Violence and Values

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EDITOR

One of the most gratifying aspects of an editor's work is interacting with creative people brimming with ideas for the journal. A case in point is Sr. Mary Louise Stubbs, DC, who inspired this issue's special section on violence. Last summer she visited to persuade me to cover this issue in *Health Progress*. As head of the Archbishop's Commission on Community Health in St. Louis, Sr. Mary Louise not only knows the frightening statistics of violence, she has seen its personal consequences first-hand. Her compelling arguments for paying special attention to violence are capsulized in an introduction to the section (see p. 24).

She emphasized that there is a pattern, a cycle, of violence infecting our society, but we have no pattern for intervening to stop the disease. The articles for this issue describe efforts to get at the root of violence systematically rather than merely treat the victims' injuries.

We cannot measure all the ways violence diminishes the quality of our lives, but we can measure some of the financial costs. For example, in 1993 the nation spent about $3 billion on services for victims of gunshot trauma; the average cost of medical treatment for one such hospitalized victim is more than $33,000. If we truly believe in stewardship, we must act against this waste of healthcare dollars and human potential.

The nation's youngest members are at greatest risk for being both victims and perpetrators of violence. At least 2,000 children die each year of abuse and neglect; another 18,000 are permanently disabled. *Time* magazine, reporting that the crime rate is soaring among teenagers aged 14 to 17, describes the 39 million children under 10 as a potential "time bomb."

St. Vincent Medical Center, a level I trauma center near inner-city Toledo, OH, started a program to teach teens the consequences of violence when its gunshot and stabbing victims rose 83 percent between 1990 and 1994 (p. 37). While continuing to work with the victims of violence, Saint Louis University Health Sciences Center is also focusing on prevention, reaching even younger children with a program at an inner-city elementary school (p. 34).

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Violent children are often the products of violent homes. Each year in the United States 2 million to 4 million women are battered, and 1,500 women are murdered by intimate partners. Sacred Heart Medical Center, Spokane, WA (p. 30), and St. Joseph's Hospital, Hamilton, Ontario, Canada (p. 26), are addressing the problem of abuse of women. As author Deborah Markin explains, "For too many years, healthcare workers have essentially wandered in the dark when trying to care for domestic violence victims." These programs give healthcare professionals and community members the tools to overcome reluctance to confront the problem openly.

Adequate Care of the Dying

Another reality many healthcare professionals avoid is death. In this issue we begin a series of articles on what clinical teams must know in order to provide compassionate care for persons at the end of life. The articles represent the work of Supportive Care of the Dying: A Coalition for Compassionate Care. This group of five Catholic healthcare systems and the Catholic Health Association is developing a comprehensive supportive care model that can be used by any healthcare organization. This issue's article, on p. 50, presents a useful guide for assessing whether an organization is providing adequate care for the dying.

Values Guide Effective Responses

As this issue attests, many in the Catholic health ministry are answering a call to respond to both violence and inadequate care of the dying. But there is far to go before the responses form a true pattern of intervention. We hope this issue will prompt Catholic healthcare organizations to ask themselves, Do we need a more focused approach to violence and care for the dying as we live out our values—respect for life, the dignity of every person, and stewardship?