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Editorials

Catholic Physicians' Guilds

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EDITORIALS

HEALTH CARE OF RELIGIOUS

A cup of water in My Name. . . . It has remained for a generation to begin examination of the cup. When the St. Louis Issue was proposed, it was suggested that the Physicians' Guild feature our clinic at Old Mines, a rural town in southern Missouri. Last year's work at this clinic was carefully evaluated. Bi-weekly visits with changing personnel were considered to be inadequate medicine when practiced forty miles from a large city. Since we could not improve the situation, the project was discontinued.

Instead we report our Health Care for Religious program. In a way this is related. Here, too, a careful look is taken at the kind of service offered. In a large community the situation which finds the sister as a charity patient of the physician in the hospital is now an amenable relationship. Understandably, the hospital's financial burdens have increased to such an extent as to preclude any large number of non-paying patients. This is also true of some doctors' offices. Another factor, more important in essence, is that these dedicated religious should not be required to accept only that which is made available but must have the dignity of self-determination in a matter as personal as health. This is not to imply that the former relationship was not satisfactory but in the large city it does not now answer the needs.

The acuteness of the problem depends on the type of practice. As a surgeon I can treat many religious, expending only time. An additional scheduling of surgery in a morning makes little difference. An internist or general practitioner may have a good portion of his appointments filled by religious with a resultant loss of considerable income. The sisters are not aware of this and there are occasions when the patient has been too embarrassed to return. This is not intended as a brief for doctors to set fees for their patients who are in religion. We are all honored to care for those we regard as members of our families. Distribution is the primary problem. A number of qualified physicians would be happy to give medical care to more than they do at present. The solution would seem to be a Guild committee working with diocesan offices.

Elsewhere in this issue Rt. Rev. Msgr. James Hoflich and Father John J. Flanagan, S.J. report on the hospitalization programs and Drs. John Byrne and Wayne Gorla report on the group examinations. It is hoped that the common efforts will result in health care worthy of the religious as well as Catholic physicians.

A.M.R.