

# THE CARE OF ALCOHOLICS

## **St. Thomas Hospital And A.A. Started A Movement Which Swept The Country**

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Nearly 12 years ago, one of the co-founders of Alcoholics Anonymous (Dr. Bob) was on our staff. He was a skilled proctologist, and was on our staff five years before we knew that he had a drinking problem. We would not have known it then had he not volunteered the information.

Dr. Bob often discussed the problem of alcoholism with us, with regard to auto accidents and other tragedies caused by excessive drinking. Many of these cases had to be admitted to the hospital even though they were intoxicated. After talking with members of the families of these compulsive drinkers and realizing the suffering brought into the homes of these afflicted people because of drink, we became deeply interested in the plan which Dr. Bob unfolded to use.

This was in 1939, just about the time we were trying to pull out of the depression. Hospital beds were at a premium, without any prospect of adding to our bed capacity. There was very little enthusiasm around the hospital about admitting who were imbibing too freely in those days.

However, prompted by the grace of God, we very cautiously admitted one patient, with the diagnosis of acute gastritis, under the care of Dr. Bob. The patient was placed in a two-bed room. The next morning Dr Bob came to the admitting office and very timidly requested that the patient be moved to a spot where the men who came to visit him might talk with him privately. The only available space we could think of was a small room across the hall called the "flower room", where patients' flowers were changed and arranged. We pushed the alcoholic's bed into this room. It was there that he received his first A.A. visitors. The men who came to visit him were such respectable, dignified-appearing men that we could hardly believe they had ever been addicted to alcohol.

We then set aside a two-bed room, then a four and later a six-bed room ward. Today our A.A. ward has eight beds, adjoining a corridor which serves as a lounge. The corridor opens the gallery of our chapel.

Our alcoholic ward is not a great problem. It is simply a large room with accommodations in one end for eight beds. The other end of the room is a small lounge with comfortable chairs, a davenport, a "bar", a coffee urn, and an ice-box. To the rear of this ward-lounge is a room with a lavatory and shower into which the new man is brought for admission to the ward.

An important point is that he is helped out of his street clothes and into hospital attire BY OTHER PATIENTS IN THE WARD. The advantage for the new patient is that, from the first, he is in the care of understanding friends. The advantage for the older patients who perform this duty is that they are thus able to see themselves again as they were upon admission. Administratively, an economy is effected by thus eliminating the need for hard-to-get employees.

Directly across the hall from our ward-lounge is the choir-loft of our chapel, which permits A.A. patients to hear Mass every day if they wish and to make visits in hospital attire when they so desire - all in complete seclusion. Bearing in mind always that the alcoholic is a person who is sick spiritually as well as physically. The ready access he is thus given to the source of spiritual healing is a powerful factor in his recovery.

To return to the mechanical operation of the ward, it can be stated that it is almost wholly self-operating. A nurses' aide comes in to make beds and an A.A. employee does the heavier cleaning. The cleaning of ashtrays, the making of coffee - the coffee urn is in operation 24 hours each day - the washing of coffee cups, all of this is done by the patients themselves. Usually they welcome these small opportunities to busy themselves and thus keep their minds off their problems. Activity eliminates brooding, and the volume of such work is never great at any time.

The function of the lounge is to provide a place where the patient can chat with A.A. visitors and listen to informal talks. A secondary value, but a most important one to the former patient is that by visiting current A.A. patients the former patient helps to perpetuate his own sobriety. It is axiomatic that the alcoholic is never "cured"; his ailment is simply arrested but it is positively arrested if he perseveres in the program. The visitors' lounge (which is supplemented by chairs in the hallway that divides the ward from the choir-loft) helps not only to aid the current patient to sobriety but also to preserve and perpetuate the sobriety of former patients.

The ice-box is kept stocked with food and particularly with milk and citrus juice, for the alcoholic is frequently an undernourished person. The patients are encouraged to eat at will. The coffee urn and bar are the A.A. equivalent for the brass rail and bottles of the drinking days.

The A.A. visitors perform a multitude of chores for the current patients. Sometimes they secure a job or effect a family reconciliation or pacify a creditor pressing for payment of a bill. These and other services are done by A.A.'s for the dual purpose of showing true Christian brotherhood and as a means of perpetuating and insuring their own sobriety.

### HOSPITAL PROCEDURE

We begin where reality begins for the alcoholic. Reality for the alcoholic is drinking. It is most important that the approach be made through another alcoholic - a sponsor. The sponsor speaks the language of the alcoholic. He knows "all the tricks of the trade", because of personal experience.

