THE UNIVERSITY OF MANITOBA

SOCIAL WORK WITH PATIENTS HOSPITALIZED FOR POLIOMYELITIS

AN ACCOUNT OF A STUDENT SOCIAL WORKER'S EXPERIENCES IN THE PRINCESS ELIZABETH HOSPITAL, WINNIPEG.

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by

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CHAPTER I

INTRODUCTION

Philosophy of Medical Social Work. John Galsworthy, the English Novelist, speaking of rehabilitation and convalescence at the Allied Conference on the After-Care of Disabled Men, Washington, D.C., in 1919, said:

> "Restoration is at least as much a matter of spirit as of body, and must have as its central truth: Body and spirit are inextricably conjoined. To heal the one without the other is impossible. If a man's mind, courage and interest be enlisted in the cause of his own salvation, healing goes on apace, the sufferer is remade; if not no mere surgical wonders, no careful nursing, will avail to make a man of him again. Therefore, I would say: 'From the moment he enters the hospital, look after his mind and his will; give him food; nourish him in subtle ways; increase that nourishment as his strength increases. Give him interest in his future. Light a star for him to fix his eyes on, so that, when he steps out of the hospital, you shall not have to begin to train one who for months, perhaps years, has been living, mindless and will-less, the life of a half-dead creature.'
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> "That this is a hard task, none who knows hospital life can doubt. That it needs special qualities and special effort, quite other than the average range of hospital devotion, is obvious. But it saves time in the end, and without it, success is more than doubtful. The crucial period is the time spent in the hospital. Use that period to recreate not only the body, but mind and will power, and all shall come out right; neglect to use it thus, and the heart of many a sufferer and of many a would-be-healer will break from sheer discouragement. A niche of usefulness and self-respect exists for every man however handicapped; but that niche must be found for him. To carry the process of restoration to a point short of this is to leave the cathedral without a spire. To restore him, and with him the future of our countries, that is the sacred work."[36]

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[36] Quoted by Karl A Menninger, "Psychiatric Aspects of Physical Disability" Psychological Aspects of Physical Disability, Federal Security Agency Office of Vocational Rehabilitation, pp. 16-17.

John Galsworthy grasped intuitively the principle that the patient requires more than diagnostic and medical care; that he needs to be treated as an individual in the entirety of his living being. Medical practice and observation have increasingly established the truth of this principle. As a part of this approach to treating the patient as a whole, medical social work has come into being. This thesis intends to illustrate through examination of a student social worker's experience in a particular setting, the approach and contribution of medical social work to treatment of patients. As an introduction there will be a brief discussion of the development of medical social work.

Where Medicine and Social Work Meet

There have been overwhelming developments in medicine during the past century. On one hand, we have marvelous new physiological biological technical discoveries; on the other hand we have the development of Psychiatry and Psychosomatic medicine. The phenomenal technical advances have ranged all the way from the discovery of insulin to the discovery of vitamins. New life and hope have been given to the diabetic who only a short time ago was faced with a life of deterioration, pain and suffering. Post war developments in plastic surgery have done wonders in helping distorted twisted human beings to regain physical normality. It is almost impossible to evaluate what this has meant for the individual.

With fine precision medical research studies and examines each part of the human organism, concentrating on the preservation of human life without too much reference to the wider aspects of living. True, wonderful discoveries have been made in the prevention of pain in anaesthetics but one wonders whether there has been adequate concern with the patient's mental anguish, his fear and anxiety about his illness.

With these new developments it seems that the mass of medical knowledge has grown beyond the comprehension of any one human mind. Medicine has been forced to split up into discrete departments or specialities, such as pathology, surgery, biochemistry, etc. With this emphasis on specialization, there is a danger that the specialist may become primarily concerned with derangements of structure and function of the diseased organ. He may be seeing only the organ and the individual may become lost in the process.

The development of Psychiatry has helped considerably in widening the whole medical horizon. The theories of Freud have opened up a whole new approach. Understanding of human behavior, of personality structure, of the intricate relationship of body and mind, have made us increasingly aware that we can no longer treat only one aspect of the individual, be it physical or psychological.

Numerous studies have been made in the understanding of emotions and bodily changes. Experiment shows that

emotional stress limits the ability of the organism to maintain a stable equilibrium. An illustration of this fact is the enormous difference in susceptibility to colds and in rapidity of recovery among individuals.[29]

Both anxiety and fatigue have long been recognized as playing some role in illness. During the war, frequent cases of psychic deafness indicated that this was a means of the patient's shutting out the painful intolerable world of bombs and gun-fire. Functional paralysis not only delivers the soldier from the dangers of war, but it also solves the unbearable conflict between his fear and duty.

