

SOCIAL WORK

*recommended some such action*  
*as this (see question 2)*  
[Founded with 1942]

Another improvement considered desirable and necessary to place the Veterans Administration hospitals on a parity with the best institutions of the country, is the provision of social work facilities at all hospitals of 150 beds that now lack them, particularly the tuberculosis hospitals. This Committee believes the Veterans Administration is giving too little attention to this essential adjunct to effective medical work.

There should be adequate provision at every hospital for learning the background from which patients come and to which they will return - the home conditions, habits and attitudes that have helped precipitate the need for hospitalization and the personal responsibilities and lack of resources that keep patients in a mental turmoil while undergoing treatment and lessen their compliance with medical instructions in the future. The diagnostic and treatment work of the Veterans Administration would be improved by making it the regular practice to look into such problems and alleviate them, the same as is done in the best public and private hospitals of the country.

The waste of the physicians' time and effort and taxpayers' money when gains achieved under hospital treatment are frittered away in a few days or weeks for lack of foresight into the circumstances patients will face upon discharge, is disheartening to all concerned and is not necessary. Surgeons, internists, and psychiatrists in the better civilian hospitals today are requiring such social study of their patients. They use social work as the liaison between themselves and the patients' family and community to make it more certain in advance of discharge that patients will carry out their instructions as to medication, nutrition, and suitable employment, and avoid unnecessary invalidism, dependency, and readmissions.

The social work now being done in the Veterans Administration is on a very small scale. Many stations have only one social worker. Excellent systematic social work is being done with certain groups of patients, especially the diabetic and syphilitic, and upon the diagnostic side, with psychiatric patients particularly. However, the departments in some instances are too small to enable the physicians treating many important groups of patients, such as those with surgical, cardiac, or gastro-intestinal conditions, to have the advantage of this service. The trial visit program so extensively developed in State Hospitals to keep down readmissions and promote discharges, is found to be similarly restricted, due to the inadequate number of social workers who supervise such patients and develop the interest of the community agencies in them. Further, at only three tuberculosis hospitals is there a social worker. Yet tuberculosis is a disease that can be held in check only by securing the maintenance of adequate nutrition, wholesome living conditions, sufficient rest, appropriate work, and a reasonable sense of security. Such control requires the sustained cooperation of the family and community, as well as the patient. Social work departments are today being widely used for seeing that this control is maintained.

This Committee can not emphasize too strongly the increased recognition by the medical world, of the close interrelationship between personal circumstances and health, and the resulting fact that, unaided, patients with small incomes and few resources tend to fail to conserve their medical gains and require too early re-hospitalization.

The extension of this professional work to every Veterans' Administration hospital of at least 150 beds, is recommended.