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Relevance of Catholic Medical Schools in Modern Society

Rev. E.J. Drummond, S.J.

In these remarks I will ask three questions and suggest some answers. The questions — are Catholic medical schools relevant in modern society? — should they be? — can they be? To focus our discussion I shall begin with a brief description of what I mean by “relevance” and with a longer description of what I mean by “modern society.”

“Relevance” implies a significant relationship. But a relationship in terms of what? Each of the five Catholic medical schools have a number of significant relationships (their university presidents will tell you it is to banks). For our purpose relevance will be viewed in terms of need — whether the need is filled or unfulfilled. We might then word our three questions in another way — are there needs in modern society which our medical schools are or should or can meet in a significant degree?

(Father Drummond is Vice President for the Medical Center, St. Louis University. This address was presented at the annual meeting of the NFCPG in Miami in December, 1968.)

“Modern Society” as a descriptive term is more complicated. The term is really a montage with different meanings for different people — our recent political campaigns before, at, and after Chicago and Miami showed that. For this discussion, however, I see society’s profile characterized by these features: *First, population.* There are now 200 million people in the United States. It is estimated that there will be 230 million in 1975 and 300 million in the year 2000. This growth is accompanied by an increase in the number of persons sixty-five years and older; consequently chronic disease will present very serious problems. The average American family moves every five years. The difficulty of providing continuous or comprehensive health care is a function of such mobility.

Second, illness. The pattern of disease is changing. At the beginning of this century infections were the chief causes of death; in their place today there are the diseases of the heart, cancer, stroke, and trauma. In the past illness was regarded as a discrete, temporarily definable episode in the life of the patient, an episode which

physicians tried to end as rapidly as possible. As degenerative and chronic disorders have increased, the need is to detect early evidences of disease, to lessen vulnerability, and to restore the individual to optimal social effectiveness or to maintain him at that level.

Third, urbanization. "The problems of health are inextricably involved with problems of the city. The poverty and racial ghettos, the inadequate health care for large numbers of people in the 'inner city,' the accelerating dissolution of family life in the socially, economically, and culturally disadvantaged people, the concentration of the lonely elderly person afflicted with 'malignant boredom,' the increasing pollution of the physical environment — these all constitute problems of terrifying complexity."¹

Besides this physical profile of modern society as it relates to health, there are its psycho-social features. This sketch of modern man as contrasted with his Renaissance predecessors is taken from an art critic. "Art of the last hundred years, even before cubism, reveals a very different man, many sided, fractured, sometimes tortured, often mechanized victim of his own making, or, indeed reveals him not at all. The more abstract art becomes, the more man is minimized. Depersonalized and flawed, he is seen no longer as the intergrated master of his surroundings, but as an anonymous tool of shiny mass production or as a worried captive of conflict beyond his control."²

In broad outline such is the soma and the psyche of modern society. That society is pluralistic, not unified, changing rapidly; its needs are many, certainly in the field of health. Have our medical schools relevance here? Do they have a significant relationship to the needs of that society?

Our first question. Do they have such a relationship now? In terms of the local community — yes; Regionally and nationally — no; certainly not to the degree commensurate with efforts made in and for these schools, nor to the potential these schools actually have. Together these schools confer each year about 500 M.D. degrees. In addition their graduate and postdoctoral students in any given year amount to probably something over 700. The faculty of these schools, moreover, in a variety of ways conduct programs of continuing education chiefly for local physicians. In addition the staff of these schools provide medical care or its supervision in some fifteen or more private and public hospitals of their communities. These faculties also supply, or help supply specialized medical knowledge and expertise mainly for the local community. Furthermore, each school is involved in some way in a Regional Medical Program. Related to all this work is the research being carried on, some of which has or did have a significant impact in the understanding of disease or preservation of health.

Besides all this, note should be taken of the effect of the medical schools on their parent universities. (Despite their being a financial burden, the universities cannot easily permit their severance without loss or trauma. The presence of the medical school makes the university much more visible both to prospective students and potential donors.) It also helps raise the standard of academic achievement for the entire institution, and greatly broadens the scientific mission of the university as well as its potential for inter-disciplinary approaches. Finally, the medical school has produced some of the university's most committed and dedicated alumni,

some of whom have even given years of dedicated service in areas at home or in foreign countries which badly lack health care.

