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The St. Petersburg Diocesan Health Program

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The objectives of our program:

1. To get a comprehensive history and physical examination documented on all religious in the diocese.
2. To establish doctor-patient relationships with all of them.
3. To detect asymptomatic disease and advise therapy as indicated.
4. To orient the religious to their health needs.

Health Kit

To do this, a "health kit" has been produced and distributed to every priest and sister in the diocese. It contains three essential components:

1. An explanatory letter of direction. Essentially this explains the program and asks the examinee to fill out the enclosed health questionnaire; to make an appointment with the physician of his or her choice in the month of birth; to bring a urine specimen (clean catch, first-voided morning specimen) and to report to the doctor's office in a fasting state.
2. The health questionnaire. This is a comprehensive 12-page questionnaire (similar to the Cornell Medical Index) that seems best suited to our purposes. "Confidential" is printed in large let-

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Both authors are in private practice in St. Petersburg; Dr. Ezzo in internal medicine and cardiology, Dr. Barker as a surgeon. Among other honors, Dr. Ezzo is a Diplomate of the American Board of Internal Medicine and a Fellow of the American College of Physicians, and Dr. Barker is a Diplomate of the American Board of Surgery.

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The physician either keeps the completed health questionnaire for his personal records and follow-up or—retaining pertinent data for his files—it mails to our central records library where it is reviewed for abnormalities before filing. This is done only by physicians. Similar results to the SMA-12 studies, the chest-x-ray, electrocardiogram and Pap smears may all be kept by the examining physician or mailed to our central library. In either event, all of the material is kept in the strictest confidence and no one but the examining physician and patient knows of the examination results.

Shortcomings

The program has some built-in shortcomings. First, since the examining physician may not forward the health records to the collection point, there is difficulty in knowing how many of the religious have actually had their examinations; this requires rather frequent follow-up reminders to them. Second, since the material is confidential, the physician may not reveal his findings, making it impossible to collect enlightening statistical information. Third, there is no way of knowing that patients who have physical problems are receiving adequate medical attention.

Obviously, the advantages of this system outweigh the several drawbacks, and indeed, perhaps the only significant shortcoming is the one relative to collecting statistics and having nothing to do with good patient care. The small number of cases involved make for no statistical value; however, it should be noted that of the first 30 nuns examined, one breast cancer and one ovarian carcinoma were found. These were both surgically corrected at an asymptomatic phase of their disease.

Patient Education

A major problem that arises in this type of program is that of educating the patient-to-be. It is important to distribute the health kits and information about the health program to every religious in the diocese and to maintain awareness with periodic follow-up letters. Many of the religious spend only the school year teaching in the diocese and return to their mother-houses in the summer. They have become accustomed to getting their annual examinations there, and consequently we do not have information on the results instantly available.

It is desirable for health records to follow the priest or sister to assignments in other dioceses. This is arranged if the patient writes a letter asking that his or her health records be forwarded to the chosen physician.

Summary

Following is a summary of our thoughts regarding periodic medical examinations:

Just how often should a well patient be examined? It is our opinion that physician efficiency and patient health maintenance are both served if this rule is observed: The well patient with an absolutely negative history and no abnormalities should be examined every two years if between 20 and 30 years of age and every year if over 30. Those individuals who do have medical problems should be examined as frequently as the examining physician feels necessary. For example, an individual with a history of colonic polyps should be examined at least yearly or more often should symptoms arise; a 35-year-old brittle diabetic can be expected to have more problems than his non-diabetic counterpart, and therefore he should be seen at more frequent intervals.

In addition to the history, the head-to-toe physical examination, and the necessary basic laboratory profile, what else should be done routinely? It is important to educate the female patient in self-examination of the breast, giving her an opportunity to learn about the feel and consistency of her breast tissue in order to detect changes and get help at an early stage. Mammography has taken its place in the physician's armamentarium. Its use should probably be limited to those patients who have breast problems difficult to evaluate, such as nodular fibrocystic disease; those with a family history of breast carcinoma; and those patients who have been treated for carcinoma of the breast—evaluation of the remaining breast by mammography is quite useful.

Pap Smear

With regard to vaginal and cervical cytology by means of the Pap smear, we feel that women who have three consecutive negative Pap smears should have routine Pap smears every three years,
provided there is no visible abnormality or history of abnormal vaginal bleeding. In those women who present physical characteristics accompanying endometrial carcinoma—obesity, hypertension, diabetes and menses into the late 40's or 50's—endometrial cell washings are helpful in early detection of endometrial cancer. In order to detect carcinoma of the ovary at its earliest state, bi-manual pelvic exams should be done on a yearly basis on all women over 35 years of age.

The chest X-ray is an important part of the physical exam because of the information it yields (as regards heart size, etc.). It should be repeated every three or four months for those who smoke three or more packages of cigarettes a day, every six months for two-package-a-day smokers, and at least yearly for patients who smoke a package daily.

The rectal examination should be a routine part of all periodic examinations. Using simplified tests, available stool guaiac studies should also be done. Ideally, proctoscopy should be a part of the periodic examination; however, it may be reserved for those with positive guaiac studies, those with a family history of carcinoma of the gastro-intestinal tract, and those with a history of colonic polyps or other significant history.

Cost and Progress
The initial costs of the program are considerable since health kits must be purchased, costing about $3 per kit. It is best to have them produced on an as-needed basis, since vacuum test tubes lose some of their negative pressure during long term storage. Costs then accrue as the Diocesan Health Office is billed by the laboratories for profiles done and for any ECG or physician fees. The diocese has a self-administered health insurance program, and any doctor's fees submitted are paid directly to the physician by the insurance office.

There are an estimated 600 to 700 priests and sisters in the St. Petersburg Diocese, but the number involved in the program is hard to estimate. Some patients refer that their own doctors keep their health records instead of forwarding them to the Diocesan Health Office; they may also fail to return questionnaires asking if they have had their yearly checkups. By July, 1972, an estimated 60 to 65 percent of the priests and sisters in the diocese had undergone one comprehensive physical examination. About 50 percent had yearly follow-ups and any indicated diagnostic tests or therapy.

A significant development in the program was the appointment of Sister Gladys Sharkey as diocesan health director. The administrator of St. Anthony's Hospital in St. Petersburg, Sister Sharkey is acutely sensitive to the medical needs of religious and has a long and excellent background in health care. A qualified diocesan health officer and staff, along with much time and effort—primarily by participating physicians—are keys to a successful diocesan program.

Theological Pharmacology:
A Study of Drugs and Values

Albert Moraczewski, O.P., Ph.D.

Marx stated that "religion is the opium of the people." Phrased precisely in that way, we have the basis for a new area of investigation: the pharmacology of religion. From this perspective, then, religion would be studied as it functions for some individuals as if it were a drug: an anesthetic, a tranquilizer antidepressant, analgesic and perhaps even as a hallucinogen. However, there is also the reverse concept and that is the religion of pharmacology and its close relative the theology of pharmacology. As it stands, the latter title primarily means the application of theology to pharmacology in a fashion analogous to the theology of work or of suffering or of the sacraments. These are purely theological endeavors. What I wish to propose is different. It is a new discipline and could appropriately be called theological pharmacology for it is concerned with certain questions that pharmacology raises for theology. This paper, then, describes how this interdisciplinary area is constituted and catalogues the principal value questions arising from the use and abuse of