

Opinion Christian Brégeon: Christian doctor's dilemma

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More and more often in France, Christian doctors take care of patients who do not follow the Catholic moral standards. The result is a sometimes profound uneasiness, we tried to translate into the following thoughts. No doubt, they are partial and imperfect, but it seemed right to express them to our European colleagues and the Church.

Everyone remembers the extraordinary emotion aroused last March-April by the interruption of pregnancy of a 9-year-old Brazilian girl: initially forceful positions and many protests from all around the world. After the summer calming down, a new official statement from the Brazilian archbishop recalled that under the laws of the Church, the doctor who performed the abortion, by this very fact, incurs excommunication "latae sententiae". Nobody, apparently, has expressed concern at the severity of this canonical and automatic sentence!

However, regrettably, it is an illustration of a common position of the doctor who faces – by vocation – complex and serious situations. Closely involved in the concrete and individual case, he must help to take – or sometimes take himself in an emergency – decisions that are not always consistent with the recognized rules of natural law, and more often of Christian morality. And there he feels very lonely, in an awkward position, sometimes in contradiction with the "medically correct" or his Christian scruples. This painful experience, more common than usually thought, suggests a few reflections, perhaps naïve in the eyes of some people, but which we intend to be constructive.

The patient, his particular situation, and his personal choice, are always first.

Already, as with any physician, professional ethics leaves him no choice: his main task is to listen to the patient, to analyze his state and his request with attention, competence, and some empathy, but without immediately adopting a value judgment that might influence the discussion too much. He must explain and rationally discuss the options, including those he would not accept for himself, according to the recent medical data and the French legislation. He must enquire after the pressures arising from his social and religious environment or the ambient secularism. The final decision, stemming from a trusting dialogue, repeated if necessary, must reflect a truly personal choice of the patient, and not – under the pretext of compliance with standards, or by submission to external influences – a conventional conclusion by resignation or surrender, which would be humanly untenable.

A true consideration of such uniqueness would certainly have avoided the Brazilian case. But we, catholic doctors, ask ourselves about the adaptation and updating of our questions as regards our compatriots. Are we sufficiently sensitive to certain psychological or sociological factors, which have acquired, often without our knowledge, great importance in the mind of our contemporaries? Let us limit ourselves to two examples:

1. Can youthful cohabitations, and the "effective" contraceptive methods which make them workable and induce them, be regarded with the same rigor that 50 years ago, while the society no more stigmatizes them and the Church welcomes late "catch up" marriages, involving several children?
2. Abortion has been legalized for over 30 years, and all Christian churches have not adopted the Catholic position. How far can we go in respecting the other's views. When a doctor wants to apply, as the law allows, the conscience clause, is it not somehow a way of breaking the agreement, of compromising the personal choice (humanly and legally justifiable), and of perturbing the potential development of an already highly traumatic operation?

Can we be comfortable with thus broadening the judging criteria? It is so much more comfortable to be simple.

Wanting to respect one's Christian commitment is also a worrying factor

The Catholic positions on key moral issues, such as respect for life from its beginning to its end, are repeated regularly and rightly in their rigour, and this is a structural, indisputable, and essential function of the Church. Too often however, the traditional terminology transforms them into an urgent injunction, a quasiobligation to follow them closely. In the same way, Catholic moral theology recognizes fully that, in assessing a particular

situation, the physician's personal conscience is the ultimate judge of the value of a position.

The official texts place great emphasis on the need, under penalty of grave fault, for us properly to inform our conscience. But which doctor can consider himself sufficiently informed, in a situation of emergency, or of extreme complexity? Yet it is sometimes necessary, in conscience, and confronted by a tragedy, to confront the rigour of the "law of the Church", and then accept the ensuing astonishment or even criticisms.

For in his heart, the Christian physician has the feeling of solidarity with the whole Church, and of being committed to it in the eyes of Christians and non-Christians. He will feel backed up in his stature as a Christian if the decision taken is "consistent". But what if otherwise? The recent history to which we have referred shows that we can secondarily leap to the defence of the values of kindness and sensitivity to human suffering, which then take precedence over purely legal rules. But it is rather exceptional and, we have also seen, this does not exclude a late return of more or less vengeful legalistic reflexes. And who is he, the one who, in a very unusual case, or in front of an insoluble choice, can be honestly convinced that he reached the fairest, the most humane, and the most evangelical conclusion?

The confidence in the doctor's moral conscience must be restored. "Would the Christian physician be willing to subject himself to a double ethical dilemma? Is his role that of listening and of giving real help for the individual to decide? What about infidelity to the moral rules of the Church, or his own faith in the Church? It is concerning that general and ecclesiastical opinion are less likely today to acknowledge the irreplaceable value of the doctor to resolve particular situations, because of a reluctance to place their confidence in the capabilities of his moral conscience." On his side, the doctor has to overcome his feelings of discomfort or barriers, when – with full knowledge of the facts – he believes in conscience it would be inhumane and against the Christian spirit not to accompany as far as possible his patient outside the traditional, well signposted, routes. Contravening common usage implies clarity and fortitude, often much more than following acquired habits. How many of our colleagues have felt themselves unfairly excluded from church by not following the letter of the instructions of the encyclical "Humanae Vitae"?

The doctor is absolutely essential as counsel for the individual. He must play fully this role, and a systematic suspicion against him is not tolerable. But it makes it most important that he, in turn, respects the constraints [obligations] of the office he claims: to take care to train technically and morally, to participate in exchanges of experience and reflections, within ethics groups, for example, while maintaining both a bold and a humble attitude, fed on prayer, meditation on the gospel scenes where Jesus is called upon to resolve complicated situations, and asking the help of the Holy Spirit. The practitioner thus gives himself the best chance of standing up against the difficulties of in-depth analysis of real life.

Finally, as a person of faith, he is entitled to an urgent request to the Church: would not it be suitable that the Catholic hierarchy, in its normative texts, at all levels, bring out together – and with the same conviction – the respect for the great moral rules and the principles of compassion and humanity towards the subjects in distress? Such rebalancing, honestly admitted, would be a happy and efficient medium, which would help the doctor to better experience the difficult periods and restore a more merciful image of the the Church Institution.