

# THE ROCK FROM WHICH LIVING WATER SPRINGS

*Our Schools Must Resist Abuses of Power  
And Encourage Sensitivity to Human Needs*

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I see the Church and Catholic institutions having as one part of their special mission the crystallizing, refining, and unifying of the best elements in our society. Catholic thinking assimilates, orders, and coherently incorporates positive ideas and practices found in every world it enters. How is the Church or a Catholic institution different from the surrounding world? It condenses, crystallizes, reorders, unifies, and magnetizes the elements into a Christian synthesis fired by the spirit of the Gospel message.

The rock of Christ and the Church, which stands as a firm, solid foundation, at the same time pours forth living water. A spring of water goes out to meet and nourish the land and its thirsty inhabitants. If the Church is attuned to the spirit, the Church and Catholic institutions will be innovative and creative in engendering new ways to transform the world.

## RESISTANCE AND CREATIVITY

In history great civilizations renew themselves, but they also decline and fall into corruption and barbarism. I see evidence in our society of increasing moral deterioration and corruption of consciousness, as well as increasing moral awareness and renewal. Could we possibly be living through a moral depression and a new great awakening at the same time? The tares and the wheat seem to be growing together at a rapid rate.

The evil forces in our society are very old, but

they appear today in beguiling new forms. The Church and Catholic institutions are not exempt from regressive trends and internal dangers. I see the greatest danger to our civilization coming from selfish abuses of power that encourage (1) the logic of domination and the law of the jungle and (2) the reign of market efficiency and the technological imperative. Medicine has not been immune to either of these fatal attractions.

The logic of domination and the law of the jungle ensure that the strong use the weak as means to their own ends. Those who have power in the status quo assume superiority and justify imposing their will on the impotent, the less powerful, or those deemed "unfit."

The law of market efficiency and the technological imperative is ruining our world in other ways. The environment is despoiled and families are struggling to make it in a depressed economy that serves the rich. The technological imperative repudiates human values, overrides moral commitments, and takes on a dynamic, even demonic, power of its own in every domain.

Surely the Church must both resist and be creatively original as it confronts our current social crises. A Catholic medical school has a special mission, since health is central in our life and culture. We live in the midst of a healthcare crisis that is becoming ever more critical. The profession of medicine has also suffered from the incursions of the marketplace and the technological imperative. Medicine may be in the midst of another great test of its



traditional integrity.

Sixty years ago German medicine had a great winnowing under the Nazis, and many physicians failed to stand firm. Robert Lifton, in his study, *The Nazi Doctors*, describes in detail how physicians and their medical institutions were coopted into mercy killings of the mentally ill and the retarded. Physicians were given leadership in the medical killing of the Jews and "lesser breeds" such as Slavs and Gypsies.

One lesson of the twentieth century seems to be that, no matter how civilized a society appears, "it can happen here." "It" may refer to many different kinds of assaults on Christian truth and different kinds of lapses from the best traditions of medicine. I believe one special mission of a Catholic medical school is to ensure that medicine stands firm and that incursions of barbarism do not happen here.

At the same time, a Catholic medical school has a positive mandate to be creative and innovative with living streams of energy going out to meet new needs. I include new research in this mandate to be creative. Medicine is at a crucial juncture in regard to its use of technology, as well as in other dimensions of its practice. Having lost much of its old authority and paternalistic perquisites, medicine needs to reassess its essential goals and regroup.

### **HUMANISTIC EDUCATION**

Catholics should be at the forefront of humanistic and ethical reforms in medical education. We have Catholic medical schools in the first place because God heals, Christ heals, and Catholics have been told to go and minister to their neighbors as Christ has ministered to us. The basic Catholic model for dealing with one another is revealed in the Trinity, where we find equality, reciprocity, benign love, and mutual respect. Our Christian communities have been told that we must be the world turned inside out, since with God the last will be first and power is exercised in service. Absolutely opposed to the logic of domination and abuse of power, Christians affirm nurturing or actualizing power, where new life and healing is brought into being.

The inclusion of humanities and ethics in a Catholic medical school's curriculum can induce moral imagination, emotional sensitivities, and enlarged capacities for empathy. Moral principles undergird ethical behavior, but a person must also *want* to be good and *desire* to do the right thing, especially when operating under pressure.

Mentors, models, and a community dedicated to high ideals are important ways that informal socialization takes place. If Catholic medical schools are going to be innovative, they must

dare to stress the worth of those aspects of medicine which have not had the highest prestige under the present heroic, acute care model of aggressively fighting death and disease. At this point, the further healthcare providers get from patients or prolonged interactions with patients, the more medical respect and money they garner. Meeting the needs of persons who fall ill is not the same as repairing their organic systems.

