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The Family Doctor and Mental Health

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Examinations were performed without too much difficulty, even in the older groups of Sisters. With gentle technique, virginal speculum and adequate lubricant, most of the cirvices were visualized. In the few in whom it was impossible to insert any type of speculum, a cotton-tipped applicator and rectal examination yielded as much information as needed for a screening procedure. Embarrassment was negligible and these sisters were the most cooperative and grateful patients in our program.

All of us who are practicing physicians realize the ease with which a small lesion can be treated and in most instances, cured. Not only is it most frustrating to care for an advanced lesion, but we must realize the financial and personnel hardships to these religious communities. Our statistics indicate that advanced lesions were found in the older patients. But it is this group from which the administrators, the Mother Superiors, the experienced teachers and the backbone of the communities come. It is indeed unfortunate that so much time and so much effort be expended in formation and then wasted by neglected lesions, for a great deal of time and money has gone into the education and formation of these Sisters. Yet, unfortunately, the lesions are most prevalent at the time when they are at their most productive stage and ready to undertake administrative responsibilities in their communities.

RECOMMENDATIONS:

Our program has proved the even in this era of modern technique and with the easy availability of medical programs, there exists a group of medically neglected females. With a little education and encouragement these Religious will submit to periodic health examinations. With early diagnosis and adequate treatment most of the Sisters will be able to continue in their productive capacities and religious works. The loss of such Sister is an immeasurable loss to each community, therefore, her health should be safeguarded by every means possible.

The Family Doctor and Mental Health
Kevin Hargadon, F.S.C.

The public today is being increasingly exposed to advertisements stressing the importance of a regular medical check-up. In no uncertain terms it is being told that early detection of disease can forestall and perhaps eliminate the severely incapacitating and deadly effects of disease that has been allowed to go on unchecked. We are all aware of such high-powered campaigns now being carried out in the areas of cancer, diabetes and arthritis. Except for an occasional voice raised in protest (Halberstam 1967), there is general approval of this increasing role of preventive medicine in America.

I would like to suggest that this preventive, rather than merely remedial, approach should also be extended to the psychological field. In addition I would suggest that our regular medical doctors could do much in this area. For many reasons it would be advantageous if a regular psychological as well as physical check-up were recommended by doctors to their patients in a routine matter. In this way any unhealthy aspects of a person's physical or emotional well-being would have the advantages of early detection and possible prompt attention.

It would seem at first thought that a recommendation for a regular psychological check-up should be the task of the psychiatric or psychological professions rather than that of the regular medical practitioner. Perhaps it should. Both professions undoubtedly would support the early detection of emotional disturbance. However, this does not negate the fact that the regular family doctor is in a very advantageous position for making this recommendation. He usually has the faith and confidence of his patients. Realistically it must be admitted that there is still much fear and suspicion surrounding the psychiatric and psychological professions. There is a great deal of stigma and misunderstanding associated with a visit to a "headshrinker." A recommendation from a trusted doctor would help to counteract this, especially if this recommendation were a matter of routine procedure. Such a routine recommendation would not unduly raise the fears of the patient, although some anxiety would surely be called into play.

Not only is the regular family doctor in a good position to make this recommendation, but he is also in a good position to appreciate the role that emotional problems play in either
remedial work that needs to be done. Were yearly examinations to be added to this, especially if treatment were then found necessary, it would be literally impossible to catch up. Both crash program to train more diagnosticians and a planned effort to start with the very young would have to be initiated. It is not too unrealistic to envision this kind of program working in conjunction with the government's present areas of community mental health centers. It might even lead eventually to the comprehensive health centers where soma and psyche are attended together. Perhaps it would be recognition that it is folly to try artificially divide an organ when functions totally, soma and psyche are one.

Difficulties still abound. Who would examine and treat? Even the professions have deep disagreements in this area. Psychiatrists and clinical psychologists are presently trying to clarify legislation on this point, yet without a good deal of insight into and decidedly unprofessional behavior in the process. Hopefully the question will be settled before the needs of the public force a precipitous decision.

What would a psychological examination consist of? While the exact content and method of approach would be left to the individual professional, it would certainly touch on the main areas of functioning. These would include the ability to handle work and leisure time, as well as the way in which a person relates towards other people. The latter would include the ability to be intimate with friends and family, and the ability to relate sexually to one's spouse. One would inquire into the mode that fantasy life occupies in the life of the patient, and the ways employed in handling some major emotions like anger and fear. Values espoused, defenses used and areas repressed would be evaluated with a view to seeing how they help or hinder general functioning. Small children might well be evaluated in conjunction with an examination of the parents, a sort of "family functioning" examination. There would obviously be advantages in seeing the same psychologist or psychiatrist each year, since a competent one had been decided upon. Equally obvious is the necessity for more communication between the regular doctor and the psychiatrist or psychologist.

As yet, psychiatry and psychology are in their infancy. They do not have all the answers. Yet even at this stage they can alert the public to some danger signals in emotional development, if only early and regular examination is encouraged. When we consider the enormous percentage of hospital beds occupied by mental patients, it is obvious that mental health is one of the nation's most pressing problems. It is high time that a campaign for early detection and prevention began to take hold. Such a campaign can use the support and recommendation of the regular family doctors.

REFERENCES