



Medical Ethics Newsletter

Catholic Medical Students' Association

Affiliated with the Catholic Medical Association



CMSA Goals:

- To provide guidance and support for medical students.
- To support & nurture spiritual growth and moral leadership.
- To promote education in Catholic physician values.
- To develop community among students entering the medical professions.

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UPDATE ON HEALTH CARE REFORM- STATUS: CRITICAL

From the Editor:

The recent Republican victory in Massachusetts has seemingly brought health care reform to a halt for the moment. The news headlines proclaim 'Health Care Dead' and now Pelosi, Reid, and President Obama are considering whether or not there is future for this bill. Despite this answer to the prayers of many, the fight is not yet over. While politicians are rapidly rethinking their position on the current bill (either the Senate version or the House version), we need to simultaneously step up the pressure. Now is our opportunity to make it clear to the lawmakers that this bill is unsuitable. I en-

courage you to read the bulletin from the USCCB:

Stop Abortion Funding in Health Care Reform!

Protect Conscience

Ensure Affordable Health Coverage

Allow Immigrants to Purchase Private Health Insurance

As long-time advocates of health care reform, the U.S. Catholic bishops continue to make the moral case that genuine health care reform must protect the life, dignity, consciences and health of all, especially the poor and vulnerable. Health care reform should not advance a pro-abortion agenda in our country.

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CAN THE HIPPOCRATIC OATH SAVE MEDICINE?

Patrick Guinan, MD

Modern medicine is in the midst of crisis of morale. In this brief review we will attempt to 1.) explain why, 2.) note that medicine has abrogated control of its destiny, and 3.) suggest that a return to the Hippocratic doctor-patient relationship can save medicine.

This crisis is manifested, in part, by a perception on the part of potential medical school applicants that medicine is not as desirable a career as it used to be.

Factors include: 1.) physicians are retiring earlier and in greater numbers, 2.) the litigious attitude of society that targets physicians, 3.) the bureaucratization of medicine, and finally, and perhaps most importantly, 4.) the interference of third parties into the doctor-patient relation-

ship.

Why is this happening? It is because the object of the medical act has shifted from the Hippocratic focus on the sick patient to a more broadly social goal. The American Medical Association in 2004 issued a Declaration of Professional¹ responsibility which shifted the physician's responsibilities from the patient to social ends such as research, community activism, and public education. Medicine became conflicted and ambivalent between focusing on treating a sick patient versus dealing with community health needs. With this ambivalence came conflict and with conflict came the loss of morale.

It might be noted that this began in the 1960's when the federal government became massively involved in medicine

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UPDATE Continued...

• On November 7, the U.S. House of Representatives passed major health care reform that reaffirms the essential, longstanding and widely supported policy against using federal funds for elective abortions and includes positive measures on affordability and immigrants.

• On December 24, the U.S. Senate rejected this policy and passed health care reform that requires federal funds to help subsidize and promote health plans that cover elective abortions. All purchasers of such plans will be required to pay for other people's abortions through a separate payment solely to pay for abortion.

• Outside the abortion context, neither bill has adequate conscience protection for health care providers, plans or employers.

• These two bills must now be combined into one bill that both the House and Senate will vote on in final form. Provisions against abortion funding and in favor of conscience protection, affordability, and immigrants' access to health care must be part of a fair and just health care reform bill, or the final bill must be opposed.

ACTION: Contact your Representative and Senators today by e-mail, phone or FAX.

• **To send a pre-written, instant e-mail to**

Congress go to www.usccb.org/action.

• Call the U.S. Capitol switchboard at: 202-224-3121, or call your Members' local offices. Contact info can be found on Members' web sites at www.house.gov & www.senate.gov.

MESSAGE—HOUSE:

"I am pleased that the House health care bill maintains the longstanding policy against federal funding of abortion. I urge you to work to uphold essential provisions against abortion funding, to include full conscience protection and to assure that health care is accessible and affordable for all. Until and unless these criteria are met, I urge you to oppose the final bill."

MESSAGE—SENATE:

"I am deeply disappointed that the Senate health care bill fails to maintain the longstanding policy against federal funding of abortion and does not include adequate protection for conscience. I urge you to support essential provisions against abortion funding, similar to those in the House bill. Include full conscience protection and assure that health care is accessible and affordable for all. Until and unless these criteria are met, I urge you to oppose the final bill."

WHEN: Votes in the House and Senate on the final bill are expected in January.

The Hippocratic Oath is the best summary of medical ethics thus far articulated.

This oath is a tradition which should be exemplified by every physician.

A Note From the Editor

Here are a few announcements from the CMSA leadership:

• **Medical Students' Blog:** The blog is up and running! Please visit at www.catholicmedstudent.blogspot.com

• **CMSA National Leadership:** Anyone who is interested in being a part of the national leadership should contact Patrick Beeman at cathmsa@gmail.org

• **Newsletter Submissions:** Just a reminder that submissions for the CMSA newsletter are needed. Please keep the articles to 500

words and send them to cathmsa@gmail.com

Thank you all for your support of the CMSA and please continue to spread the word!

