

August 1967

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Recommended Citation

McCue, Daniel J. (1967) "Health Care of the Religious in the Buffalo Diocese," *The Linacre Quarterly*: Vol. 34 : No. 3 , Article 9.
Available at: <http://epublications.marquette.edu/lnq/vol34/iss3/9>

Health Care of the Religious in the Buffalo Diocese

DANIEL J. McCUE, M.D.

"The Church in America today needs as never before, a great army of Religious women who are spiritually, intellectually and professionally superior. One of the best measures of their productivity is their physical health. The aim of the Health Program for Religious is to provide the means to attain physical strength to match their dedication and stamina for their apostolate. Physical, mental and spiritual health are a Trinity vital for personality development. To help secure health for these Ladies of the Church is our primary interest—a labor of love." Thus was this goal so aptly stated in the Manual, *Health to Match her Dedication* by James T. Nix, M.D. and Con J. Fecher, Ph.D.

Many physicians treating the Religious have become aware that frequently when first seen, serious illness has become well advanced. Many nuns have not had any type of medical care for years. When symptoms and signs of disease persist, they are seen for the first time. It is disheartening to find advanced disease, especially of a malignant type, knowing that there is little hope for cure or improvement.

In recent years the health care of Religious, or the lack of it, has prompted physicians to advocate and develop programs for routine annual comprehensive physical examinations of the various religious orders. Dr. James Nix, who is quoted above, was one of these outstanding and dedi-

cated physicians who stressed these needs, and pioneered this type of work.

Several years ago a Pilot Program was planned and instituted by the Catholic Physicians' Guild in Buffalo, New York. The Outpatient Departments of the Catholic hospitals were utilized to examine a large group of nuns from the Buffalo area. These examinations were done on a Saturday afternoon when the Outpatient Department Clinics were not in use for the public.

For a two-week period prior to the actual examinations, in order to avoid overloading the Laboratory and X-ray Departments of these hospitals, the following screening tests were done: CBC, Routine Urine, two-hour post digestive Blood Sugar, and Chest X-ray. Pap smears were done on the day of the physical examination. Each nun was provided with a Cornell-like type of Questionnaire prior to the examination. Complete past history, current symptoms, etc., were recorded. These forms accompanied the nun on the day of the examination.

Physicians representing the various specialties participated in our program. The nuns would move from one diagnostic station to the next in an orderly fashion, and a check list was completed. Registered nurses and volunteers from the various hospital Guilds greatly facilitated our work. More than 600 nuns were examined in the above fashion.

In reviewing our findings, it became apparent that the yield of abnormalities was quite high. As was expected, most of the pathology was found in the older age group of nuns.

In the initial study of a group of 120 nuns examined, a 10 percent evidence of anemia was found, particularly of the iron deficiency type. The majority of these nuns were in the younger age group with active menstrual cycles. In the same group of 120, six abnormal postprandial blood sugars were detected. Two of these proved to be known diabetics; the remaining four were unknown diabetics.

Two primary carcinomas of the breast were found, and one of these two nuns also had a primary carcinoma of the vulva. One Pap smear was reported as positive; however, further follow-up ruled out cervical malignancy. One routine chest x-ray revealed bilateral hilar adenopathy suggestive of a lymphoma. Two unknown cases of mitral valve disease were diagnosed for the first time. The incidence of hypertension was quite high, especially in the older obese nuns.

Numerous other diagnoses were made, including endometriosis, cervical erosion, cystic mastitis, various arthritides, including gout.

At the conclusion of the examination, each nun was interviewed and the findings were discussed and explained. Those with any pathology were advised to see their own physicians. Those without personal physicians were advised to obtain one. In certain instances, x-ray screening of the GI tract was advised. Problems of follow-up have become quite apparent.

The completed charts with diagnosis, laboratory reports, as well as the x-ray films, were sent to the Motherhouse of each nun. These permanent records will be available to their personal physicians, and if they are transferred, these records will accompany them.

The cooperation of this group of nuns was excellent, and the majority of the nuns were most eager that these examinations be continued on a one- or two-year basis.

The increase in the aging population is quite apparent in most convents. Many nuns are well advanced in years, and the increase in degenerative diseases is rising, as anticipated. The serious shortage of nuns makes it imperative that disease be detected early and adequately treated to preserve this essential group of Religious.

It is obvious that assuming the responsibility of the health care of our nuns has become one of our most important and successful undertakings. Let us hope that these examinations will not only continue, but will expand and include all the Religious in each community.

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