> Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life... We are stewards, not owners of the life God has entrusted to us. It is not ours to dispose of. (CCC #2280)

> Suicide contradicts the natural inclination of the human being to preserve and to perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family,

> nation, and other human societies to which we continue to have obligations. Suicide is contrary to the love for the living God. (CCC #2281)

However, the Church also recognizes that the moral culpability of the individual may be, in particular cases, diminished because of extenuating circumstances, e.g. deep depression. (See CCC # 2282)

But whatever these may be, the suicide can never be accounted as a morally good act. Objectively, it will always a serious moral evil. And so too for those whose assist in suicide: The Catholic Church also clearly teaches that "Voluntary co-operation in suicide is contrary to the moral law." (CCC #2282)

A Catholic physician will not tolerate or promote, whether publicly or privately, euthanasia or physician-assisted suicide. This would be in radical opposition to the pro-life stance which should mark a Catholic physician. As a Catholic, the physician knows the source of human life not to be merely the consequence of evolutionary forces and development but the creative act of God who acts through the natural forces to bring about the prerequisite conditions for the appearance of a new species, *Homo sapiens sapiens*, which is uniquely characterized by possessing a spiritual soul. Each human life presuppones a special creative act of God:

> The Church teaches that every spiritual soul [that is, the human soul] is created immediately by God [that is, without any created intermediate] —it is not "produced" by the parents – and also that it is immortal: it does not perish when it separates from the body at death, and it will reunited to the body at the final Resurrection. (CCC #366)

Mere evolutionary forces by themselves could never produce a human person (that is, the being who is composed, as it were, of a body and a spiritual soul to form a perfect unity). In this connection it is instructive to read the exhortation of the mother who had to witness the martyrdom of her seven sons as recorded in the Old Testament: "I do not know how you came into existence in my womb; it was not I who gave you the breath of life, nor was it I who set in order the elements of which each of you is composed... I beg you, child, to look at the heavens and the earth and see all that is in them; then you will know that God

did not make them out of existing things; and in the same way the human race came into existence" (2 Maccabees 7:22,28).

God is author of life; it is He who decides when any particular human being has completed, according to the wisdom of divine providence, his or her time on earth the divine commandment, "Thou shall not kill," applies equally to the killing of self, suicide, and euthanasia, and physician-assisted suicide.

The goal of medicine, secular or religious, is to heal, to restore to health, to prevent untimely death whether from disease or injury. No matter what the age or sex or socio-economic status, religion or race of the patient, the life of all persons is to be respected and honored. Each person's life in the sight of God is precious and worthy of care. A Catholic physician will not allow himself to be moved out of a kind of false compassion so as to act contrary to the patient's ultimate well-being. By constantly reminding oneself that this patient's life originated in God and is returning to God, and that one day, sooner or later, both the patient and the physician will stand in the presence of Jesus Christ (who is our judge) to give an account of how human life for which we were in some way responsible was respected.

Because of medical and biological training the physician is in a better position than most persons to appreciate the marvels and beauty of living beings, especially of humans. It is really breathtaking to contemplate, for example, the biochemical activity that goes on within a single cell; the hundreds of reactions going on simultaneously and usually not interfering with each other. On the other end of the biological scale of complexity there is the human brain made of 10 billion or more neurons and involving trillions of synaptic connections. How these synapses are correctly formed and how the millions of axons locate and join to the correct target cell during the extremely complex process of embryogenesis is overwhelming. This system of systems, the human body, subserves an even more wonderful reality, the human spiritual soul. Concretely, we need only to ponder the tremendous scientific and technological advances – characteristic of our modern world – which are products of the human mind, brain and hands (that carry out the brain's command). The mind-brain interconnection is tragically made manifest when we witness a person who, as the result of a stroke, is unable to speak or to use his right arm and leg. The mind is not directly affected, but the bain which is the instrument

of the mind is unable to send the necessary messages to the target organs needed for speech and voluntary physical movement.

Alas! It is also true that we have often misused the gifts God has given us. These personal and social sins, reminds us constantly that we are a fallen race, but with God's mercy we have been redeemed through the love and death of Jesus Christ. And through him this world will ultimately be transformed to what God intended it to be (see Is 65:17 – there will be "a new heaven and earth;" see also 2 Peter 3:13, and Rev.21:5).

Abortion

If the Catholic physician is ethically challenged in dealing with patients at the end of their life's journey even more so does he face difficult ethical problems at the beginning of life.

Clearly, abortion is the most grievous moral problem our civilization faces. There are about 50,000,000 abortions performed annually on a worldwide basis. Fifty million unborn human beings are killed every year! Yet there is no proportionate outcry on part of most of the world. One voice in contemporary times has been strongly and vocally in opposition:

> Human life must be respected and protected absolutely from the moment of conception [that is, when the process of fertilization has been completed and the zygote – the new organism – has been formed as signaled by the beginning of cleavage]. From the first moment of his existence, a human being must be recognized as having the rights of a person – among which is the inviolable right of every innocent being to life... (CCC#2270).

