The Linacre Quarterly

Volume 33 | Number 3 Article 15

August 1966

Future of the Catholic Physicians' Guild

Julius M. Meyer

Future of the Catholic Physicians' Guild

JULIUS M. MEYER, M.D.

The Catholic Physicians' Guild in Milwaukee has an excellent reputation for active membership, excellent programming, and particularly for an active, hard working Spiritual Director, Father Francis V. Bisenius. Under his aegis, our regularly held meetings at quarterly intervals are generally well attended with subjects of interest to all. Programs are set up by the Board of Directors with Father Bisenius' advice, and this same group plans the non-ecclesiastical functions surrounding the annual White Mass.

This same type of activity, I am sure, prevails with Guilds throughout the country, but it seems wise for our organization both locally and nationally to question ourselves from time to time regarding our objectives, not only for the next program or the next year, but for the years to come. My feeling is that we should not be simply a social group, but should be an actively functioning medical Guild. The emphasis, of course, should be primarily on the catholicity of the Guild and basic guiding spiritual principles. Not only should we arrange activities for groups of Catholic physicians represented by Guilds, but also should be planning programs of service to religious communities to retired physicians, out-patient clinics, and perhaps give encouragement in the area of sports' programs particularly in high schools and colleges.

It is also my feeling that Catholic Physicians' Guilds shou strive to add impetus to furtherir physician education for Catholic octors in particular. The Guild ould also attempt to do much m to stimulate better internship residency programs in all of Catholic hospitals.

In the area of the lth of religious communities, s have been taken in this directic quite some time by my good f Dr. James Nix of New Orlear uisiana. It seems pertinent th attempting this type of prog one should survey the numbe eligious who actually have a pe l physician or at least an atte g physician. Many do see a ph an regularly but a large numbe not. Annual physical examinati do not seem sufficient. I feel is important that each religi has a physician to whom he he may turn for advice and for tinuing evaluations. Dr. A. C ton Ernstene, in an address as th esident of the American College f Physicians, quoted a former f of his, Dr. Francis Peabody, a ndicating that "the good physicia aust know his patients through a through, and that the great rewa is to be found in a personal bond which forms the greatest satisfactio of the practice of medicine. The s ret of the care of the patient is in caring for the patient." Dr. Ernstene further quoted Dr. Franklin Hanger, President of the American College of Physicians in 1963, as saying that "no streamlining of illness, no amount of public indoctrination will ever supplant a craving among mortals for a discerning physician who finds time to listen, a time to establish understanding, a time to dispel the ugly suspicions which beset so many patients, and time to give the patient the dignity and courage to accept inevitable adversity when it arrives."

It seems to me that these aspects are missing from a religious community health program which satisfies itself only with the "annual physical examination program, nor to minimize the tremendous amount of time and effort that many of us physicians have put into the annual physical examination program, nor to minimize the efforts of those who have repeatedly done examinations on the same individuals. This last type of approach comes closer to establishing the personal relationship that seems ideal for the best medical care for the patients. Some type of agreement, perhaps on this policy or program, could be arrived at on a national level among the Catholic Physicians' Guilds with variations to satisfy local needs.

In line with this same type of thinking, it would seem proper to suggest to various members of the religious community, whom we have examined, that in the next building program it would be highly advisable to include a small gymnasium or a swimming pool as part of the planning program. This type of basic exercise and availability for maintaining muscle strength and vigor could improve the longevity, stamina, and outlook of religious communities as a whole. Cooperative evaluations of such a project by the Physicians' Guild and communities of religious should not be difficult to attain.

Our Guilds should provide service to the community. This has already been done in Milwaukee in many fields by such activities as the St. Michael's Clinic and the clinic at St. Francis Hospital for members of the St. Joseph's Orphanage. Perhaps from the standpoint of economics, both financial and medical effort, all of the Catholic out-patient programs might consolidate into one. The SPOC type of clinic set up in St. Paul, Minnesota furnishes a good basic background for the Social Service aspect of evaluating patients for such a clinic. Patients at this clinic come from all parts of the city of St. Paul; they are primarily individuals who do not qualify for the local county hospital assistance. These are more the medically indigent persons rather than truly completely financially indigent individuals. The clinic in St. Paul has had several years of experience and has established excellent guidelines for cooperative use of hospital facilities for interns, residents and attending physicians, and has a well organized Board of Directors and an administrator as well as a medical director. Certain aspects of this clinic in St. Paul could be well applied to our own problems locally and indeed throughout the country,

Dr. Meyer is a member of the Milwaukee Catholic Physicians' Guild. He is Assistant Clinical Professor of Medicine at Marquette University.

particularly in regard to Catholic medically indigent individuals.

