Mission Work of The Federation

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Again, under Liley's guidance we attempted a series of transabdominal, intrauterine fetal injections of fresh blood, in some of our severely affected patients and we believe that our attempts to conduct the first such procedures in the United States, the first attempt, not to result in the death of infants, but to late 1963, we were able to successfully carry out transabdominal intrauterine transfusion and later to deliver a normal child that is now living and well. All indications point out that this baby was otherwise doomed to intrauterine death from hydrops and anemia.

Our overall experience, especially with amniotic fluid analysis and clinical application, has been a more rewarding one. By recognizing the clinical possibilities of Doctor Liley's basic research work, and by making use of existing facilities we feel that our community hospital has made a substantial contribution to progress in the field of the Rh negative immunized patient.

The experience and confidence that we have gained in our development of this procedure, it nevertheless enabled the fetus to receive fresh blood that would correct temporarily, the severe fetal anemia until the optimum time for delivery could be reached. Dr. Liley, has been successful with this procedure and has a number of living children saved from an otherwise impossible situation.

In 1965 out of a total of 2377 obstetrical deliveries at Providence Hospital, the test was performed in 68 indicated patients. We now feel well versed and experienced with this procedure and it is now a standard part of the obstetrical care offered our patients. It is remarkable how accurate this test has been in assisting the obstetrician in his evaluation of the severity of the hemolytic process in the unborn fetus, as well as in ruling out the unaffected infant. The procedure has proven to have great practical value and has enabled us to work more accurately with the pediatricians and we feel that final studies will reveal a significant decrease in our fetal mortality from erythroblastosis fetalis.

As a further extension of his work, Liley attacked the problem of the severely affected unborn fetus, where intrauterine death was inevitable, and because of severe prematurity, termination of pregnancy was contraindicated. He developed a technique of transabdominal, intrauterine fetal injections of small amounts of fresh blood cells. Admittedly a hazardous procedure, it nevertheless enabled the fetus to receive fresh blood that would correct temporarily, the severe fetal anemia until the optimum time for delivery could be reached. Dr. Liley has been successful with this procedure and has a number of living children saved from an otherwise impossible situation.


**Mission Work of The Federation**

JOSEPH E. GRAY, M.D.

Some five years ago the National Federation of Catholic Physicians' Guilds established a mission committee which had as its object to find ways of helping the missionary in ministering to the health of the heathen people. It is an obvious fact that malnutrition and disease are the most irritating problems the missionary priest must face. The establishment of a dispensary as part of the mission is paramount, and the missionary is the only source of medical care in the community. He dispenses as best he can the sample drugs sent by some well-intentioned friend back home. Rarely does he experience the luxury of a nurse of limited training and overwhelming charity to run the dispensary. Such is the case in practically every town and village in Latin America. It is incredible until you have seen the depth of poverty and deprivation superimposed by indigenous disease, that is the lot of the masses of the people in Latin America. What could we do about it?

We all were impressed by the work of a group of physicians from Ixcozulco who maintained a doctor at the dispensary in Chichicastenango, Guatemala, successfully serving the needs of the Indians in that large community. They have been able to keep a physician at the dispensary for several years, each doctor serving one month. The plan is a good one and, for them, successful.

The Detroit Guild, among others, likewise adopted a parish in Latin America. We also attempted to serve the area hospital by sending physicians on a short term basis to the mission. The plan worked for a time but died for want of sufficient physicians to maintain continuity of service. This of itself is discouraging, but nothing is of itself; all new ideas are subject to the scrutiny of trial. The idea has not been lost.

In some small measure, the efforts of the N.F.C.P.G. caused the spirit to spread to many Guilds and individuals. The interest generated has been a part of the national sense of obligation to the underprivileged of the world. Whether because of us, certainly in some small measure, the applications being received by the Catholic Medical Mission Board have increased steadily for the past three to four years. We continue to support our adopted mission by fund-raising to improve the facilities.

We support nurses who, without our aid, could not serve. It may not be according to our plan but progress is being made.

The failure of many of our Guilds to find an abundance of physicians willing to serve in the mission field has caused a second look at the problem. Not infrequently, I receive letters from missionary priests and Latin American physicians. The theme is the same. The mission is in desperate need of medical per-
sonnel, nurses and doctors. Tens of thousands of people are dependent upon the mission for medical and material aid. Coincidentally, in the large cities of these countries is an overall abundance of physicians, many unable to pursue their profession because of a plethora of doctors. Invariably, a sum of $150 to $200 per month would be enough to induce a physician to serve the mission facility. The poor economy does not permit the average Latin American physician to practice among the Indians and support himself and family.

