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of the world's population is hungry and sick. We have felt a greater
sense of accomplishment in provid-
ing for that native doctor these two
years than we did from a month of
our own service.

Another potential apostolate for
the Guild relates to the employ-
ment by community hospitals of
Indian, Philippine, Pakistani and
other intern. In January 1966, we
learned from a Pakistani intern that
his 1500 bed hospital, associated
with a medical college in the second larg-
est city of Pakistan did not have
rotating tourniquets, a pace-maker
or a Bennett machine. May I sug-
gest that Guild members encourage
county medical societies to look into
similar needs. Certainly help from
our medical community to theirs is
a worthwhile mission project. In
another vein, a sub-chapter could
agree, for a variable period of time,
to underwrite the needs of a foreign
intern returning to his home to set
up practice, perhaps in a rural area.

We hope that this article will
elicit further thoughts and com-
ments from our readers.

[DR. PAGANELLI, a member of the
Albany, New York Catholic Physi-
icians' Guild, advises that following the Guild's
White Mass last year, he was privileged to
be part of the audience addressed by Mgr.
J. A. Goodwine, formerly professor of
Theology at Darwoodie Seminary, New
York. He discussed, "The Apo-
stolate of the Physician" and from his
thoughts Dr. Paganelli borrowed inspi-
ration and material for this article.]

Healing Is Not for All
ORIE A. MAZANEC, M.D.

This is a report of our experiences
with advanced cancer patients at
the Holy Family Home in Parma,
Ohio. This home is one of several
staffed and operated by the Domini-
can Sisters of St. Rose of Lima,
who are known as the Servants of
Relief for Incurable Cancer.

This order of sisters was founded
at the turn of the century when a
New York social worker, Rose
Hawthorne Lathrop, became aware
of the sad plight and neglect of the
sick poor, especially those afflicted
with cancer. She dedicated her life
to their care. She became Mother
Mary Alphonse and by her unself-
ish and tireless example, others
were inspired to join the congrega-
tion. Through the years, the num-
er of sisters increased and with the
help of generous benefactors addi-
tional nursing homes were es-
established in various metropolitan
areas so that at present seven such
homes are in operation.

Holy Family Home was opened
in 1956 and in the past ten years
more than 2700 patients have been
admitted. Each patient, regardless
of race, creed, or place of residence,
is afflicted with cancer and in need
of nursing care. All care is free
and, in fact, the community's rules
do not permit the acceptance of
money from a patient, his family,
or relatives.

Most of the patients in this home
are critically ill, of all ages, usually
bed-confined, and require consid-
erable nursing care. Some are de-
pressed, some are belligerent, some
feel rejected by family and friends,
and others feel guilty of being a
burden to their loved ones. Most
have had extensive therapy for their
disease but there are a few who have
refused any definitive treat-
ment. Some of them are on many
medications while others are taking
none. Although most of them are
aware of the serious nature of their
disease, they live in hope and are
very cooperative in trying to
strengthen their hold on life. Surpris-
ingly, most of the patients accept
their illness resignedly, especially
when they see others with similar
problems. We often hear them dis-
cussing their conditions quite frankly
among themselves.

Care of these patients is con-
sidered as nursing, medical, occu-
pational, and spiritual. The goal
of treatment is to make their remain-
ing days or weeks comfortable, to
look after their needs, and to
accept them as fellow humans.

NURSING CARE

The nursing care is performed by
the sisters with the help of one male
nurse and an orderly. Through their
dedication and gentleness, the sisters
are usually able to make all the
patients feel welcome, no matter
how grave their nursing needs. The
atmosphere of the home is one of
cheerfulness, rather than gloom.
Cleanliness of room, bed linens, and
patient are given top priority. All

