

What Can a Diocese do to Convert Catholic Doctors Away from Contraception?

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It is estimated that among Catholic OB/GYNs in the United States only one percent are fully with the Church's program of promoting NFP and rejecting all forms of contraception and sterilization. This means that the other 99 percent are part of the problem. How can we reach them? The life issues belong especially to those in the medical profession. If they are not supporting the value of human life in all its dimensions, then we are lacking the support of our natural allies in the huge effort of building up a culture of life. Contraception is chemical warfare upon a woman's fertility. Sterilization is surgical warfare upon a man's fertility. Both contraception and sterilization contradict the meaning of the spousal act as making the total personal gift of self to one's spouse.

Most doctors did their studies in State medical schools where there was no exposure to Catholic bioethics. In many cases, Catholic bioethics was ridiculed. The medical ethics they received were a variety of pragmatism, utilitarianism and cost effectiveness. The "quality of life" ethic was stressed more than the "sanctity of life" ethic. Many Catholic doctors have no understanding of the Church's rationale for her positions on contraception, sterilization, in vitro fertilization, and other artificial forms of treating infertility. Many of them still equate NFP with the antiquated rhythm method. They are baffled when presented with the charting of women who use NFP, and do not know how to interpret them.

If they were informed about the highly effective rate of NFP as a morally good means of spacing pregnancies, and its full cooperation with a woman's fertility system, they could be won over to our side. If they understood the physical harmful side effects of contraceptives on their female patients, and the even more devastating spiritual damaging effects upon their patients and their marriages, then they would take on the convictions of NFP trained doctors. They would never again regard contraception as good medicine.

One major reason why the pro-life movement is so sluggish and crawling is that 99% of our own doctors are working against us. When a good pastor preaches against contraception and sterilization, and a couple goes to their "practicing Catholic" doctor who prescribes the Pill, then there is a moral dilemma. What usually happens is that the couple decides that the doctor knows his medicine, and if this goes contrary to Church teaching, then the doctor is right and the Church is wrong. In effect, this means that Catholic doctors pull the rug out from under faithful pastors who preach God's moral law regarding marriage and spousal love.

Doctors are heavily influenced by the income generated by their prescribing contraception. The pharmaceutical companies exert enormous pressure upon doctors to use their products, and the doctors reap financial rewards for doing so. This pressure begins in the medical schools. Many Catholic doctors are terrified by the prospect of losing the steady income that comes from their prescribing contraceptives.

Fr. Dan McCaffrey and I travel the entire USA. We meet many people and hear about the heavy pressures that a faithful Catholic doctor suffers when he or she attempts to be true to their conscience. Faithful Catholic Family Practice doctors and OB/GYNs are frequently shunned by their peers. If they are in a clinic, their peers try to marginalize them. One such doctor in Philadelphia has been forced to take a 1/3rd reduction in his salary because of his moral stance, despite the fact that he founded the clinic. Other doctors are severely criticized by their colleagues

because they are offering an alternative to their patients, which is not financially rewarding. The NFP only doctor's very presence in the clinic introduces doubts and moral uncertainty among the clientele.

A common complaint we hear around the country from pro-life couples is how difficult it is to find an NFP trained doctor or nurse. The entire diocese of Philadelphia has only 2 such doctors (for 1.5 million Catholics); the huge archdiocese of Los Angeles has only 3 such doctors (for 4.1 million Catholics). Only 1% of the Catholic OB/GYNs in this country are faithful to Catholic medical ethics.

This situation cannot continue. The New Evangelization for the 21st Century must address this problem forthrightly and without compromise. What can be done? Obviously, many bishops do not know how to draw their doctors into a faithful practice of Catholic medical ethics, or the situation would be very different. Just as obviously, many priests do not know how to deal directly with the doctors in their congregations. The most important ingredient to the solution is good preaching from the pulpit. Everyone needs to hear God's plan for marriage, spousal love and family. They need to hear the Church's constant, unchanging, teaching over the centuries on these matters. They need to know why contraception is so harmful, a serious sin that must be repented of, confessed, and avoided with a firm purpose of amendment. Doctors need to hear from the pulpit that if they are prescribing contraception, then they must confess it, with a firm purpose of amendment. If they reject the clear teaching of the Church on these matters, and persist in their immoral ways, then they should not receive the Holy Eucharist, since they have separated themselves from the Body of Christ, and have rejected God's plan for spousal love.