In specific instances, your committee has referred such applications for support to interested Guilds. It is too early to know the result but the plan is worthy of consideration.

As I see it, the problem is threefold. Supply of medicine and equipment is of utmost importance. This work is being done with maximum ability by such organizations as the Catholic Medical Mission Board and World Medical Relief. They deserve our support. Of equal importance is the need to recruit young doctors, uninhibited by the problems of the growing family and established practice, anxious to serve in the mission field for long or short term periods. There are several organizations capable and interested. Chief among these are C.M.M.B. and Mission Doctors Association of Los Angeles. The work of the latter group is known to you from a previous article in LINACRE. However, as the need is great and the supply limited, is there some merit to each and every Guild adopting a medical mission, raising funds to its capacity to support an indigenous physician to serve the mission of his choice?

There could be abuses; indeed, there may be. I wonder if the occasional abuse is a sufficient reason for doing nothing. The good accomplished by your dollars (purchased if you will) should far outweigh the occasional misadventure.

Thus, the three-pronged effort of our problem, the subsisting of indigenous physicians and nurses, may be meritorious in solving, for example, the problem of Bishop Prada, La Paz, Bolivia. The Bishop has established some six or more dispensaries in the poor parishes of La Paz. He is receiving some supply of equipment through the usual channels. In most cases $80 to $100 per month would allow him to retain the services of a doctor and nurse for a dispensary. Are there not many Guilds in this country capable of supporting such a plan?

There are many similar situations begging for help. The National Federation is committed. It needs the help of the individual Guilds to fulfillment of its plan. Each Guild can do its part. If a group is too small, let it join with another, pool its resources, do what can be done for our unfortunate neighbors. A nation such as ours, enjoying 46% of the world's wealth and one doctor for every 760 people, must contribute more than it is doing. We all share in this obligation.

The National Federation, with the co-operation of Catholic Medical Mission Board, is able to refer any interested Guilds to parishes in Latin America needing support.

It is not too late but, it is time!

LINACRE QUARTERLY

Today's Catholic Physicians' Guild
RAYMOND B. BAUER, M.D.

We are presently witnessing a re-eruption period in the history of the Catholic Church. Changes in the Church are abundant, the spirit of personal and literary communication, and the role of the laity has taken on new proportions. With greater participation of the laity, increased responsibilities arise, the chief one being that the laity must assume individual and group efforts closely to see if time is spent prudently, to examine goals, to assess efficacy and to see how efforts are related to the overall efforts of the Church.

Close examination of the present "movement" reveals that it is not really new. It has all been said by Christ and recorded in Scripture. It is the interpretation, the concern, and the "action" resulting which is now for us. The truth remains that we are all sons of our Father, are all brothers and sisters in Christ, and that we will be judged by the talents we have been given, and as to how we use these talents to help our fellow man, both spiritually and materially.

As physicians, we have an increased responsibility. Although we may wish to contribute our position in life to just hard work and sacrifice, we nevertheless were gifted not only with sufficient intelligence, but also with the opportunity to make use of it. In other words, God has been good to us, and we have the responsibility to reciprocate.

How does this pertain to the Catholic Physicians Guild? It means that we have to examine our conscience, to take inventory at the local and national level, to humbly assess our successes, to critically evaluate our failures, and to investigate our environment to see what should be done and what can be done. It simply means to stop at times and ask "why" we exist as a Guild. It means dialogue with the Church authorities as to how we can be of service to them, to ourselves and to our fellow man. It means we should be productive of sound ideas as to how to help the medically indigent, the poverty-stricken, the culturally deprived, the children of broken homes, the "abandoned" inner-city parishes where the percentage of educated parishioners is declining. It means that we should be participating in diocesan, parish, and community activities and organizations. It means we should not draw into our elite "comfortable" group who are immune to the hardships of others.

You might say that all of the above can be done by individuals alone, without participating as a structural Guild. Fortunately, this is partially true, and we are all aware of the many good works carried on by individuals, and are most grateful for them. But the Guild, because of its organization aspects at the local and national level, can