



Tom Riordan

Executive Editor

Was that a real saint visiting us?

His whole approach was so down-to-earth. He moved as easily among the great leaders as the ordinary citizens.

Wherever he went there were spontaneous outpourings of joy.

Little children enchanted him. He patted their heads, he held and hugged them.

His words and gestures expressed great love for humanity.

His influence on people was impossible to measure. But most agree it was tremendous.

THOSE THOUGHTS could well have been written 2,000 years ago in another nation of another man.

Today, they refer to Pope John Paul II, who last week sped around the United States in one of the most unbelievable trips of modern times.

An average 39-year-old might shudder at the timetable. To a 59-year-old, the pace was exhausting just to read about.

But the holy father did it. And he seemed to thrive

on the pace. Apparently the brotherhood of man sustained him.

The question might be: Do we have a living saint here?

That's a mighty tough one with which to deal.

BUT WE HAVE SEEN and heard so much in such a short time about the Polish pontiff that it leads you to wonder.

Just being elected pope was sort of a minor miracle.

The way John Paul has reacted to his role and the vast responsibilities that accompany it are good barometers.

He not only loves his fellow human beings, he reaches out to support them in their needs.

But he isn't weak-kneed or a political opportunist. When he has to be firm, he is — iron-willed, some of those whom he disappointed might say.

John Paul drew opposition when he reiterated the official precepts of the Catholic Church. He condemned abortion and artificial birth control. He

spoke out against divorce, married clergy and women in the priesthood.

THOSE WERE ISSUES that a lot of Catholics were hoping he might show a change of heart. But he didn't. And it seems unlikely John Paul — or, for that matter, any future pope — will.

Some church laws just are never going to change, no matter how much people might wish that they would. Others, which are man-made, can. But it takes time.

Speaking as one Catholic, I would have been jolted had John Paul made an announcement that, for example, seminaries now would be accepting female candidates. That's not because I am for or against the concept, but because this was neither the time nor the place. Such a move should only come after long study and deliberation with a wide variety of religious and lay people.

WHATEVER A PERSON FEELS about married priests or divorce or the other weighty matters, when he or she considers John Paul as a man and as

a religious leader, the conclusion is about the same.

John Paul ranks among the truly great ones.

There is that aura of the common man about him. I'd wager that anyone who happened upon the pope would feel perfectly at ease to say hello, stick out a hand and introduce himself.

What might follow would be an animated conversation about the weather or the area where they met, sports or children. And you can bet the pope would be asking about his new acquaintance's life.

WHAT THIS ALL GETS down to, the way I see it, is the role of the clergy in our modern society.

It's apparent that John Paul, by his actions, had a subconscious word of advice for religious leaders, no matter what their faiths.

Go to the people, John Paul seemed to be saying. They are the children of God. Show you are one of them. Share their concerns and joys.

And finally, the pope was saying, when it comes to the law, stand up for the things you believe are right.

Any danger in sex after a heart attack?

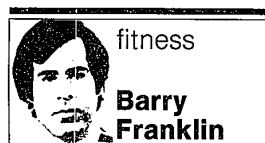
QUESTION: Is sexual activity "too demanding" for the post-coronary patient, e.g. likely to precipitate another heart attack? Are special precautions recommended before or during the sex act, and if so, what should they be?

The cardiac cost of sexual intercourse is only modest.

Drs. Hellerstein and Friedman studied (1970) the cardiovascular responses of both normal and post-coronary subjects during daily living and during sexual activity. Peak heart rate responses during intercourse generally lasted less than 30 seconds and ranged from 90-144 beats per minute; average peak heart rate was 117.

The estimated energy requirement was approximately four to five times that at rest. In contrast, the average heart rate during occupational activity was 120, higher than that during peak sexual activity.

The conclusion: Symptoms and the heart rate and ECG responses during intercourse were compara-



fitness

Barry Franklin

ble and no more severe than those which occurred during the ordinary workday.

THUS, THE VAST majority of heart patients can safely indulge in sexual activity, oftentimes within three to four weeks of hospital discharge.

Many physicians feel a patient who can climb two flights of stairs at a moderate pace or take a brisk walk without complications is ready to resume sexual activity.

A more objective assessment can be made from the patient's response to low level exercise on a treadmill or stationary bicycle at a work load designed to elicit the anticipated heart rate and energy requirements of sexual activity. Such an evaluation serves to assess the risks of resumption of sexual activity, and provides reassurance to the patient and spouse.

Recently, Dr. Richard Stein reported (1977) that heart patients showed a decrease in peak heart rate from 127 to 120 beats per minute, following a 16-week stationary bicycle exercise program. Many also reported decreased anxiety, increased self-confidence, and reduced symptoms (e.g. chest pain).

Similarly, Hellerstein and Friedman reported that both the frequency and quality of sexual activity improved as a result of a physical fitness enhancement program. These data suggest that a regular exercise training program may decrease symptoms and the work load on the heart during sexual intercourse.

OTHER PRUDENT recommendations may include taking anti-anginal medications (e.g. nitroglycerin) prior to intercourse, and avoiding sexual activity after heavy meals, after drinking alcohol, when excessively fatigued, or in too hot or too cold an environment.

Alterations in sex position (for example, man-on-top to man-on-bottom) may offer a slight reduction in cardiac cost, eliminating isometric support of the body weight by the arms.

Finally, extra-marital sex may be more demanding on the heart, and hazardous to one's health. According to one Japanese study, 60 percent of deaths during intercourse occur in hotel rooms "in relations with lovers," rather than wives.

A Ph.D. Barry Franklin is co-director of cardiac fitness at Sinai Hospital and assistant professor of physiology at Wayne State University. General questions may be sent to him in care of this newspaper.

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