Now, many priests feel intimidated, and are afraid to preach these values from the pulpit clearly and unambiguously. Some priests may think that their medical doctors know more about God's plan for human sexuality than the Church does! Other priests simply do not want any form of confrontation, and are willing to accept the fact that 85% of their couples contracept, among whom 40% are sterilized, and they are prepared to allow the 50% divorce rate to continue.

Catholic doctors who have converted to NFP only tell us that what forced them to come to grips with their conscience was the preaching of a good priest. The word of God, announced from the pulpit, has its own penetrating power. The word of God works on the human heart and mind and will like nothing else can. People come to Mass to hear the Word of God, and to have it interpreted and applied to our culture in these times. The task of the pastor is to proclaim clearly and unambiguously God's plan for all the major dimensions of human life: love, life, marriage, spousal love and family. Preachers do not present their plan for these matters. They have no authority to present themselves as self-appointed teachers. We proclaim God's plan, and we help our people understand why it is such a good plan, even when it is counter-cultural and requires some self-discipline and self-sacrifice.

When a doctor asks to speak privately with his pastor on these matters, then there is an opportunity to give the doctor the relevant documents of the Church. Eventually, the doctor must seek out the moral support of his peers who have acquired the medical and scientific background that underlies NFP. He must take the training that is required to become an NFP trained doctor. He must come to understand why the Church's teaching in spousal love is both good morality and good medicine.

Bishops can do much more than they are presently doing. Some dioceses offer an annual White Mass for doctors, which is similar to the annual Red Mass for lawyers. Here the bishop has the opportunity to announce unambiguously what God's plan is for marriage, spousal love and family. He can explain why contraception is so wrong and harmful to the relationship of married couples, and why NFP enhances and supports that relationship. Faith and reason go

together. Doctors are reasonable people. The Catholic sexual ethic is eminently reasonable. But it must be proposed, and encouraged.

Since most Catholic doctors do not understand Catholic bioethics, they need to be taught. Here is a simple formula for a bishop to use in his diocese. He sends a personal invitation to all the doctors in his diocese. He provides a bi-monthly, or quarterly, Saturday afternoon (or evening) workshop for them in his residence, or at a convenient venue. He brings in a qualified speaker to address the moral aspects of one or two medical issues that are of current interest. The speaker draws into his/her presentation all the relevant Church documents that pertain to the issue at hand. At the Q&A period, the bishop and his speaker answer questions. The whole emphasis here is upon morality. He recommends good books and journals that go deeper into the issues under discussion. I suggest William E. May's CATHOLIC BIOETHICS AND THE GIFT OF HUMAN LIFE, the National Catholic Bioethics Quarterly, and the Linacre Quarterly. Fr. Dan McCaffrey and I have considerable experience working with doctors. We are willing to lend our expertise to this effort.

The objective here is twofold: 1) to draw the Catholic doctors back into practicing their profession in accordance with solid Catholic medical principles; and 2) to encourage them to bring their values back into their clinics and influence their peers in the medical profession.

This is a simple and inexpensive formula for evangelizing the medical personnel of a diocese. Use very simple refreshments, e.g., coffee and cake. Ask for a free will donation to cover the stipend of the speaker. Why should the diocese be expected to pay for what the doctors should have learned on their own? Keep the emphasis focused on the moral principles that guide the practice of medicine.

If the doctors ignore the bishop's appeal to them, then he has a pastoral challenge to meet. He must help them understand the moral obligation they have to understand how the faith pertains to their profession, and why they have a responsibility to both understand and live their faith. They must understand why it is a public scandal for a Catholic doctor to engage in contraception, sterilization, artificial methods of treating infertility, euthanasia, and the use of human embryos for research and harvesting for stem cells.

Our approach in these matters is always that of the Lord. He always proposed moral truth; He did not impose it. He respected the freedom of the person, but He also warned them that they will be held responsible for how they exercised their freedom, for all the choices they made and the deeds they preformed. At the present time, many Catholic doctors do not know how the values of the Gospel relate to their profession. They have never been confronted with moral truth. A bishop can, at the very least, do that much for his doctors.

Think of the sea change that would happen if only ten percent of our Catholic doctors were on board with us. We cannot be satisfied with the present status quo. We must address the problem and move in the direction of a solid correction.