

John F. Brehany

Helping Practicing Catholics Practice Medicine

Last fall, John F. Brehany was named the new executive director and ethicist of the Philadelphia-based Catholic Medical Association (www.cathmed.org) just in time for the organization's 75th annual educational conference held in Boston last Oct. 26-28.

Brehany, a member of Blessed Sacrament-Msgr. Newman Council 11038 in Sioux City, Iowa, has a doc-

torate in health care ethics from Saint Louis University, a licentiate in sacred theology from the K of C-backed Pontifical John Paul II Institute for Studies on Marriage and Family at The Catholic University of America in Washington, D.C., and a master's in philosophy from the University of St. Thomas in Houston. He received his undergraduate education at the University of

San Francisco. He is currently a visiting professor at the University of Illinois at Chicago College of Medicine. In addition to teaching, Brehany has done a great deal of public speaking on issues ranging from assisted suicide to stem cell research. He was interviewed for *Columbia* by Tom Tracy.

Columbia: What have you been up to in your first months in the new position?

Brehany: I started working in August in support of the annual CMA conference in Boston. It was very successful, and we had more than 300 people there — doctors, their spouses, clergy and seminarians. The conference was on natural law and its application to health care issues we face today. We also plan to do a CMA strategic plan, and we are in the process of moving our headquarters to Philadelphia from Boston and to make sure the nuts and bolts of our organization are working. We open the doors of our new offices in January. A key reason for the move was to work closely with the National Catholic Bioethics Center and to be closer to Washington, D.C., to work with the bishops and others there.

What have you learned about the history of the CMA and its mission since you joined?

On the one hand, CMA is an old organization going back to individual guilds in Boston, which was home of the first guild in 1912. In 1931, these guilds began to meet on a regular basis. But especially in the late 1960s and after *Humanae Vitae* [Pope Paul VI's encyclical on married love and procreation], there was a lot of turmoil in the Church and a lot of our members left. There was a membership decline in the 1970s and '80s, but now we are on the upswing. What I saw this year in Boston was more and more younger physicians, their families and new members bringing new energy into the organization. I still have a lot to learn about all the organization does and the many members in it. My job is to help these good physicians and others in the organization do



John F. Brehany, executive director and ethicist of the Catholic Medical Association, and member of Blessed Sacrament-Msgr. Newman Council 11038 in Sioux City, Iowa.

the work of the Catholic Medical Association.

What is natural law and why is an understanding of it important for doctors and ethicists?

It is an ancient framework for discussing right or wrong. There are other frameworks, such as the Ten Commandments, or more modern frameworks such as utilitarianism, which asks what leads to the greatest good for the greatest number of people in a very material and objective sense. There is also something called the "Four Principles of Bioethics." This is a framework that arose in the 1970s and is very influential.

Natural law arose out of Greek philosophy and has parallels in other worldviews. The natural law approach to morality holds that there is a moral order in the universe, and human beings are intelligent enough to understand it and free enough to follow it.

Ours is a diverse society. There are all kinds of physicians working in Catholic hospitals, including Muslim and Jewish doctors and those with no religion. How is it that we can meet together and discuss issues of right and wrong not common to our sacred writings? Is there a foundation that we can agree on and respect? Natural law is a way to get people to think about how moral teachings apply to the practice of medicine. Both clinical physicians involved in the care of patients and research physicians need to educate themselves on this.

What do you see as the major challenges confronting the medical community in the United States? How is the Catholic Medical Association addressing the issues?

There are some hands-on clinical issues such as the care of patients and end-of-life treatment. There are a

lot of research issues such as embryonic stem cells and human cloning. There are also issues regarding public policy. Many vaccines, for example, are produced using cell lines derived from elective abortions. We have a panel working on this right now to study what to do about this connection and how it affects a doctor's work.

How do you stay prepared and current in your role as head of the CMA and how did your studies at the John Paul II Institute help?

I received an excellent education and with that came a broad exposure to a lot of topics and fields of study, so that I can put things in perspective. And I continue to read a lot about issues in medicine, science and bioethics. From 1988 to 1991, with the support of the Knights of Columbus, I was in the first class of students who went through the very important program at the JPII Institute in Washington. Pope John Paul started the first such institute in Rome in the early 1980s and that was expanded to Washington and other places. The pope said we need to rethink and re-present the teachings of the Church in their fullness to our times. The teachings are solid, but books and arguments used to explain them and how people view them can get stale and are no longer accessible. The pope started the marriage and family institutes to help people rethink and present anew the Church's teaching on the human person and ethics in our times.

The program of study revolved around the issues of marriage and family, and sexual morality. Because we studied a great deal of moral theology, the John Paul Institute helped me get into the field of health care. The institute is training new leaders and teachers in the Church.

How do physicians typically become Catholic Medical Association members and what is asked of them in their membership?

Mostly they join through personal contact — meeting somebody and talking about how they are making it through their medical practice. Much of the energy and work of the organization takes place at the level of local guilds. We are hoping that more people will hear about us as the organization raises its national profile. We ask Catholic physicians to allow the grace of God and their faith to transform them personally and for that to be reflected in their practice and to better serve their Church and society.

Most doctors are not faced with the challenge of assisted suicide, for example, but there are other things such as the teachings on contraception or sterilization. Another purpose of the organization is fellowship. Members support one another and assist their bishops

and local diocese in addressing medical-moral issues and health care.

What kind of person should think about a membership?

We are open to all physicians and medical students as well as lay men and women. We want to be the leading organization in Catholic health care today. We have a lot of family practice doctors and they are seeing a whole range of health care issues. Ob-gyns are seeing critical issues from contraception to babies with severe birth defects.

What about the medical business issues?

They are huge issues. Health insurance is increasingly difficult to get and it is a huge problem for employers and individuals. Physicians themselves are being squeezed; how they address this and how they can help rescue the medical profession is a good question. I

think a lot of people don't know that doctors are under tremendous financial constraints. Mal-practice insurance rates are high and continually rising. I think we need to bring the wisdom and social teaching of the Church to rethink how we offer health care in our society. Otherwise, what guides you are just business models. Our faith should shape even the business of health care.

What about medical missions abroad?

We have a medical missions division organizing trips abroad, and we have a lot of interest in

doing that. I think we will be expanding those efforts. People find it so rewarding when they can help hundreds of people during a trip. In their offices, doctors have to take care of reports and business, and in the mission they can get back to the heart and soul of their profession. Some use vacation time and pay their own expenses.

Any final thoughts on the healing profession — emotional and spiritual healing?

In a Catholic vision of health care, the caregiver is there to serve the whole person. But in medicine today, because of the specialization and the complexity of procedures, it has become easy for that holistic vision of the patient to become fragmented. We will encourage our members to reinforce that vision of the whole person and to share ways of implementing it. In part, because they are too busy, physicians often don't have the time or don't take the time to be present with the patient at the time of death. We want to help them have that broader vision. That is part of how a transformation of faith can shape the way physicians do things rather than being engaged in one daily concern after another. ■

Tom Tracy writes for the Catholic press from Florida.



Members of Centennial Council 7985 in Irvine, Calif., along with family members and friends, serve food to participants who attended a health screening clinic for diseases of the eye.