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Role of the Health Chairman

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The Chairman of the Committee on Medical Care of Clergy and Religious of each Catholic Physicians' Guild must be a diplomat, a canonist, think as a religious, perform as a doctor. The health program may be sponsored by the bishop for seminarians and diocesan priests or the provincial for members of his religious community residing in a score of dioceses. Physical examinations may be performed by personal physicians, community physicians or Catholic Physicians' Guild teams. These examinations may be conducted at convents, seminaries, private physicians' offices or at a local Catholic hospital.

The Health Chairman should acquaint the chancery office with the aims and objectives of the health program and modifications best suited to the needs and facilities of the area. Approval of the ordinary simplifies acceptance of a standard health record system, examination of candidates and yearly physical examination. Frequently, the bishop will desire to supply a health record form from the chancery office to all diocesan priests with a covering letter urging physical examination by their personal physician; he may also instruct the diocesan Superintendents of Education and Hospitals to send similar forms to all teaching and nursing nuns, as health formation is the key to the health care program. Establishment of a health record-system in the novitiate should be strongly advised.

The standard health record system employs three forms:

1. Medical form for examinee
2. Medical identification card
3. Physician's report

Additional forms for interval physical examination and psychiatric evaluation are in the process of development.

The health record system should begin with the new applicant. The medical form for examinee provides data on past history and heredity as well as individual impairments of each member at admission into the community. It should be given to the candidate and completion of his or her part should be done prior to reporting to the physician's office. The use of duplicating ink is requested in order to make photocopies possible at a later date. The community physician should either perform the initial examination or pass judgment based on the recommendations and findings of the personal physician. If the examining physician is the personal physician of the patient's family, the community physician should carefully evaluate the findings. The community rather than the family of the individual applicant should be responsible for any laboratory charges. The physical portion of the preadmission exa-

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mination should be performed without charge. The entire record should be submitted to the provincial at completion with accompanying reports of x-ray and laboratory studies. The examining physician should receive authorization from the individual to obtain records of prior hospitalization. Any additional studies or consultations should be forwarded to the provincial after completion. The provincial makes the final decision as to the acceptability of the applicant for religious life.

After the candidate enters the novitiate, the medical identification card should be completed by the community infirmarian. The face of the medical identification card provides information of immunization and drug sensitivity, laboratory studies, diagnoses, operations and dietary restrictions. Immunization and drug sensitivity are listed to supply needed information and to avoid severe drug reactions. The reverse side of the card carries a record of current disabilities, chronologically recorded with respect to severity, duration and result. An acute condition is generally defined as one lasting less than three months and at least for one day. All minor acute conditions, involving neither restricted activity nor medical attention, are excluded from the report. Data on the medical identification card is designed to be transferable to the I.B.M. card. If use of this medical identification card for statistical analysis is contemplated, disease designation should follow standard criteria.

The physician's report form is designed to provide the community superior or the station superior or infirmarian with authorized information on candidates and professed members alike. At intervals the physician's report should be supplemented by photostatic copies or original laboratory records, either at the time of their completion, or as a yearly summary, or at the time of transfer to a new station. On completion of the novitiate and assignment to missions, a duplicate should be made of all data in the health folder. The original should remain at the motherhouse and the duplicate health record should accompany the religious to the new station. These records should be maintained either by the infirmarian at the new station or by the individual religious.

On the occasion of the patient's birthday, or annual retreat, or visitation by the provincial, the original and duplicate record system should be compared and brought up to date. Any new physician can be provided with data on previous diseases and operations, thus facilitating emergency treatment and avoiding useless, repetitious and potentially dangerous diagnostic tests. The superior is informed of the capabilities of the individual religious and thus able to control assignment to full or limited duty.

The outlined procedure must of necessity be modified to fit the rules, assignments and individual characteristics of the community. In any event this general outline of a health record system emphasizes standard forms kept and maintained in duplicate by the motherhouse and accompanying the individual religious.

A health program for a religious community of women whose members are stationed in several diocese should be inaugurated in the diocese of the provincialate and approved by the local ordinary and Mother Provincial. The Health Chairman should write a letter to the community physician offering the services of the local guild in developing a health program for professed sisters and a health for-

mation program for novices and postulants if so desired. A copy of this letter is sent to the chancery office and the Mother Provincial of the religious community. Approach through the community physician is suggested because he is better acquainted with community rules, conditions and personnel. The desire for a modern health program arises from the Provincial and counsel of the religious community. The community physician or Provincial may contact the Health Chairman of the local Guild asking assistance in inaugurating a practical program. First a standard record system is adopted, the tested program of the Catholic Hospital Association ideally fits this purpose. One community member is designated as co-ordinator of the health program and trains the infirmarians of the various stations in the method of operation of the health record system. The local superior arranges physical examinations, the Health Chairman assists the community physician and the community in providing medical services desired. The infirmarians interview community members regarding health problems and assist in the completion of the initial history form and medical identification card.

The Health Chairman learns from the collected experiences of others as well as from previous mistakes in judgment in providing health to match their dedication and stamina. Many factors must be considered.

1. The work and prayer day of religious is long; their free time is short.
2. The health program is voluntary and never compulsory.
3. The simple annual form of examination may be employed with older intractable members of the community or priests who resent preventive medicine and object to illness as an inconvenience.
4. Yearly examination within one week of birthday distributes the patient load throughout the year and makes possible a more through examination.
5. Orientation of the diocesan and religious authorities is mandatory prior to institution of any health program. The seminary and religious community should be offered the services of the Catholic Physicians' Guild in reviewing admission requirements, arranging yearly physical examinations, immunization of clergy and religious, and institution of a standard health record system.
6. Psychological surveys and evaluations, if desired, should be provided.
7. Local pharmaceutical representatives and Catholic hospitals can assist in securing and dispensing pharmaceuticals at reduced costs.
8. Liaison, confidence and trust is increased and the health program for clergy and religious is more likely to prosper if the Chairman and members of the Health of Clergy and Religious committee have some tenure in assignment.
9. As undesirable publicity may well endanger the health of a clergy and religious program locally and nationally, all publicity releases should be approved by ecclesiastical authorities prior to publication and preferably written articles should be submitted to THE LINACRE QUARTERLY.
10. The Health Chairman can be of inestimable help in compiling and collecting data regarding terminal illness, hospital admission and autopsy findings to insure reliable data for the study of the cause of death in nuns.