In Christ,

Brian J Burke
VP Communications



CMSA HIPPOCRATIC OATH Continued...



Serving God & Man

with Medicare and Medicaid.

Let us be blunt, many of us went into medicine because of a desire to help suffering fellow humans. It may sound like a cliché but, discounting those few who were in medicine for money or fame, for most of us the hours and hard work were justified by altruism and a desire to help sick fellow human beings.

Now, most medical reimbursements involve third party intermediaries, insurance companies, gatekeepers, and government regulations. The most important persons in a doctor's office is not the nurse, or the lab tech; it's the business manager, bookkeeper and lawyer.

Medicine used to be practiced in the Hippocratic tradition with the doctor-patient relationship nearly on the level of the sacred. A suffering person came to the doctor and a healing "covenant" was established. The doctor gave a diagnosis and treatment and usually the patient returned to health. It was hard but rewarding work. Today that relationship has been lost in the midst of bureaucracy.

An answer to this dilemma may be a reemphasis of the Hippocratic tradition. The Hippocratic tradition was based on the age old human covenant between a skilled doctor and a suffering person, otherwise known as a doctor-patient relationship. Leon Kass has given perhaps the definitive exposition of what a physician's commitments should be.² He cites the covenantal relationship between a competent physician and a sick patient as an effort to restore health to the suffering human person. Edmund Pellegrino further defines the three elements of the physician-patient relationship: "The first element is the person who is ill and needs and seeks help. The second element is the act of profession, the promise the healer makes when he or she enters into the relationship with the person who is ill. The third is the act of medicine or the act of healing."³

This both explicit and implied contract has served both the doctor and humanity well for the past 2500 years, at least until the gradual intrusion of the government and other third parties

following the Second World War.

The medical interaction should emphasize the patient and not a third party.

That's what the Hippocratic tradition did, and that's what we should return to.

Most physicians will be skeptical that this can be done. If most physicians place their efforts on their covenanted relationships with their patients, it would have an effect. At the present time most patients, and the public at large, sense that doctors are distracted by third party restraints.

Most importantly a reemphasis of the Hippocratic tradition will reinvigorate medicine. It may not have a great effect on the third party bureaucracy but it will have some effect, and that's perhaps all we can ask. The Oath, which still means something, is a moral commitment to help sick people. We have taken an oath (all versions share the same message) and the reaffirmation of its imperative will immensely improve physician morale.

Better to be a physician aware of, and conforming to, the Hippocratic tradition than a doctor unaware of it and being increasingly depressed and discouraged. Better a doctor than a technician. Medicine must return to its Hippocratic roots: "primum non nocere" (do no harm).

REFERENCES

1 www.ama-assn.org/go/declaration

² Kass, Leon. *Toward a More Natural Science*

³ Pellegrino, Edmund. *The Caring Ethic: The relation of Physicians To Patient*. In Anne H. Bishop and John R. Sudder, Jr., (eds), *Caring, Cursing, Coping: Nurse, Physician, Patient Relationship*. U of AL Press, Tuscaloosa, AL 1984, pp 8-30.



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AND
WWW.CATHOLICMEDSTUDENT.BLOGSPOT.COM

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UPCOMING EVENTS

2010 Midwest Regional Bioethics Conference

“Moral Limits of Autonomy”

Milwaukee, WI
May 1st, 2010

Details To Follow

Check with your local guild for more events!

BOOK REVIEW: CATHOLIC HEALTH CARE ETHICS

Book Review: *Catholic Health Care Ethics: A Manual for Practitioners*, 2nd Ed

Editors: Edward J. Furton, Peter J. Cataldo and Albert S. Moraczewski, O.P.

The Catholic Church has consistently weighed in on health care ethics, not only in general terms about the sanctity of life, but in specific terms, recognizing the subtle decisions that are made on a daily basis by health care practitioners. The National Catholic Bioethics Center has just released a second edition of their manual of health care ethics on the heels of the recent document *Dignitas Personae* issued by the Vatican in 2008. The manual includes over forty essays and seventeen Church documents on specific questions facing us today.

A fellow medical student and I were discussing the difference between the moral validity of salpingectomy (removal of a fallopian tube) versus salpingostomy (suction of implanted embryo from the fallopian tube) in ectopic pregnancy, and

I was thankful to find in this manual an article on the principle of double effect, as well as one essay in favor and one essay against salpingostomy for ectopic pregnancies. At the end of both essays, there is an editorial summation on the position of the NCBC on the topic. I won't spoil it – you will have to buy the manual to see what they have to say.

Other topics include early induction of labor for major deformities, emergency contraception, factors in determining death, organ transplantation, vaccination refusal, and issues of immoral cooperation. This book is an essential read for all Catholic health professionals and will help all of us in defending the Church's position on challenging and subtle ethical issues that affect our daily practice of medicine.

The book can be purchased online at: https://www.informationsecured.com/ncbc_store/detail.aspx?ID=11

-Thomas Bouchard

NEW MEMBERS

We encourage students to join the Catholic Medical Association.
For Registration & Membership Information,
Call 1-215-877-9099 or visit WWW.CATHMED.ORG