Further striking indication of the interrelatedness of the psychic and somatic may be seen in such illnesses as asthma, gastro-intestinal problems, heart disease, epilepsy. Stanley Cobb points out a psychological mechanism in the production of epileptic attacks. He maintains;

"The emotional element in many cases is obvious, at least as a precipitating factor;..... Severe emotion with its resulting vasoconstriction might cause a brief, sudden reduction of oxygen in the human brain..... Thus, once more the line vanishes between 'functional' and 'organic'."

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29 F.S. Hammett. Observations on the relation between emotional and metabolic stability. American Journal Physiology, 1920, pp 307-311

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12 Stanley Cobb, Causes of Epilepsy. Archive of Neurology and Psychiatry. (1932) pp. 1245-1256.

With the growth of Psychiatry, and the psychoanalytical approach, the importance of the emotional life of the patient has been stressed.

> "There is no factor of personality which is so expressive of individuality as emotion, none so antagonistic to generalization. Only with the rise of the psychoanalytic approach to the individual and the increasing interest of social case work and mental hygiene in prevention or adjustment has emotion come into its own. It is the intensely personal, highly individualized conscious quality of emotion which has made us aware of emotion as somehow the centre of all problems of personal and social adjustment." [45]

The emotions are too far-reaching, too dynamic, to be confined within any precise definition. "It is not too much to say that they are almost life itself." [43]

It is at this point that doctors and social workers come most closely together. With this kind of approach, recognizing and understanding both the physical and emotional being, the patient can truly be treated in both "body and spirit." The contribution of the medical social worker lies in his ability to help the patient with those psychological and social problems which are related to his illness. The patient is no longer seen in terms of his flail limb or incapacity, but as a total individual with both strengths and weaknesses; an individual who

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[45] Jessie Taft, "Living and Feeling" Child Study, June, 1933.

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[43] E.A. Strecker and Kenneth E. Appel, Discovering Ourselves. Macmillan Company. New York, 1947.

is a member of a family unit and of a larger social environment. The medical social worker's understanding of the meaning of behavior in illness and his knowledge of community resources, make it possible for him to help the patient to use medical treatment constructively and to work through the various difficulties contributing to his illness.

Historical Background

Throughout the history of hospitals, medical care has been supplemented by the kindly, sympathetic visits of the clergy and women volunteers. However, neither priest nor friendly visitor worked closely with the doctor or with community resources outside the hospital. The function of the medical social worker is different; he is involved not alone out of a sense of sympathy or charity but in a professional capacity to help the patient face and meet his situation constructively. As a part of the hospital staff he is able to work closely with the doctor and with social workers outside of the hospital to meet the patient's needs most effectively.

Ida M. Canon, in her book "Social Work in Hospitals" maintains that four major steps were taken in the development of this new hospital social service; first, by the Society for the After Care of the Insane in England; Second, by the lady almoners in London hospitals; third, by nursing in its various forms; fourth, by the methods of social training which were given medical students in

the John Hopkins Hospital, as early as 1902.

The principles on which the After Care of the Insane were developed in England are of real significance to general medical social work. As early as 1880 in England, the Society for After Care of Poor Persons Discharged Recovered from Insane Asylums, arranged for care of discharged patients and supervised them during their readjustment to community life. This society was a stimulus for the initiation of similar work in New York State Hospitals for the insane. The principle of the importance of the after care of patients has permeated the work of general hospitals and medical social workers are frequently involved in helping patients at the time of discharge and their return to the community.

The second important contribution to the growth of medical social work came from the reorganization in England of the work of the lady almoners by Charles S. Loch in 1895. The role of lady almoner was formerly confined to that of dispensing charity to patients in hospital. Charles Loch recognized the need for medical charity to work in close cooperation with general charity outside the hospital. He saw that destitute persons could benefit little from free drugs and medical care if they lacked the basic necessities of adequate food and shelter. The lady almoners now began to utilize community resources and thus help the patient to use medical care most

effectively.

Nursing in its various forms has contributed considerably in the development of hospital social service. For many years the nurse was an accepted part of medical care in homes of the sick poor. While she was in the home to provide nursing service she was in a position to see clearly the effect of social difficulties in hindering the patient's recovery. In 1907 the Presbyterian Hospital in New York pioneered in developing a home nursing service.