This is not a new teaching. The Church has clearly condemned abortion from its beginning:

> Since the first century the Church has affirmed the moral evil of every procured abortion. This teaching has not changed and remains unchangeable. Direct abortion willed either as an end or as a means, is gravely contrary to the moral law... (CCC #2271)

This is where a courageous pro-life stance is especially important. It is amazing, is it not, that so many physicians are not able

to grasp that the embryo or fetus being aborted is truly a human being even if he or she is at the very earliest stages of development. If that unborn child is not a human being, what is it? Certainly there is no change of species: that child is the offspring of two human parents; he has the requisite number and kind of chromosomes [46] from the beginning, and if allowed to develop it will become an adult human being unless an accident intervenes, it certainly will not become a chimp or dolphin. It is recognized, of course, that in certain cases a child can have an extra chromosome, such as trisomy 21 or trisomy 18 but these and other examples (including more than one extra chromosome or one less does not remove that individual from membership in the human race). That the unborn child of course is not yet an adult; the embryo child is not yet a fetus-child, but in both cases it is a human organism, and not another kind of organism. So what is it but a human being, and, indeed, a human person, the proper subject of moral rights (see Benedict M. Ashley, O.P. and Albert S. Moraczewski,O.P., "Is the Biological Subject of Human Rights Present from Conception?" in Peter J. Cataldo and Albert S. Moraczewski, O.P., (ed), *The Fetal Tissue Issue*. Braintree, MA: The Pope John Center, 1994, pp.33-59).

Contraception and Sterilization

Contraception and direct contraceptive surgical sterilization attacks the source of human life by preventing a process initiated by the marital act from reaching its natural fulfillment (see *Humanae vitae* (Pope Paul VI, 1968, #11): "Nonetheless the Church... teaches that each and every marriage act ("quilibet matrimonii usus,") must remain open to the transmission of life (See Pius XI, *Casti Connubi*, 1930). In other words, every marital act must not include the positive intent to preclude the conception of new life by placing any kind of obstacle – mechanical or chemical – affecting male or female sexual function to prevent the proper union of sperm and oocyte or implantation of the newly formed human life. This definition does not preclude the use of the marital act when one or both spouses are naturally infertile, temporarily or permanently. The procreative act by which another immortal human being is generated is a sacred act even if our culture has greatly trivialized that act that the awesomeness of human reproduction is hidden or forgotten. The Catholic physician needs to remind his patients, at appropriate times and in a proper manner, that human procreation is special; it is not a branch of animal husbandry.

No animal reproduction involves the direct intervention of God in each individual case, only man receives a spiritual soul when his life begins.

The Church clearly teaches the sacredness and the characteristics of human procreation:

> Every human being is always to be accepted as a gift and blessing of God. However, from the moral point of view a truly responsible procreation vis-a-vis the unborn child must be the fruit of marriage.
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> For human procreation has specific characteristics by virtue of the personal dignity of the parents and of the children: the procreation of a new person, whereby the man the woman collaborate with the power of the Creator, must be the fruit and the sign of the mutual self-giving of the spouses, of their love and of their fidelity. The fidelity of the spouses in the unity of marriage involves reciprocal respect of their rights to become a father and a mother only through each other.
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> The child has the right to be conceived, carried in the womb, brought in the world and brought up within marriage: it is through the secure and recognized relationship to his own parents that the child can discover his own identity and achieve their own proper human development. (Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation [Donum vitae]*, February 22, 1987, #A,1).

The Principle of Material Cooperation

In modern medical practice today, the Catholic hospital and Catholic professional health care personnel often find themselves in a quandary. Patients request to be sterilized, chemically or surgically, or a physician – usually a non-Catholic – requests permission of the hospital to perform a surgical sterilization after a delivery (or even independently of a delivery). Can a Catholic hospital permit or tolerate this?

Over the centuries the Church's moral tradition has developed a "moral tool" as a means of coping with this sort of dilemma, namely, the *Principle of Material Cooperation*. It recognizes that persons of good faith —although objectively in error— can hold moral positions

which are at variance with accepted Catholic teachings, e.g. that under certain conditions (at least) contraceptive sterilizations —as well as contraceptive devices and medications— are morally acceptable. May Catholics and Catholic hospitals cooperate with such individuals and actions?

In response, a distinction must be made between *formal cooperation* and *material cooperation.* In the former case, the cooperator is directly participating in the immoral action (e.g. sterilization) and concurs with the intent of the one doing it. Such cooperation is immoral and not permitted by this principle. In the latter case (material cooperation), the cooperator is participating, not in the act itself, but in steps leading up to the act and does not concur with the doer's intention. There needs to be a reason for the cooperation apart from those which pertain to the immoral action itself, and this reason (or reasons) must be proportionate to the evil resulting from the action (that is, the evil must not exceed the good obtained or protected by the cooperation). At the same time the danger of scandal must be minimized, that is, that the cooperation itself is not the occasion for others to sin by witnessing what may appear to them as an immoral act on the part of a Catholic hospital or person. There are other refinements to be taken into consideration in applying this principle, but for present purposes this suffices.

The Role of the Catholic Physician

It behooves the Catholic physician, and indeed other Catholic health care personnel to be well informed with regard to the Church's teaching, especially in the area of morals. Of course, many would find helpful to have readily available the advisory services of a good Catholic medical ethicist (bioethicist) whose importance may equal that of medical consultants.

As opportunity permits, the Catholic physician and scientist can use the public media —newspaper, radio, television, computer-Internet— resources to promulgate the full truth about the sacredness of human life at all stages of development and in all conditions.

In all these various medical issues, it is the physician's personal values which come through. Those values need to be lived out, and to achieve this in a consistent and courageous manner requires a deep spiritual life. Prayer should be part of his or her daily exercises. It

need not be formal, verbalized prayer. A simple lifting of heart and mind during the day is good. A short, heartfelt message to God is good. It can be a simple, "Lord help me!" or "Lord I praise you for this beautiful day!" or "Thank you Lord for having healed this patient through my hands!" In this way constant communication is set up with God. God, then, is never far away from your thoughts. Dealing almost daily with issues of life and death the Catholic physician in the light of his Christian Faith acts as a channel of God's healing grace. He or she continues the healing work which Jesus began while he walked this earth. ❑

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