Those of us who have anything to do with admitting these patients would do well to have the humility to rely upon the judgment of the sponsor. Let him decide when the patient is ready for the program. We do not accept repeaters! Sponsors know this, hence they are very careful to qualify the person before bringing him into the hospital. Above all, he must have a sincere desire to stop drinking. Wives, relatives, friends, and well-meaning employers may try to high-pressure the alcoholic into accepting the program. Someone may even persuade the family doctor to use his influence with the hospital, so that the prospect may be admitted into the alcoholic ward.

The role of the sponsor is not an easy one. He leaves nothing undone to clear away all the ill feeling, indignation, and resentment that have accumulated in the path of his patient. The sponsor acts as a catalytic agent in combating all adverse forces. He tries to appease an exasperated wife, talks with the employer, landlord, creditors, and others. He explains the program, tells them that this is not simply another "sobering up process". This time he is being treated not only physically but morally and mentally as well. The sponsor assures them that with God's grace, their cooperation and the help of his fellow A.A.'s, his charge will be given a real opportunity to make a complete recovery.

### THE PATIENT ADMITTED TO THE HOSPITAL

After registration the sponsor escorts his patient to the A.A. ward. The ward is virtually self-governing. Two or three of the senior patients in the ward take over and welcome the new patient. They check his clothes and prepare him for bed. (Many of these patients are in such good condition that they sit in the lounge and join in the conversation). Nothing is left undone to make the new man feel at home. This reception inspires hope in his heart. It also gives the A.A. patients a splendid opportunity of doing twelfth-step work, namely, helping

others.

The alcoholic is ill, in body, mind, and soul; hence we begin with the physical care.

### SECOND DAY - THE DAY OF RECOGNITION

The physical condition of the patient is usually much improved on the second day. His mind is beginning to clear. He feels encouraged because everyone seems interested in him. Visitors call on him, telling him "This is how I made it". Some of the visitors may be men with whom he used to drink. The power of example is a great incentive to the patient. He begins to say to himself, "If he can do it - so can I. But how am I going to make it?" At this point he generally has a "heart to heart talk" with his sponsor. He acknowledges his utter powerlessness over alcohol. He honestly admits that he has tried innumerable times to drink normally and has always failed. He is finally ready, honestly and humbly, to admit defeat. His sponsor is delighted to know that his patient is really honest about his drinking. The sponsor says, "Good! We can help you since you are humble and honest".

This is the grace of God at work in the soul of the patient - to admit helplessness and to seek help outside of self. This may be the first time the patient has admitted the fact that he is powerless to help himself.

The next step is humbly to turn to God: "Ask and you shall receive." Patients have often said that is the first time they sincerely prayed. The "Our Father" takes on a new meaning at this point. They feel that they really belong.

### THE DAY OF MORAL INVENTORY

The patient makes a searching and fearless moral inventory. He faces the past and honestly admits to God, to himself, and to another human being the exact nature of his wrongs. He is finished with alibis and reservations. "I am an alcoholic, what a joy to be honest! The truth will make me free." Now he is sincerely asking God's help and the help of his fellow man.

### FOURTH DAY - THE DAY OF RESOLUTION

"Give us this day our daily bread." This is interpreted by the alcoholics to mean, "I surely can stay sober today." This is usually followed by an act of complete surrender to God. The past is finished. "I am heartily sorry." "I'll try to make amends." This means confession, repentance and firm purpose of amendment. Many Catholics return to the Sacraments after years of negligence. Scripture says, "There is more joy in heaven over one sinner doing penance than 99 just who need not penance." He used to drink because he felt like it. He permitted his emotions to run away with him. Now, with God's help and the help of his fellow A.A.'s, with his clear thinking, he can control his feelings and emotions. Reason now governs his life. Strong convictions are given him as to why he cannot take that first drink. He has learned from his fellow alcoholics that it is more blessed to give than to receive, and that it is a privilege to help others. What a joy, too! He is kept so busy helping others that he does not have time to even think about a drink. What a transformation takes place in the lives of these men and women!

### FIFTH DAY - PLANS FOR THE FUTURE

As he leaves the hospital he must now face his problems. The way has been paved by the sponsor. The future is in God's hands. He has learned to say, "O God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference." He is urged to guard against pride, self-pity, resentment, intolerance, and criticism; to attend meetings, to do twelfth-step work, and to visit the hospital. Before leaving the hospital the patient is given a FOLLOWING OF CHRIST by Thomas A. Kempis. During his stay in the hospital he learns the significance of the Little Sacred Heart Badge. He requests one, with a thorough understanding of conditions implied: that it must be returned

*before* he takes the first drink.

