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The Medical Social Worker's Contribution to Total Patient Care

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Medical Ethics Books
Some Recommendations for Doctors

Gerald Kelly, S.J.

The book lists given here are an answer to frequent requests. The comments are added because the requests are generally for recommendations, not merely for lists. Since I am including comments, I am limiting the lists to publications with which I am personally familiar.

The comments express my personal opinion. Others might choose different books for a recommended list and might also give different estimates of the works that I include here. It would be very helpful, I think, if they would send their suggestions to the Editor of LINACRE QUARTERLY for publication in some future number.

For the most part, my lists are limited to fairly recent publications, that is, to the last ten or fifteen years. No doubt some earlier works are of great value. Nevertheless, my purpose is not to give an exhaustive bibliography for research, but a limited bibliography for practical purposes; and I think that everything of practical value in the older works is sufficiently included in these more recent publications.

In recommending these works I am not expressing agreement with everything said in them. Practically every book listed here contains some points with which various theologians might disagree. My own views and criticisms are sufficiently expressed in other places. The main purpose of the present comments is to indicate the positive value of the publications mentioned.

A. Minimum Essentials. The Following Works Should Be Available to Every Catholic Member of the Medical Profession:

1. Ethical and Religious Directives for Catholic Hospitals. The Catholic Hospital Association, 1438 South Grand Boulevard, St. Louis 4, Mo.

This is the revised code sponsored by the Catholic Hospital Association of the United States and Canada and published in 1949. A French version, entitled Code de Morale à l'usage des Médicins et des Infirmières, may be obtained from: Comité des Hôpitaux du Québec, 325 Chemin Sainte-Catherine, Outremont, Montreal 8.

The first section of the code contains a brief statement of ethical principles and applications of these principles to the main problems likely to occur in hospital practice. The second section contains directives concerning the reception and administration of the sacraments and concerning the disposal of a dead fetus and of amputated members.


This is the most complete, most-up-to-date, and most useful single volume of medical ethics in English. It was first published in 1946, under the title, Medical Ethics for Nurses. The first work was good; the second is much better. More lengthy comments on Father McFadden's book may be found in LINACRE QUARTERLY, February, 1950, pp. 7-9.

One feature of Medical Ethics is that almost every chapter concludes with a number of problems to be solved. Father McFadden's answers to these problems are given in a companion volume, Reference Manual to Medical Ethics, also published by F. A. Davis.


For those who wish a complete treatise on medical ethics, these booklets are no substitute for Father McFadden's book, but they are a needed supplement to it. They are made up of articles that have appeared in Hospital Progress and LINACRE QUARTERLY. They deal with current problems and give adequate, but not too lengthy, answers to these problems. The articles refer frequently to the hospital code, and some of them were explicitly written as commentaries on certain sections of the code.
B. Other Publications Dealing with Ethical and Religious Aspects of Medical Questions:


This book contains a compendious treatment of such problems as sex, birth prevention, abortion, euthanasia, sterilization, scruples, psychotherapy, the professional secret, and so forth. To his discussion of these topics the author has wisely prefaced chapters of more general and fundamental value on the Church, miracles, law, the principle of the double effect, scandal, and cooperation.

In its general scope Father Bonnar’s book compares favorably with Father McFadden’s. But it was written primarily for British readers, and some of its most important chapters might lack appeal for American doctors. For this reason I consider Father McFadden’s book more valuable for us.


With Father Henry Davis, S.J., in England, and Father Arthur Vermeersch, S.J., in Rome, Father Bouscaren believed that the correct moral solution to the problem of ectopic pregnancy could be given only when the medical facts were adequately portrayed and understood. His book represents a very successful effort to find and to appraise the medical facts, and its publication was a major turning point in the controversy over ectopic operations. It was first published by the Loyola Press, Chicago, in 1933. The second edition (to which I refer in this bibliography), though substantially the same as the first, contains some added material that should be of special interest to doctors. Both editions offer not only a thorough study of the ectopic problem, but also much excellent material on the entire question of direct and indirect killing of a fetus.


In format this handbook resembles a small pocket dictionary. It is intended for nurses, physicians, and priests. It covers the general ethical principles pertaining to conscience and human conduct, a very large number of ethico-medical problems, a number of practical directives relative to the reception and administration of the sacraments, and some principles of charity and justice that have special reference to the medical profession. The original, entitled Précis de Morale Médicale, is published by Editions Beau­chemin, Montreal, P. Q.


This book was written by an invert to help other inverts adjust to their problem and to enable their directors to assist them in this adjustment. The first part, which constituted the original work, is the most wholesome and helpful treatment of homosexuality I have seen. (I am somewhat dubious about the value of the supplement that has been added to the present edition.) For more detailed comments see LINACRE QUARTERLY, October, 1949, pp. 21-22.


This is only a pamphlet, but I include it here because it contains a splendid and readable presentation of the arguments against our ever-recurring problem, euthanasia. Doctors who must give a talk on this subject would find the pamphlet very helpful.


