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We have no divine revelation on the time of animation, nor any official pronouncement of the Church. But scientists and theologians are in the vast majority convinced that it happens at the very instant the ovum is fertilized. In any case it must be pointed out with Basil and Pius XII that embryonic development is one of proximate continuity. No human foetus can ever be confused with that of any other species. The human foetus cannot develop into a cow, rabbit, or pig; it can only become a man.

Nor do those, who might still doubt whether the foetus in its early development is human, have the right to move against the life of that foetus. In response to proposed changes in Maryland's abortion laws, Cardinal Shehan recently declared that it was the hallmark of our civilization that when there was a doubt as to the presence of human life, the benefit of doubt should be given to its presence rather than its absence. One might add this illustration: Doctors do not send patients to autopsy rooms if there is the slightest doubt they might still be alive.

Can the Church in the light of pluralism withdraw from the lists? Must we concede to the defenders of abortion the right to perform them according to the dictates of their own conscience? If we now make room for the conscience of others on birth control and divorce legislation, on what possible ground can we draw the line at abortion?

The problem with this line of thought is that it neglects to notice that the foetus is also a party to the debate (though it cannot speak for itself). Neither birth control nor divorce present comparable situations, for no existent life is at stake. But the foetus has the personal right to live.

The Church is keenly aware of the pain and disease and death often resultant from illegal abortion. Her heart goes out in tender compassion to these victim mothers. But Catholics must not get back to a corner on the emotional issues. They must not find themselves in the awkward situation of being heartless legalists who prefer a metaphysical principle to a "mercyful" resolution of an agonizing predicament. Rather must Catholics stand staunchly for the child as true champions of personal rights, protectors of helpless human beings whose very existence is jeopardized by those who are reluctant to admit that the unborn are human.

FATHER DAILEY, a native of New York, spent a year in parish work in Puerto Rico after ordination in 1953. Returning to Buffalo, he served in two more parishes. After higher studies in Rome, he earned a Doctorate in Sacred Theology and since 1961 has been teaching Moral Theology at St. John Vianney Seminary, E. Aurora, N. Y.

Health Care of the Religious in the Buffalo Diocese

DANIEL J. McCue, M.D.

"The Church in America today needs as never before, a great army of Religious women who are spiritually, intellectually and professionally superior. One of the best measures of their productivity is their physical health. The aim of the Health Program for Religious is to provide the means to attain physical strength to match their dedication and stamina for their apostolate. Physical, mental and spiritual health are a Trinity vital for personality development. To help secure health for these Ladies of the Church is our primary interest—a labor of love." Thus was this goal so aptly stated in the Manual, Health to Match her Dedication by James T. Nix, M.D. and Con. J. Fcherer, Ph.D.

Many physicians treating the Religious have become aware that frequently when first seen, serious illness has become well advanced. Many nuns have not had any type of medical care for years. When symptoms and signs of disease persist, they are seen for the first time. It is disheartening to find advanced disease, especially of a malignant type, knowing that there is little hope for cure or improvement.

In recent years the health care of Religious, or the lack of it, has prompted physicians to advocate and develop programs for routine annual comprehensive physical examinations of the various religious orders. Dr. James Nix, who is quoted above, was one of these outstanding and dedicated physicians who stressed these needs, and pioneered this type of work.

Several years ago a Pilot Program was planned and instituted by the Catholic Physicians' Guild in Buffalo, New York. The Outpatient Departments of the Catholic hospitals were utilized to examine a large group of nuns from the Buffalo area. These examinations were done on a Saturday afternoon when the Outpatient Department Clinics were not in use for the public.

For a two-week period prior to the actual examinations, in order to avoid overloading the Laboratory and X-ray Departments of these hospitals, the following screening tests were done: CBC, Routine Urine, two-hour post digestive Blood Sugar, and Chest X-ray. Pap smears were done on the day of the physical examination. Each nun was provided with a Cornell-type of Questionnaire prior to the examination. Complete past history, current symptoms, etc., were recorded. These forms accompanied the nun on the day of the examination.

Physicians representing the various specialties participated in our program. The nuns would move from one diagnostic station to the next in an orderly fashion, and a check list was completed. Registered nurses and volunteers from the various hospital Guilds greatly facilitated our work. More than 600 nuns were examined in the above fashion.
The completed charts with diagnosis, laboratory reports, as well as the x-ray films, were sent to the Motherhouse of each nun. These permanent records will be available to their personal physicians, and if they are transferred, these records will accompany them.

The cooperation of this group of nuns was excellent, and the majority of the nuns were most eager that these examinations be continued on a one- or two-year basis.

The increase in the aging population is quite apparent in most convents. Many nuns are well advanced in years, and the incidence of degenerative diseases is rising, as anticipated. The serious shortage of physicians makes imperative that disease be detected early and adequately treated to preserve this essential group of Religious.

It is obvious that assuming the responsibility of the health care of our nuns has become one of our most important and successful undertakings. Let us hope that these examinations will not continue, but will expand and include all the Religious in each community.

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DR. McCUE, a Diplomate of the American Board of Internal Medicine is Attending in Medicine at the Sisters of Charity Hospital, Buffalo, where he is chief of EKG and on the staff of Veterans Administration Hospital.

The Moral and Pastoral Problems of the Terminally Ill Patient

REVEREND C. HARVEY LORD

I am grateful for the opportunity to address myself to a company of medical men. My father and three brothers all elected your branch of the professions. When we enter family conversations, I soon find the discussion centering on their interests. I am not unused to the company of doctors, but I seldom get the floor.

Doctors and clergymen have a great deal to say to one another, but we rarely find occasion to express it. In the last twenty-five years I have visited a patient a day—yet I have had less than one discussion a year with the patient’s physician. Our ministries are complementary, but we do not discuss the relationship.

When we confer so seldom, our harmonious joint ministries require a great deal of mutual trust, and some understanding of the particularity of service and viewpoint. The physician whom I do not see is my esteemed fellow laborer. He commands the resources of the tremendous advances in scientific knowledge. He is dependable and properly prepared. If he is not, his own profession works to eliminate or reform him. He has knowledge and diagnostic powers which I make no attempt to equal, nor even to second guess. If his patient complains against him, I would listen sympathetically, but I would ordinarily be inclined to wait patiently until I discovered the legitimate motive for the doctor’s action.

The rabbi, priest, and pastor, covet in turn your support and understanding. Our work is not as clearly defined as at least a portion of yours seems to be. If one distinguishes the practice of science from the expression of an art, we must lean more heavily toward the artistic side. I call a science that field of knowledge which is so regular in its recurrence, that it can be drawn or described in a classroom, and afterwards recognized in life. You look at a patient and say, “Aha! I recognize those symptoms.”

Art, by comparison, deals with seldom-if-ever repeated configurations. The infinitely varied human personality with its spiritual needs calls for a substantial measure of art in that person who works to heal it. I find myself hesitating to describe any type of problem or type of ministry for the terminally ill, because after I have outlined my categories, none of the particular cases I recall exactly fit them!

TO KNOW THE TRUTH

A central problem deals with knowing the truth. How clearly should the terminally ill patient be informed of his condition? Sometimes this has been phrased: “Should we lie, or tell him the truth?” I think it is fairer to ask, “How much of the truth should be told?”

We are both confronted with such questions. I consider that the primary responsibility of telling falls