### PATIENTS FROM ALL OVER THE NATION

We have hospitalized well over 4,000 A.A. patients at St. Thomas Hospital. They have come to Akron from Alabama, South Carolina, Michigan, Maryland, Texas, and many other distant parts. They would not have had to travel so far if their local hospitals made it possible for them to receive the program nearer home.

Time and finances prohibit many from making such a long trip. Many may be forced to accept treatment under less favorable circumstances. Our Policy is not to accept alcoholics for re-hospitalization. We've learned from experience that in institutions where the majority of the inmates are repeaters the program is defeated for the new man, because it creates an atmosphere of pessimism and discouragement. The patient often gives up in despair. It might have been quite different had he been given the proper exposure to the program in a spiritual atmosphere as provided in a local Catholic hospital.

Alcoholics Anonymous is a tremendous movement. According to figures from the New York office, new members are registered at the rate of about 1,500 per month. At present there are about 112,000 active members and some 4,000 chapters scattered throughout the United States, Canada, Latin America, and 36 other countries.

A priest once told me that the AA program is the most fruitful source of conversions. It is perhaps the best means by which the work of the hospital can be interpreted to the community. It gives the hospital a good name not only with the reformed drunkard, his family, friends and neighbors; but the whole community can point to something constructive which the hospital has done. These people are seeking truth, in other words, they are thirsting for God.

### ADDITIONAL INFORMATION ON ALCOHOLICS CARE IN ST. THOMAS HOSPITAL

QUESTION: Does admission of inebriated patients cause interference with hospital routine?

ANSWER: While patients are admitted under the influence of alcohol, they must be clear enough to acknowledge the fact that alcohol has become a problem in their lives which they cannot solve without help. Patients may be noisy for a short time but they usually respond to treatment and therapy; A.A. patients are frequently less disturbing than the average patient admitted to the hospital.

QUESTION: How is medical and nursing service provided for the patient?

ANSWER: Patients are taken care of by one of the staff men who formerly worked with Doctor Bob and took over during the doctor's illness. He continued the work after Doctor Bob died. The ward is so located that the general duty nurse on the floor takes care of patients and carries out the doctor's orders. The nurses' aide stays about an hour each morning making beds. A member of A.A. is employed in the ward eight hours a day, where his services are invaluable.

QUESTION: How is psychiatric care provided for these patients?

ANSWER: If a patient requires the services of a psychiatrist the family and sponsor are notified and are asked to call a psychiatrist of their own choice or one on the hospital staff. The patient is moved from the A.A. ward and placed according to the advice of the psychiatrist.

QUESTION: What are the charges to the patient for hospitalization?

ANSWER: The approximate charge for a period of five days is \$75. All hospital plans accept A.A.'s since

we admit them but once for treatment.

QUESTION: What does the medical treatment consist of?

ANSWER: There is no absolute routine treatment. Each patient is evaluated according to his needs. An attempt is made to obtain from the family or sponsor a medical and personal history concerning the patient. Ideally, it is best for a patient to be admitted after abstinence from alcohol for several days so that he may be given five days of the A.A. program. Most of the time it is necessary to give some medical treatment so that the patient may regain all his faculties and be responsive to the A.A. treatment.

The following methods, here briefly summarized, have been used and have been found successful, almost routinely:

1. Spirits of frumenti two ounces; Chloral Hydrate two drams - every four hours for 24 hours if necessary. A definite attempt is made to withdraw alcohol completely within 48 hours.
2. Fluids - intravenously.
3. Vitamin B complex - 2 cc daily.
4. Sedation: Sodium Luminol grains two may be given every six hours the first day and sometimes on the second day. It is given hypo-dermically so that the patient does not know that he is receiving a barbiturate. N.B. Barbiturates Are Dangerous to the Alcoholic.

A. HMC No. 1 - We have used HMC several times when the patient becomes quite unruly and craves alcohol constantly. Usually one administration is sufficient.

5. Tolserol: Tolserol is used mostly when there are severe nervous symptoms and the patient complains of inward tension following adequate fluid intake, abstinence from alcohol and adequate diet.
6. Adrenal Cortex: We have had some degree of success with adrenal cortex. We have used the lipotropic cortex - 1 cc every eight hours - first and second day; once daily thereafter during the hospital stay, Cortalex in tablet form may be used after leaving the hospital - two tablets three times daily. The patients state that they have a sense of well-being, following administration of the above, but the cost prohibits routine use when the patient responds to other forms of treatment.