The fourth significant contribution to the development of medical social work came from the recognition of the medical practitioner of the importance of the social aspects of illness. Dr. Charles P. Emerson early recognized that effective medical training must include an understanding of the social background of his patients. He encouraged students to visit poor families ".... to learn how the poor man lives, works, thinks; what his problems are; what burdens he must bear. They learn the intimate relationship between the ills of the physical body and the home environment." [20]

Through his leadership the John Hopkins Medical School increasingly incorporated this philosophy of the interaction of the physiological and psychological functioning of the patient in its training of students.

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20 C.P. Emerson, "The Social Service Department of a General Hospital" National Hospital Record, (March 15, 1909) pp. 5 - 7

Thus by the turn of the century it was evident that social concern for the patient as an individual had permeated the service in many hospitals in varying degrees. In 1905 the recognition of the medical social worker's contribution became formalized when Dr. Richard C. Cabot, in Massachusetts appointed the first full time paid social worker in Massachusetts General Hospital, Boston. Dr. Cabot, above all others was notable for the integration of medicine and case work in the care of patients. He is commonly associated with laying the foundation for medical social work as we know it today. Dr. Cabot found that in order to have a complete and exact diagnosis he would require information regarding the patient's home, nutrition, family, etc. He saw the need for a social worker to cooperate with physicians "..... in deepening and broadening our comprehension of the patients and so improving our diagnosis and... in helping to meet their needs, economic, mental, or moral, either by her own efforts or through calling to her aid the group of allies already organized in the city for the relief of the unfortunate." [8]

Miss Garnet I. Pelton was the first social worker to occupy this position at the Massachusetts General Hospital,

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[8] R.C. Cabot, Social Work, Essays on the Meeting Ground of Doctor and Social Worker. Boston & New York: Houghton Mifflin, 1919.

and through her came the first real demonstration of the meaning and effectiveness of this integrated service.

Later Developments. Since 1905 there has been a steady increase in the development of social service departments in hospitals in the U.S.A. Departments of medical social service have since been established in teaching hospitals affiliated with schools of medicine, in voluntary and tax supported hospitals and in military hospitals. As early as 1918 medical social workers were employed in Army and Navy hospitals under the auspices of the American Red Cross. Later, the Veterans Administration established social service departments in hospitals. By 1935 slightly more than one third of the 1,671 member institutions listed by the American Hospital Association had medical social service departments. The proportion has steadily grown. A study made under the auspices of the Association of American Medical Colleges in 1942 showed that social service departments had been established in teaching hospitals affiliated with approximately three quarters of the seventy-six medical schools in U.S.A. and in Canada.

With the acceptance of medical social work as a professional function, its contribution has been carried into non-institutional medical care programs. As government units began to take greater responsibility in social welfare and public medical care programs, medical social workers were employed as consultants. The establishment

of a medical care plan under the Federal Emergency Relief Administration marked the beginning of this expansion of medical social work.

The formation of the American Association of Medical Social Workers in 1918 was a formal recognition of the establishment of medical social work as a recognized specialization of a profession. The purpose of this association was to promote the quality and effectiveness of social work in relation to health and medical care. Completion of a basic course of medical social work or combination of academic and professional education and case work experience is the basis of eligibility for full membership. A branch of the American Association of Medical Social Workers has been established in Canada. By 1944, 1,942 Medical Social Workers in U.S.A. and Canada were members.

Although Medical Social Work in Canada has tended to lag behind U.S.A. in its development, there has been steady and consistent growth. Most of this has occurred within recent years since more adequate training for medical social work has been available in Canada.

Towards the close of the second world war, the Department of Veterans Affairs made plans to establish social work departments in all veterans' hospitals and rehabilitation centres. By 1947, this became an actuality and social workers are now employed in all hospitals administered by the Department of Veterans Affairs from

Halifax to Victoria. While the medical social work program in the Department of Veterans' Affairs is only about six years old, it has established itself as an integral part of treatment and both hospital administrators and medical staff are requesting further development of this service.

The Federal Department of National Health and Welfare employs a medical social worker in its Nutrition Division and also a social work consultant in connection with the Civil Service Health Program.

At the Provincial level, social workers are employed in various departments. For example, The Ontario Workmen's Compensation Board employs social workers in connection with the rehabilitation of injured workers. In British Columbia social workers are employed by the Department of Health and Welfare, Social Welfare Branch, in the tuberculosis sanitoria and after-care program, in the venereal disease program and in the psychiatric services. In Saskatchewan, the Provincial Rehabilitation Centre for crippled children in Saskatoon has a social worker on staff.