ADVICE TO AUTHORS

Articles on topics of potential interest to the Catholic physician and
Linacre Quarterly readers are not members of the medical profession but
are engaged in allied health fields, teach moral theology, or serve in hospitals,
and material for their benefit would also be welcome. The subject matter
may be predominantly philosophical, religious, or medico-moral in nature.
Material should be typewritten, double-spaced, with good margins and on one
side of the paper only. Manuscripts (original and one copy) should be sub-
mitted to the Editorial Office of The Linacre Quarterly, 1438 South Grand
Blvd., St. Louis, Missouri, 63104. One additional copy should be retained by
the author. Full editorial privileges are reserved. References if used should
appear at the end of the article and should conform to the usage of the Index
Medicus. (This format is employed in the Abstract Section of The Linacre Quarterly.)
A brief but pertinent curriculum vitae of the author(s) should accompany the manuscript. The Thomas Linacre Award is made annu-
ally to the author(s) of the original article adjudged to be the best to
appear in The Linacre Quarterly during each calendar year.
of the latest nursing methods and equipment are used. Food is appetizingly prepared, served and individualized to each patient's need. All types of diets are available including tube feedings. Although certain hospital routines are necessary, the simulation of a homelike environment is important. Some of the things at the home that help accomplish this are liberal visitor rules, abundant use of television sets and radios, remembrance of all birthdays with a party and cake, and celebration of the various holidays with special menus, treats and shows. Patients, if permitted, are encouraged to be ambulatory and to pursue whatever interest or hobby they may have.

MEDICAL TREATMENT

Medical treatment is directed by a visiting physician who makes regular rounds twice a week and is on call for any other emergency situation. The importance of these rounds cannot be overemphasized because patients like to see a doctor regularly. On these visits the doctor talks with the patients individually, examines them, and orders medications and treatments. On occasions, special procedures (e.g. paracentesis, thoracentesis, cast application, and suture removal) are done. All questions are answered truthfully and tactfully. A patient's hope is never destroyed. Some require repeated reassurance that we are trying to help them feel better. All regular medicines are available to us and are individualized to each patient. Because of lack of laboratory facilities, experimental drugs are not used. A few patients have improved enough to return to their own homes. We do not claim that they are cured, but rather believe that their tumor has regressed to a dormant state. Medically our objectives are to relieve their pain, allay their fears, to regulate their respiratory, digestive, and elimination systems, and to ambulate them whenever possible. Most patients have a strong desire to get out of their bed so that even a short period of ambulation in a wheelchair is good for their morale.

In addition to the regular medical attendant, there is a dentist, a radiologist, and a podiatrist on call. There are many dental problems that arise so that the dentist is kept quite busy. He has an equipped dental suite in the home. The radiologist has made an X-ray machine and technician available to the home. X-rays are usually ordered to check on pleural effusions, pathological fractures, and bone masses so that the proper treatment and precautions can be carried out. The podiatrist looks after the usual toe and nail problems that are so common in an aging population.

THERAPY

The next category of people who render a service to these patients are the volunteers who generously give or provide for occupational and recreational therapy. We are impressed by the great number of people of all ages who are anxious to help their fellow man. They work as individuals or in groups to provide a homelike environment for the patients. Some of their services are reading to patients, instructing in needlecraft and painting, helping to write letters, feeding, giving haircuts and beauty shop treatments, and visiting forgotten patients regularly. Picnics, ball games, horse shows, movies, and holiday programs are some of the entertainment arranged by various volunteer groups. The patients look forward to these events and sincerely appreciate them.

SPIRITUAL CARE

The spiritual care of the patients is also important. Priest, minister, and rabbi are welcome to visit any member of their congregation and some do make regular visits. There is a Catholic chaplain living in the home to attend to the needs of the Catholic patients. The chapel is arranged so that bed patients as well as ambulatory ones can attend church services. The sisters by their example of kindness, gentleness and love inspire many patients to realize the true meaning of life. It is evident that patients with sincere religious convictions accept the reality of their illness more willingly and are grateful for the time to prepare themselves spiritually.

In summary then, the seriously ill and dying patients require not only efficient nursing care and medication, but also the personal touch from qualified and interested people. It is important to make them feel at home in their environment and to reassure them that their needs will be attended. Then they do not feel neglected as they wait for their eternal reward.

[DR. MAZANEC is on the staff of Parma Community General, Evangelical Deaconess, and St. Vincent Charity Hospitals in Cleveland and is Medical Director of Holy Family Cancer Home.]