

# Bishop treated for artery condition; prognosis is good

By Kathleen Schwar  
Staff writer

Bishop Matthew H. Clark, 62, has been forced to curtail activities since late August due to temporal arteritis, a painful but treatable disorder.

Also called giant cell arteritis, the condition involves inflammation of the arteries of the head, neck, upper body and arms. Its cause is unknown.

According to Dr. Robert McVeigh, the bishop's primary physician at Unity Health System, the bishop's prognosis is good.

Bishop Clark has responded well to steroid treatments, McVeigh said, but is still fatigued and weak, and must continue to limit his activities for a few weeks.

The disease was discovered after Bishop Clark went to McVeigh in late August with widespread muscular aches and pains.

The bishop underwent weeks of extensive testing — from CAT scans to a random muscle biopsy — and saw a rheumatologist to help confirm an initial diagnosis made after a temporal artery biopsy Aug. 30. All the tests were done on an outpatient basis.

"Because he was quite sick and the nature of the process, we ran through an extensive number of other tests to basically make sure no other disease was behind this," McVeigh explained. "After an extensive workup, we found none, thank God."

McVeigh began treating Bishop Clark with the steroid medication prednisone Aug. 31, gradually increasing the dose.

McVeigh pointed out that temporal arteritis strikes one in 5,000 people in the United States. It is most usually found in people of Northern European descent over the age of 60.

Although the disease generally comes on slowly, Bishop Clark's symptoms appeared very quickly, McVeigh said. He had given the bishop a complete physical Aug. 2 and found him to be in "fine shape."

McVeigh described temporal arteritis as an "acute disease that has a prolonged course," rather than as a chronic disease. Eye symptoms are often noted, but have not been in Bishop Clark's case.

The bishop may continue treatment for two years or more, McVeigh said. Progress will be monitored through lab tests.

Temporal arteritis is not caused by stress, the doctor added.

"Matt Clark is a very strong person, with a strong sense of goal and purpose, and appears to handle stress very very well," he said.

Meanwhile, the bishop has "done extremely well" from a heart standpoint, the doctor said. His last echocardiogram showed his heart function has even improved since March. The bishop underwent angioplasty to clear two partly blocked arteries last year. The procedure took place Oct. 21, two days after doctors implanted a pacemaker to help regulate his heart rate.

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Bishop Clark writes on his illness, Page 2.



# Catholic Courier

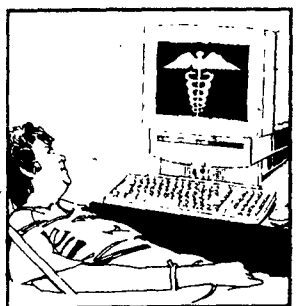
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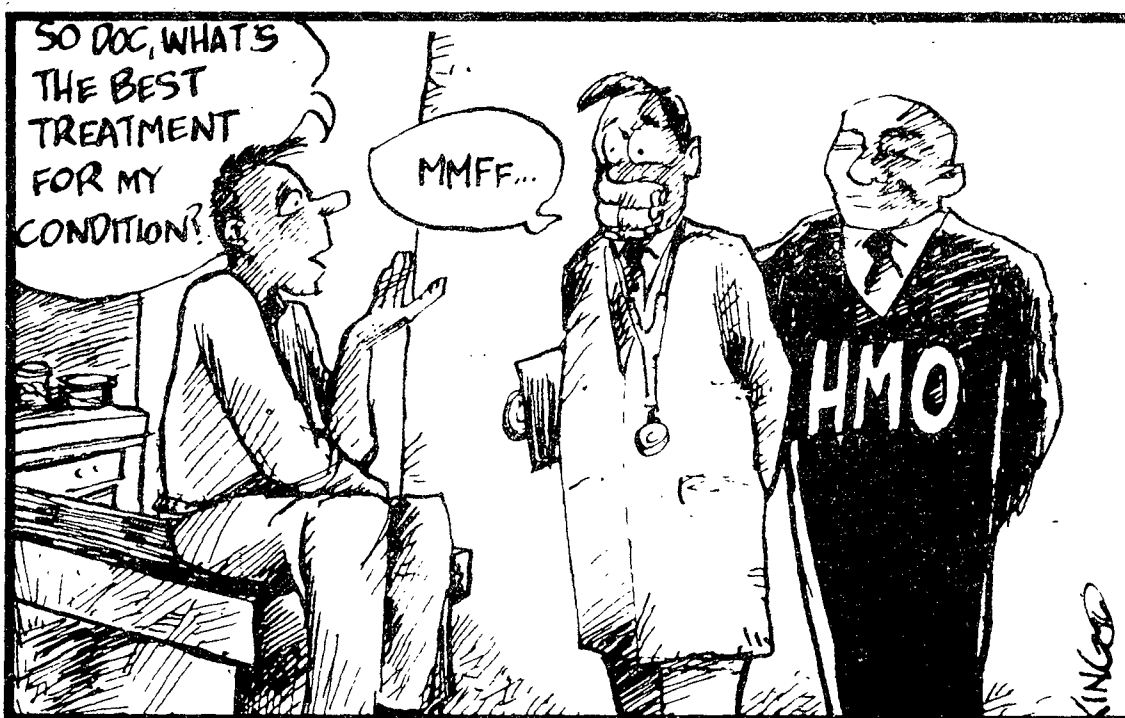
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## Managed care's limits

Above the pharmacy counter at a Rochester store, a sign proclaims:

"Due to restrictions imposed by (a local health insurance provider) some drugs may not be covered as maintenance."

Although the provider may have had legitimate reasons to alter its coverage, the public perception seems to be that the health-care industry in general is imposing more and more restrictions — with managed care networks, HMOs (health maintenance organizations) and related entities that control the industry often receiving the blame.

Tales circulate of patients not receiving tests and treatments they and their families believe they need, not being able to see specialists of their choice, and being forced to pay out of pocket for emergency room visits made without their doctors' prior approval.

Indeed, in a 1998 statement, Father Michael Place, president and chief executive officer of the St. Louis-based Catholic Health Association, declared, "There is a disturbing lack of public confidence in managed care as individual cases of abuse become known and plan enrollees react to restrictions placed on their access to care."

On the other hand, proponents contend that managed care has helped to provide affordable health care to more people and to curtail spiraling costs. Indeed, many government health-care programs — such as Medicaid — now employ managed care plans. And they claim that many of the complaints are more anecdotal than real.

Many states such as New York, for example, have in place "prudent layperson" legislation that requires coverage of emergency room care without prior approval from a doctor in serious situations.

Whatever the reality, the debate over the effectiveness of managed care has drawn the attention of politicians, with candidates for next year's presidential nominations calling for health-care reform and Congress debating measures to increase patients' rights to, for example, sue managed care providers.

Issues surrounding managed care have been on the minds of Catholic medical ethicists and theologians who in recent years have raised concerns not only about patients' rights, but also about whether the needs of the poor are being met.

"CHA is deeply disappointed that our national leaders have chosen not to focus on expanding health coverage to the more than 41 million uninsured," Father Place noted in the 1998 CHA report. "Congress needs to broaden the discussion of patients' rights to include the right of all individuals to obtain access to needed health care."

And industry observers estimate that that number of uninsured may have now risen as high as 46 million.

### Cost control

The primary reason managed care grew so much was to control rising health care costs, acknowledged David

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Story by Lee Strong