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THE CATHOLIC PHYSICIAN'S RESPONSIBILITY FOR SCHOOL HEALTH SUPERVISION

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Health supervision of the parochial school is a field of service open to the Catholic physician either individually or as a collective body such as the Diocesan Guild. Obviously, it is the doctor alone who can furnish the needed service, and, too, no other group is so well aware of the needs of the school population, both of protection against contagion and of improvement in physical status by correction of defects.

We must, it is true, recognize that the parents must be held to be the primary guardians of the welfare of their children and that it is incumbent upon them to protect and improve the health of their little ones. And yet, either through lack of knowledge, lack of attention or lack of adequate means to provide frequent competent check-up and prophylactic medical service individually, we find that our school population presents a crying, urgent need for the correction of, on the average, about one physical defect per child.

As to the menace of infectious diseases in the school, neither the parent, nor the sister in the classroom can protect the children against these recurrent dangers. In short, "health supervision" in the school, in one form or another, is now a well-established need in all school systems, and the Catholic doctor in every diocese has surely a duty to concern himself with the problem. Is some form of health supervision provided for the parochial school of his parish and diocese? Is it effective and reasonably adequate? Could it be improved? What is the physical status of the children as to danger of contagion, to protection against diphtheria and smallpox, and as to existence of correctible defects of teeth, vision, hearing, nutrition, etc.

In the constant effort to improve our schools and retain the children of the Faith, we are in obvious competition with the public school. Where the public school is provided with health supervision and our schools are not, one more excuse is afforded the parent to shirk his responsibility.

Over the country, as a whole, the need will be found to vary only a little. The solution of the problem, however, may differ greatly. The essential personnel consists of a public health nurse or nurses, working under the direct supervision of a doctor. The school service may be only a part of the varied and general program of the public health nurse which every community should have. The doctor, too, may be, and in large communities should be, a full-time public health physician with special training in pediatrics. In
smaller communities this service can come, perhaps, from the county or even district health officer of the state health department. If such personnel cannot be made available, the work should be undertaken by the Catholic practitioner on a volunteer basis at least to start, so that the need can be demonstrated. Public health agencies can then be called upon after parents are acquainted with the service.

From the Catholic viewpoint, the organization of school health supervision by public school systems permitted by law in some states is not only unfair to the Catholic population, but, in excluding the parochial school population from this service, it is inadequate and inefficient. A single public health agency adequately staffed should have supervision over both public and private school populations. Especially in the control of communicable disease is the need for a single authority obviously necessary. In so many widely-scattered places the public demand for protection and supervision of the public school children has forced state legislators to permit, and local boards of education to organize, this service which should rightfully be afforded all the schools, private as well as public. Because of the limitation of school funds to public schools exclusively, our schools cannot be served by such a set-up. The laws of states pertaining to public health and its conservation are broad enough to include all the services of school health supervision, whereas the addition of such legislation to the public school laws is irregular. The control of the service of doctors and nurses by lay boards of education results in a train of evils that ignorance and petty politics breed. By all means, the supervision of the health of all the school children should be placed in either volunteer hands actuated by a sincere altruism or in those of trained personnel under a superior health office answerable to the policy-shaping leadership of the medical profession and not lay boards of education. It is chiefly because local, district and state health departments have been inadequately financed and staffed that school health supervision has in the past been neglected by these agencies and the work permitted to fall in the hands of lay boards of education. With assistance now coming from the federal government, particularly in rural communities, this inadequacy should be more and more overcome and local health departments improved not only as to school health work, but in all the phases of a general public health program.

Regardless of how the personnel is provided, the purposes of the work are essentially the same. The educational character of the work is not easy to adequately stress, not only to parents but even to doctors who, without experience, may assume that the school doctor and nurse can take over, to some degree, the responsi-
bility for the personal health of the individual child. The conflict in this field which properly is the function of the private physician is much more than financial. The school doctor lacks both the time and the knowledge of the individual problem to make a proper final decision as to any particular question of defect. As to the possibility of the correction or the method of correction, the family doctor alone can give the proper study to these individualized problems. One might well argue that the nature of the work might call for the service of a well-trained nurse rather than that of a doctor. In other words, the very presence and participation of “school doctor” in the supervision of the child’s health is an anomaly inasmuch as the findings upon examination are not to be considered final, but, rather, the results of a “screening process” looking to a detailed study by the private physician. This screening of the children which is the essential nature of the school “examination” or, rather, “inspection,” as it should be termed, might be provided by a good nurse alone. There would be very few suspected defects she would send to the family doctor unnecessarily, that a school doctor would dismiss as not important. And on the other hand, there would be few real defects not known by the parent and family doctor that would be missed. The number of rheumatic hearts that are not known to a conscientious family physician must be very few.

The argument here is not to be interpreted that the school doctor’s services may be dispensed with, but, rather, that he should stay as far as possible in the background and that the findings at physical examination in the school are to be considered only suggestive and subject to confirmation by the family doctor. At times this requires the added weight of the authority of the school doctor’s statement before indifferent parents can be made to comply.

In dealing with communicable disease, the nurse is able to exclude suspicious cases, but the doctor and nurse as a team should take charge together where an epidemic is brewing. The properly-trained nurse can accurately do a satisfactory Snellen screening test for vision, but those found defective should be tested and examined again by the doctor. The same screening method is satisfactory for hearing by using the audiometer.

Final decisions as to removal of tonsils and adenoids can never properly be made, based on the school examination. In selecting cases for reference to the family doctor with this operation in mind, the nurse’s investigation of the child’s school work, absence due to illness (respiratory tract) and true mouth-breathing are of perhaps greater weight than the physical inspection of the throat, where, so often, size is given too great a weight in the doctor’s judgment. Our children do not need a chart of tooth defects made
at school. Their own dentist's office is the place for this. A very large number of them need merely a superficial examination by any intelligent person to be sent to their dentist if defects are evident. The nurse could certainly do this, alone if necessary.

In persuading parents to have children vaccinated and inoculated against diphtheria, the nurse is the ideal person. These protections are, of course, needed from one year of age and are not, therefore, a school problem. No community sending a large number of children to school without these protections is giving proper care to their pre-school and infant population. This, too, should be an important matter for the Catholic practitioner.

In many large communities the service of school health supervision has been provided for a great many years; long enough, perhaps, to have become senile and feeble. The Catholic physician may assist by exerting his influence in the local medical society so that the work may be investigated and improved, if possible. Inadequacy of quality and quantity of the staff should be his concern. In smaller communities where school supervision does not exist, it will be found that the parents are usually interested and will cooperate in a properly planned program. School health supervision has established itself as a permanent need all over this nation. The Catholic practitioner should use his prestige to see that the children in the parochial school of his parish and diocese are adequately protected.

Thomas Linacre

No name of all the long line of distinguished men in the history of medicine is more closely associated with advancement of learning than that of Thomas Linacre. One of the first Englishmen to master Greek, at the age of thirty he visited Italy, studied in Rome and Florence, and took a degree in medicine at Padua. After returning to England, he became tutor to the eldest son of Henry VII and later physician to the king. His influence in 1518 procured the establishment of the Royal College of Physicians of which he became the first president. He afterwards became a priest.—Medical Scrapbook.