Hospitals across Canada have gradually established social service departments. The social service department of the Children's Memorial Hospital in Montreal was established in 1947 and offers social case work service to children who are ill and have physical impairment. The Royal Victoria Hospital in Montreal, a large general hospital with facilities for treatment of all kinds, has assigned social workers to obstetrical, psychiatric,

surgical and other clinics. Both Toronto General hospital and the Hospital for Sick Children, Toronto, have established social service departments. The Vancouver General and St. Paul's Hospitals, the MacNeill Clinic in Saskatoon, the Victoria General Hospital in London, Ontario, the Kingston General Hospital, the Victoria General Hospital in Halifax, the Hospital du Sacrament, Quebec City, all employ social workers.

In the city of Winnipeg there have been the beginnings of medical social work for some time. The Winnipeg General Hospital recognized the need for a social service department as early as 1910 when a nurse and voluntary worker were assigned to visit discharged patients and offer follow-up care. The functions of this department have expanded considerably. Social service is now offered to patients at the outdoor clinic; social problems of hospital patients are dealt with; patients are helped with problems of rehabilitation. This department is now staffed by a director, 3 nurses, and an interpreter. The director has recognized the need for trained medical social workers but due to the scarcity of qualified workers this has not been possible.

The Salvation Army has a long established social service department at the Grace Hospital in Winnipeg. This department is staffed by two Salvation Army Officers and one aide. Their function is primarily to help the unmarried mother during the difficult period around her

confinement. They work in close conjunction with the Childrens Aid Societies and other community agencies, planning for the child and the mother's return to the community.

Purpose of Study. The purpose of this thesis is to give some account of a student social worker's experience in a municipal hospital for the chronically ill, the Princess Elizabeth Hospital in Winnipeg where certain social services were established on an experimental basis through a Student Unit of the School of Social Work of the University of Manitoba. This thesis will attempt to indicate some of the patients' problems, their need for social service and some of the responses of patients when the beginnings of these services were offered.

The cases studied were seledted from the case load of the writer during her student experience. While the hospital treats patients suffering from multiple sclerosis, arthritis, etc. the student's case load was limited to a specific group of patients, those suffering from poliomyelitis.

We will attempt to illustrate through our work with these patients, some of the values that medical social service could have in the process of their rehabilitation. The social service department in a hospital for the chronically ill is an important part of treatment. To enable a patient to feel like a whole and useful person

despite his disability; to help him return to a normal life in the community; this is the ultimate aim of medical and social rehabilitation.

CHAPTER II

SETTING OF STUDY: PRINCESS ELIZABETH HOSPITAL

Function of Hospital. The Princess Elizabeth Hospital, one of the Winnipeg Municipal Hospitals, was designed particularly for the treatment of patients with chronic diseases who require more than the domiciliary care available to them in convalescent homes and nursing homes. This hospital was opened on December 15, 1951.

The Princess Elizabeth Hospital renders a complete hospital service to chronically ill patients of all ages. The hospital can accommodate approximately 200 patients. During the Poliomyelitis epidemic of 1952, half of the third floor was opened for the treatment of chronic poliomyelitis cases with residual paralysis.

Rehabilitation Facilities and Services. Physiotherapy was early recognized to be an important part in the rehabilitation of patients, but with only one graduating school in Canada for physiotherapists it has been most difficult to have a fully staffed department. The physiotherapist is not only concerned with helping the patient to regain muscle movement but also to help him to learn to walk with the aid of braces or crutches and to have the maximum use of himself, despite any disability that he may have. Many of the Poliomyelitis patients with residual paralysis look with real hope to their physiotherapy since this seems to them to be the only means now of regaining strength in their lifeless muscles.

The need for a director of this department was urgently felt and a Doctor of Physical Medicine has been appointed and will commence his duties in May, 1953.

An occupational therapy department was established in 1952 under the direction of Miss Catherine McIntyre. Although physical facilities are limited and the department is still in its infancy, it has already clearly demonstrated its usefulness. Patients, despite whatever disability they may have, have been encouraged to develop their interest and ability. For many patients it has almost become a testing ground for their self-sufficiency and usefulness. For others it has meant constructive diversional activity, such as painting and handicrafts.

Recreational activities are also an important part in the life of the patient who is confined to hospital for a lengthy period. Many outside volunteer groups have helped considerably in the purchase of equipment and organizing entertainment. Movies are shown twice a month. Concerts are held in the winter season and band concerts in the summer.

The various churches have faithfully taken a real interest in the welfare of the patients and the clergy visit the patients regularly. Religious services are held every Sunday morning with ministers in rotation from the different churches.

The Princess Elizabeth Hospital Guild have contributed greatly to the comfort and well-being of the patients.