This is a sort of catechism, containing brief answers to many of the moral problems that occur in medical practice.


Another question-and-answer booklet. It covers more material than Father O’Connell’s. A few of the answers may be misleading, perhaps because of the authors’ desire to keep them very brief.

Under this title are included a calendar that Mr. Fallon has designed for calculating the days of the safe period and a brief explanatory booklet that he has written. They furnish an excellent, moderately-priced explanation of the rhythm and should be a great help to doctors who want to provide their patients with reliable information on this subject. Mr. Fallon also has a booklet entitled *Temp-o-Graf* which explains the basal temperature method of determining the date of ovulation.

C. Books of More General Scope That Contain Some Sections on Medical Ethics and That Are Useful for Reference:


Though they do not constitute a comparatively large section of this work, the applications to the medical profession are aptly chosen and clearly expressed.


This is the first of three volumes that have been styled “a layman’s moral theology.” The other two volumes are *Marriage Guidance* (1948) and *Christian Guidance* (1949). Each of the volumes, particularly the first, has points of great value to physicians and nurses.

Father Healy’s books were written primarily for classroom use, and for this reason they contain many problems for discussion. The author’s solutions to the problems are given in paper-bound *Teacher’s Manuals.*


This four-volume work is the most complete treatment of moral theology in English. It was first published in 1935 and has gone through many editions since then. The second volume has the most applications to medical problems; but the entire set is handy for reference.


The chapters of this volume deal with the duties of professional men and government officials and employees. Chapters of special pertinence to the medical profession are those on the Catholic Doctor, the Catholic Nurse, and the Catholic in Social Service Work.


This is a two-volume scholarly presentation of ethics. Since the purpose of my book list is practical, I would not recommend the first volume except to libraries that have an abundance of funds. The second volume, however, has an excellent 14-page appendix on medico-moral problems. I have often suggested that this appendix be separately printed in pamphlet form.


This is a question-and-answer commentary on Pius XI’s encyclical on Christian Marriage. The translation is by T. Lincoln Bouscaren, S.J. It is particularly valuable to the medical profession because of the section which deals with attacks on the fetus, contraception, sterilization, and rhythm.

D. Some Useful Magazines:

(Doctors often ask us for source material for talks on the religious or moral aspects of medical questions. These magazines generally contain articles that would be helpful for that purpose.)


E. Valuable French Publications:


Regarding these three publications, let me briefly note these points: Father Payen's book is limited strictly to medical ethics and is probably the most complete of all such treatises. It contains more than 800 well-filled pages. Doctor Bon's is almost as long, but it covers a greater variety of topics: e.g. mystical phenomena, and some of sacraments. Abbé Dufort's is a compact little manual.


Since the last issue of LINACRE QUARTERLY, two more Guilds have become affiliated with The Federation—Minneapolis, Minnesota and Sioux City, Iowa. The Wilmington, Delaware Guild has been reactivated.

**The Medical Social Worker's Contribution to Total Patient Care**

*Sister M. Richard, R.S.M.*

EVERY PHYSICIAN recognizes today that the modern hospital is far more than a series of rooms where patients may be housed for convenience of service. An army of therapists, X-ray specialists, dieticians, and laboratory technologists attests to the complexity of contemporary hospital treatment. Yet many physicians do not make the fullest possible use of the hospital staff for the good of their patients by overlooking the role of the medical social worker.

It is my experience that doctors do not knowingly or deliberately reject the competence of the medical social worker but rather that they are not sufficiently aware of what she has to offer. One physician who makes frequent but inconsistent referrals to medical social service has made the statement that he actually forgets to include her when he is planning a course of treatment. He finds this hard to explain, for he admits that he gets excellent service when he does work with the medical social worker, and that on such occasions his patients are more completely cared for. Another physician believes that the difficulty arises from the fact that for so many years doctors have been accustomed to doing all their own work. They have a tendency to continue in the beaten path. This despite the fact that medical social service has made the statement that he actually forgets to include her when he is planning a course of treatment. He finds this hard to explain, for he admits that he gets excellent service when he does work with the medical social worker, and that on such occasions his patients are more completely cared for. Another physician believes that the difficulty arises from the fact that for so many years doctors have been accustomed to doing all their own work. They have a tendency to continue in the beaten path. This despite the fact that medical social service has been known since 1905! At that date Dr. Richard Cabot introduced it into Massachusetts General Hospital on the conviction that, given an understanding of the whole patient which the worker could share with the physician, a better diagnosis and treatment of the patient would result. It may be that the medical social worker must share the responsibility for part of the lack of cooperation between doctors and members of her profession. Either she may have failed to interpret her field or has attempted interpretation in a way so replete with social work terminology that doctors are repelled rather than attracted. Undoubtedly the blame falls on both sides: there is the apathy of a doctor which prevents his understanding