Twenty-first century physicians need to know about cooperative strategies to engage patients in their own healthcare. Physicians need to help patients manage and learn to live with chronic disease. The medical school curriculum should not ignore prevention strategies nor neglect the mind-body connections in stress, rehabilitation, and wellness.

Physicians today are part of healthcare teams, yet they are given little help in learning to work with others, such as nurses, in furthering their patients' welfare. It seems an alien idea to modern medicine that the personality of the physician—his or her character, emotions, convictions, empathy, and social skills—are as important as technical expertise in healthcare decisions.

Technical competence is important, but must be complemented by other kinds of prudential knowledge about when technology should be used and how. The Catholic tradition of caring and accepting that we all must die, and should do so without extraordinary burdens being imposed, ought to protect patients from being overtreated. Physicians need to be trained in talking to patients about death, living wills, and alternatives to the intensive care unit.

Another important tradition in medicine is the relief of pain. If we are educating physicians in healing and compassion, they will also be taught the importance of sophisticated, up-to-date pain management. Concerns about patient comfort and care should be given as high a priority as curing. In hospice programs the issues of dying well and pain relief are taken seriously. The hospice idea originated with a religiously motivated physician, and it should be part of every physician's education.

### **SOCIAL JUSTICE**

Commitment to social justice is necessary if an institution is to be truly Catholic. It must be just within its internal structures and dedicated to justice in the larger community, where it can wield influence.

Minimally this would mean an absence of sexual, racial, and ethnic discrimination among students or employees. Other requirements of justice are obvious. All things that are legal are not

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## ISSUES AT THE END OF LIFE

*March's special section will include the first of a four-part series, condensed from Care of the Dying: A Catholic Perspective—a Catholic Health Association document describing the cultural, sociopolitical, and clinical context, as well as the theological, moral, and pastoral response to care for the terminally ill. Other articles in the section will discuss medical decision making at the end of life, especially with regard to the physician's roles and responsibilities.*

## FEDERALLY QUALIFIED HEALTH CENTERS

*Catholic facilities in inner-city areas are participating in the federally qualified health center program, which enhances reimbursement through Medicaid and Medicare for primary care clinics that serve the poor. An in-depth article details FQHC requirements, regulations, and considerations for facilities considering this innovative method of improving service delivery.*

## THE ROCK

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morally acceptable in medical practice. Ethics committees and institutional review boards must not be dominated by the lawyers employed by the corporation. Due process and fair procedures for decision making are ideals in our common American heritage that Catholic institutions should adopt, and have adopted.

A Catholic medical school or health organization also has a commitment to the poor and those who are disadvantaged in society. They can be directly served and their interests lobbied for in political structures. The 37 million Americans without healthcare coverage cannot be frozen out of our systems with good conscience.

For those who have been given much, much will be required. A medical school fails if it does not educate physicians about their moral social responsibilities arising from their being among the most fortunate, gifted, educated members of society. A commitment to social justice should permeate a Catholic institution.

## A LIVING HERITAGE

As a potential patient and as a member of the Catholic community, I expect that our society's habitual abuses of power will not be present in Catholic healthcare institutions. Beyond this, I expect the bedrock of the Catholic tradition and the best of the medical profession to be unified and stand firm as a rock against destructive forces. Creativity and innovation are also the mark of a living tradition dedicated to healing.

A spiritual imperative can check the excesses of the technological imperative. The spiritual and social resources of the Catholic heritage are abundant. Medicine too has a long, rich tradition. By claiming this inheritance, Catholic medical schools and the physicians they produce can create new and living streams of healing. □

## ASSESSMENT IN ACTION

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going to collaborate with other local hospitals. Otherwise, you might be buying something that is not going to be fully utilized or benefit your community," Mallari remarked.

If Mallari believes patient need justifies a new technology or upgraded equipment, he submits his request to the board of directors when planning the budget.

Even if the board budgets for an item, Mallari presents any proposal above \$50,000 to them a second time before making the purchase. Three months after initial approval, the environment may have changed, explained Mallari. This second look is "a good mechanism," he said. "Some CEOs believe this is micromanagement, but when you're working with limited resources, you want to get everyone involved."

A recent purchase of a new \$75,000 mammography unit demonstrates the hospital's commitment to women's care, Mallari said. The hospital's old unit did not pass the state emission inspection. The new unit allows the hospital to provide more comfortable mammograms at a lower cost, which makes managed care and insurance carriers happy.

## EXERCISING CAUTION

Technologies are advancing at breakneck speeds, and with them so are healthcare costs. Blomefield warned that hospitals must be sure the technologies they invest in are valid. "You don't necessarily want to be the first hospital to offer a certain service," she noted. In the past, she said, hospitals have purchased a promising technology at the request of a physician who later moved or lost interest. "As the healthcare field becomes increasingly economically constrained, all hospitals realize they have to be very judicious and deliberate in making these kinds of decisions," asserted Blomefield.

—Michelle Hey