THE WORKING PROGRAM FOR THE SECTION ON OCCUPATIONAL THERAPY AND EMPLOYMENT OF TUBERCULOSUS PATIENTS OF THE MASARYK LEAGUE AGAINST TUBERCULOSIS

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Complete physical rest and hygienic living are today the best physic against pulmonary tuberculosis. But for social reasons it is scarcely possible for anybody to continue this rest indefinitely. Sooner or later upon most persons is imposed the necessity of resuming their occupations and of exerting themselves either physically or mentally. A sudden transition endangers the results which have been obtained through sanatorium treatment. When the convalescent has again taken up his daily business, his life, in most cases, must be accommodated so as to prevent the burdens of life from crushing him.

This leads us to the problem how to solve the relation of phthisical persons to work and their future employment.

Up to the present we have occupied ourselves, except in rare cases, with this problem more or less theoretically. Only lately we are approaching this problem, under the auspices of the Masaryk League, somewhat more systematically and attempting its realization.

The most obvious solution would seem for the league to include, according to a comprehensive scheme, this question in its program besides establishing health centers which is still the chief object pursued by the local branches of the league.

I think this plan is not practical as I am afraid it would not conduce to the aim we wish to reach.

So I propose to divide the whole work into two phases: the experimental stage and the propaganda stage.

¹Read before the National Congress against Tuberculosis in Prague, May 21, 1923.
It is immaterial that the whole matter is a new thing in our country and that under any circumstances, even when we are familiar with the experience of those abroad, it will be necessary first to try the different types of work.

When we have reached the types which are adapted to satisfy our conditions and experience, the time will be there to secure through our organization, their greatest extension.

The direction of the first stage should be entrusted to a commission of the Masaryk League, formed by members of the Committee. In the second stage no particular agency will be necessary.

What types offer themselves for the solution of the whole question?

Let us first consider treatment in sanatoriums. Anyone who possesses the least experience of the institutional treatment of tuberculosis, is aware that simply putting the patient to bed on a quiet veranda does not go a long way towards securing for the patient the benefit of the best physic against tuberculosis—rest. The change of environment, separation from the daily occupation and from the family, mean a transition to which one cannot become accustomed quickly. Inactivity leaves plenty of time for broodings which are strengthened by the patients’ mutual communications of their several pains and sorrows, indulged in for want of another diversion. A book is of no use; something more adequate and immediate is wanted. Many patients have left the institute before it was advisable, as they were unable to bear the imposed state of idleness.

Wherever the attempt has been made to introduce manual work for the patients, the results have in all cases been satisfactory unless more has been expected than was reasonable. Such occupation of patients will never be profitable, being only one of the therapeutic means. It will be a cheap means for the objects made will have a certain artistic value and their sale will cover the used material. The only purpose is to distract the patients’ minds from wrong ways of thinking and actually to achieve cure by the help of occupation.
We are confronted with another question when the patient, having obtained through complete rest the desirable tranquillization of the pulmonary process, has suffered heavy losses in his whole organism which can be regenerated only through movement and exercise. It is wise to turn the activity of the patient to account by giving him some useful work under careful medical control and thus restore his consciousness of personal utility and expediency. Work in the institute, in the garden, joinery, pottery, and other occupations have their place here. With our modern knowledge of tuberculous infection and vitality of the bacilli we need not fear to admit suitable patients to all home work and there is no ground for anybody to dread infection from objects produced by the patients provided only superficial precautions are used.

Here again occupation is a means, not the aim, though its expediency is not excluded. It has to be subservient chiefly to the physical reconstruction of the patient.

The next problem is how to arrange the working conditions of those patients who are discharged from the sanatorium but where we fear that the arrested process may break out again under inadequate living conditions.

This problem can be solved in two types of working units of which one is adapted to city conditions, another to rural conditions. They are on one hand the work-shop and factory, on the other a labor camp for tuberculous persons who have passed through sanatorium treatment.

So I propose that the above mentioned commission launch a work-shop for the manufacture of hospital and institute linen in Prague and establish a labor camp at one of the sanatoriums.

In solving the details connected with the creation of these enterprises it will be necessary to take into account some leading principles laboriously obtained by foreign experience. They are as follows:

It is not recommended to change the occupation of a restless and fickle individual—and our patient is such one—unless there is a guarantee that it will be possible to support him in his new occupation until he can acquire the necessary skill to make a living by it.
As for the choice of occupation, there are very few which must be eliminated in advance. These are occupations which require either great physical exertion, such as construction, or occupations which by their very nature diminish the resistibility, such as grinding. For the rest the most important factor for the peasant is the season, the mode of living when not working, and whether the occupation yields sufficient to live decently upon it. Those occupations are especially suitable which do not tax too heavily the physical strength of the patients.

It is very important to place the working patients under expert direction and to avoid all dilettantism in the handicrafts and industries. This only leads to disappointment in the employer and disgust in the patients who are already heavily afflicted with their lot. It is recommended that no occupation be begun until a good specialist is available as foreman. A recovery from tuberculosis is a special qualification.

At the head of the undertaking there must be one who is not only a good physician, but also a good employer, manager, and business man.

It is foolish to imagine that tuberculous patients can be used for an enterprise which will pay for itself. These enterprises are always passive and can be in commercial equilibrium only when they have financial aid given directly or indirectly.

I think that if we proceed as suggested here we shall act methodically and then safely. The motto “festina lente” is perhaps in no field of so great value as in coöperative hygienic work, paradoxical as it may seem.