To further consolidate cooperation among Catholic hospitals in a given community, one might consider adopting or adapting the so called "Star Plan" of Dr. Harry Beckman, which was published in the *Milwaukee Medical Times* a few years ago. This plan was carefully considered by Dr. Beckman, and consists basically of a closed TV circuit joining several hospitals with inter-communication by telephonic means to enable teaching to proceed at a high level to a large number of individuals with ready accessibility of interesting case materials. This type of program would furnish suitable audiences for guest speakers. The number of patients and physicians required to undertake many research projects which still need doing at a local hospital level could be well undertaken by such a cooperative venture.

It behooves the members of the Guild, generally, we feel, to further evaluate the status of patients in Catholic hospitals with a view to constant improvement in their medical care and possible lowering of medical costs.

Medicare has entered into the picture and should ease the financial burden for so many of the individuals 65 and older. There are many individuals who are not in this age group, who will not be covered in other insurance plans and will need some additional help. Larger wards with beds set aside for self-help or family participation to assist the patient could be an attempt to lower medical costs. The constant improvement in medical care is the aim of hospitals and physicians, and needs continuing emphasis. It is not inconceivable that the necessity for Utilization Committees in hospitals furnishing medical service may help materially to relieve some of these benefits.

An additional area service in our communities which seems to me to be somewhat deficient is that of medical support of the sports programs in high schools and perhaps in Catholic colleges. High schools particularly have difficult time obtaining adequate medical coverage for their sports events. In many instances a physician serves as a team physician for a given sport or perhaps for several sports, but often covers only the event itself at the time of competition and does not assess the entire athletes' program. There is need, we feel, for some comprehensive evaluations prior to the beginning of student's high school sports career and for careful follow-up throughout the practice programs as well as the actual games. It would seem feasible to establish teams of physicians who would make themselves available for this type of service to high schools in their communities. Perhaps liaison for this project could best be arranged through the Catholic Physicians' Guilds.

If physical limitations prevent functioning of the Catholic Physicians' Guild in this project, we might set down guidelines for evaluation of students prior to the training season. Courses could be given

to the coaches and trainers even though physicians might be in attendance at the events. Certain minimum requirements for equipment, both from the standpoint of personal equipment needed for the sport and that which is a necessity at the bench, should be specified by the Catholic Physicians' Guild if the high schools or colleges care to participate in such a program.

The welfare of retired Catholic physicians should also be of interest to the Guild. With the advent of Medicare, many physicians are being forced to enter into Social Security coverage, and this should be of some help in providing for their future welfare. Monetary considerations are not the only ones, however. Many times it is a combination of monetary difficulties plus lack of social contacts and interests, not being needed, and the decline of activity which tends to lead to a gradual withering away of the physician's faculties. When no family is left to help share the cares and pleasures of the physician, the surroundings of a suitable retirement home may help fill both voids. Could a Catholic Physicians' Guild subsidize a wing of some established home, or build, or lease such a home? In some areas of the country, older, centrally located hotels have been purchased or leased for nursing homes. Could we combine such a need for the physicians with the need of Catholic patients so that both might benefit mutually from such an arrangement? Perhaps the Catholic Physicians' Guild might serve as a clearing house for some of its members interested in part-time positions in retirement villages, suburbs, etc. One wonders if a suitable trust foundation with mutual funds, savings and loan funds, insurance, etc., could not be set up to finance such ventures, and indeed, assist in the funding of the physicians' retirement, supplementing social security.

Physician education should be encouraged by our Guilds. Could the Federation, at a national level, sponsor regional medical education programs with emphasis on the medicine as practiced by our Guild physicians? The regional conferences might also afford full opportunity for capable interns and residents to present original work done under the direction, or in association with members of the Guild. These interns and residents, perhaps selected on a competitive basis, could have their expenses paid by the Guild. Regional and/or national awards of various levels could be set up to stimulate clinical and basic research evaluation in Catholic hospitals.

In a sense, we must constantly strive to better our care, approach as best we can Christ-like care, but cannot be satisfied with the "good Catholic doctor," or "*good* Catholic hospital," or any similar category in which the prime asset is the "*good* Catholic." If he is truly a *good* Catholic, then he must maintain his skill as well as his catholicity, for to do otherwise is to be dishonest with his patients. These areas suggest to me some of the points in which the future of the Guild might be explored, fashioning the future on the extension of St. Luke's principles and practices into all fields that the organization touches.