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Orie A. Mazanec

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# Healing Is Not for All

ORIE A. MAZANEC, M.D.

This is a report of our experiences with advanced cancer patients at the Holy Family Home in Parma, Ohio. This home is one of several staffed and operated by the Dominican Sisters of St. Rose of Lima, who are known as the Servants of Relief for Incurable Cancer.

This order of sisters was founded at the turn of the century when a New York social worker, Rose Hawthorne Lathrop, became aware of the sad plight and neglect of the sick poor, especially those afflicted with cancer. She dedicated her life to their care. She became Mother Mary Alphonse and by her unselfish and tireless example, others were inspired to join the congregation. Through the years, the number of sisters increased and with the help of generous benefactors additional nursing homes were established in various metropolitan areas so that at present seven such homes are in operation.

Holy Family Home was opened in 1956 and in the past ten years more than 2700 patients have been admitted. Each patient, regardless of race, creed, or place of residence, is afflicted with cancer and in need of nursing care. All care is free and, in fact, the community's rules do not permit the acceptance of money from a patient, his family, or relatives.

Most of the patients in this home are critically ill, of all ages, usually bed-confined, and require consider-

able nursing care. Some are depressed, some are belligerent, some feel rejected by family and friends, and others feel guilty of being a burden to their loved ones. Most have had extensive therapy for their disease but there are a few who have refused any definitive treatment. Some of them are on many medications while others are taking none. Although most of them are aware of the serious nature of their disease, they live in hope and are very cooperative in trying to strengthen their hold on life. Surprisingly, most of the patients accept their illness resignedly, especially when they see others with similar problems. We often hear them discussing their conditions quite frankly among themselves.

Care of these patients is considered as nursing, medical, occupational, and spiritual. The goal of treatment is to make their remaining days or weeks comfortable, to look after their needs, and to accept them as fellow humans.

## NURSING CARE

The nursing care is performed by the sisters with the help of one male nurse and an orderly. Through their dedication and gentleness, the sisters are usually able to make all the patients feel welcome, no matter how grave their nursing needs. The atmosphere of the home is one of cheerfulness, rather than gloom. Cleanliness of room, bed linens, and patient are given top priority. All

of the latest nursing methods and equipment are used. Food is appetizingly prepared, served and individualized to each patient's need. All types of diets are available including tube feedings. Although certain hospital routines are necessary, the simulation of a homelike environment is important. Some of the things at the home that help accomplish this are liberal visitor rules, abundant use of television sets and radios, remembrance of all birthdays with a party and cake, and celebration of the various holidays with special menus, treats and shows. Patients, if permitted, are encouraged to be ambulatory and to pursue whatever interest or hobby they may have.

#### MEDICAL TREATMENT

Medical treatment is directed by a visiting physician who makes regular rounds twice a week and is on call for any other emergency situation. The importance of these rounds cannot be overemphasized because patients like to see a doctor regularly. On these visits the doctor talks with the patients individually, examines them, and orders medications and treatments. On occasions, special procedures (e.g. paracentesis, thorecentesis, cast application, and suture removal) are done. All questions are answered truthfully and tactfully. A patient's hope is never destroyed. Some require repeated reassurance that we are trying to help them feel better. All regular medicines are available to us and are individualized to each patient. Because of lack of laboratory facilities, experimental drugs are not used. A few patients have

improved enough to return to their own homes. We do not claim that they are cured, but rather believe that their tumor has regressed to a dormant state. Medically our objectives are to relieve their pain, to allay their fears, to regulate their respiratory, digestive, and elimination systems, and to ambulate them whenever possible. Most patients have a strong desire to get out of their bed so that even a short period of ambulation in a wheel chair is good for their morale.

In addition to the regular medical attendant, there is a dentist, a radiologist, and a podiatrist on call. There are many dental problems that arise so that the dentist is kept quite busy. He has an equipped dental suite in the home. The radiologist has made an X-ray machine and technician available to the home. X-rays are usually ordered to check on pleural effusions, pathological fractures, and bone metastases so that the proper treatment and precautions can be carried out. The podiatrist looks after the usual toe and nail problems that are so common in an aging population.

#### THERAPY

The next category of people who render a service to these patients are the volunteers who generously give or provide for occupational and recreational therapy. We are impressed by the great number of people of all ages who are anxious to help their fellow man. They work as individuals or in groups to provide a homelike environment for the patients. Some of their services are reading to patients, instructing

in needlecraft and painting, helping to write letters, feeding, giving haircuts and other beauty shop treatments, and visiting forgotten patients regularly. Picnics, ball games, horse shows, movies, and holiday programs are some of the entertainment arranged by various volunteer groups. The patients look forward to these events and sincerely appreciate them.

#### SPIRITUAL CARE

The spiritual care of the patients is also important. Priest, minister, and rabbi are welcome to visit any member of their congregation and some do make regular visits. There is a Catholic chaplain living in the home to attend to the needs of the Catholic patients. The chapel is arranged so that bed patients as well as ambulatory ones can attend church services. The sisters by their example of kindness, gentle-

ness and love inspire many patients to realize the true meaning of life. It is evident that patients with sincere religious convictions accept the finality of their illness more willingly and are grateful for the time to prepare themselves spiritually.

In summary then, the seriously ill and dying patients require not only efficient nursing care and medication, but also the personal touch from qualified and interested people. It is important to make them feel at home in their environment and to reassure them that their needs will be attended. Then they do not feel neglected as they wait for their eternal reward.

[DR. MAZANEC is on the staff of Parma Community General, Evangelical Deaconess, and St. Vincent Charity Hospitals in Cleveland and is Medical Director of Holy Family Cancer Home.]