

Serving With Joy

BY MARGARET BARRON, MD

In November 2000, a group of physicians and health care leaders gathered to explore the foundational values of Catholic health care at the Physician Leaders' Forum, held in Amelia Island, FL. Participants agreed that a highlight of the forum occurred when physicians came forward to relate experiences at their institutions that exemplified, in a tangible way, what is special about Catholic health care. Dr. Barron's talk from the Forum has been adapted for Health Progress.



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dence Hospital,
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Our hospital is located near many group homes for mentally retarded adults. Very often, when these people fall, are injured, or become ill, staff from these homes bring them to our emergency department because we have a policy to expedite their care. Emergency department waits can be long, especially if the problem is minor. When someone from this population needs to seek treatment, a staff person from the home has to accompany him or her, which takes that employee away from the home for extended periods of time.

In response, our hospital instituted a program of examining group home residents first whenever possible. This is the only time we do not receive complaints from the other patients and families in the waiting room wondering, "Why did so-and-so get to go first?"

Working with this patient population is a challenge, but it also has rewards. They cannot communicate very well, they have difficulty conveying their symptoms, and clinicians have to do a lot of guessing to provide appropriate treatment. Often we think they are incapable of

speech, yet they will turn around and say "thank you" when we least expect it.

One particular instance involving a mentally disabled man comes to my mind as an example of how our institution expresses what is special about Catholic health care. Two years ago, three days before Christmas, a 35-year-old man was brought to our emergency department. He had cerebral palsy and was mentally disabled; his foster parents had cared for him since he was two years old. Now in their 70s, they simply could not care for him any longer. They dropped him off in the emergency department and said, "We just can't do it anymore."

Although we could not admit him, we kept him for three days while searching for a placement. For Christmas, the nurses collected money, went shopping, and returned with socks, sweatshirts, and little presents for him. They made sure he had Christmas in the emergency department.

On December 26, we decided to get resourceful. The city government was providing no assistance. Finally, I allowed one of the staff social workers to accompany this young man in a cab down to City Services, camp out in their offices, and say, "You have to find him a place now." Because of our personal determination, City Services found a placement for him by that afternoon.

We must reach out to the poor and vulnerable. We must take care of these people—this is why we exist. Our mission statement says that we reach out to them with joy, care, and respect. The "care" and "respect" are basic to our jobs—we give them naturally. The "joy" is something that we have to work on. So often, though, the patients are the ones giving joy to us. □

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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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