These are not small things. Besides their contribution to national manpower needs, our five schools do fill important needs of society at a local level. Nothing is, however, taken away from the contribution made and the commitment of individuals which makes that possible if we state that the impact nationally is not great. In part this may be due to a lack of critical mass of faculty and facilities, and *in part to an old academic doubt if anything good can come out of Nazareth.*

A detailed statistical profile in terms of faculty, facilities, and fiscal support would place all of our schools in the lowest quartile nationally. This says nothing, of course, about the quality of our product nor the dedication of faculty, administrators, or friends; but it does fairly accurately relate the quality of our impact and present relevance nationally. Quite simply, in general terms and making the appropriate exceptions, we have not been leaders in numbers, names, nor ideas in medical research, education, or clinical care. Modern society does not turn to us quickly or automatically when it seeks to supply its health needs.

Should it? Let me try to place our second question better by asking about the relevance of the Catholic college or university. George Bernard Shaw stated bluntly that a Catholic university was a contradiction in terms. Much more recently Harvey Cox wrote in his *Secular City*, concerning the role of the church in the university, "The organizational church has no role. It

should stay out." Andrew Greeley, Chicago University sociologist, if he is less rhetorical, has more facts. These show at the undergraduate level (which was all that Father Greeley was examining) that Catholic institutions do succeed at least as well as other colleges and universities in providing for the intellectual and character formation as well as the economic security of their graduates. Nevertheless, the average American tends to question church-related schools because he thinks publicly supported institutions are cheaper or better or at least an easier way to handle the problem of education. The academic community quite often pays only lip service to the need for the dual system of public and private education. Most political leaders, because of the church-state issues, would like to see the whole problem disappear and a single uniform system established.

Yet part of the difficulty has been that we did not conceive our goals clearly, present them effectively, and work consistently and cooperatively at their achievement. I wish to develop this point with reference to Catholic higher education, for it has pertinence in our discussion about Catholic medical schools.

A good education, as distinguished from an indifferent, poor, or bad education, assists a man to develop his fullest potential as an individual and as a member of society. A good education provides a man with some general or basic information about himself, about society, and about a special field of competency; it also provides him with a true knowledge of principles on which to base his critical decisions. A good education, moreover, will provide a man with the means and the

desire to keep himself informed in his particular area of responsibilities so that he may possess relevant data for making judgements. Finally, education should gird him with a concern to commit and engage himself so that others may have a similar free and practical opportunity to develop their potential. Education prepares a man to be human, to act responsibly.

Merely to be human, man has always needed to be educated in whatever culture or society he has lived. Nevertheless, besides these general reasons just noted there are other reasons more particular to ourselves and to our age. Here we must think of depersonalization. The most significant social change we face is our increasing sense of alienation from each other and from our deep inner self. In the daily context of our living we feel so caught up in forces not our own nor of our own controlling that we often exert little personal responsibility. Within ourselves there is no strong and urgent sense of individualism nor of belonging to a purposeful and unified community. We seem merely caught in a tangle of pulls and pushes.

It is not surprising that we can trace several social trends. One of these is toward various types of authoritarian structures. Another trend is in a seemingly opposite direction — that of diffusiveness, restiveness, and reaction — either towards simplified hostile action or towards a complete withdrawal from the system into a nowhere. Both the drift towards authoritarianism as well as to its apparent opposite are at least partially rooted in contemporary man's desire to escape from freedom. Or to put it more basically, to escape from the responsibility of freedom which is the deciding, the engaging, the continuous putting up of one's self as part

of the stakes. An informed people who are not ready and willing to make decisions, who must always be watched and prodded from without into all their individual and social obligations, are no longer a free people.

Here it seems to me the needs of society and the potential "plus" factor of Catholic institutions can converge. Our colleges and universities offer knowledge as an end. It should be so offered, however, that it takes on significance and is related to individualized responsibility. Our "plus" would be in assisting everyone in the college or university community not only to learn but to have their learning possess significance, meaning, and relevance. We would forthrightly profess that our values were Christian, but we would profess that our ends met a general need of society because in our institutions students, faculty, and administration would be concerned to know in order to be free, to be responsibly free as persons in a contemporary society.

If the Catholic university should then have relevance, so should the Catholic medical school within that university and for the same reasons. Furthermore, this same potential relevance becomes all the more significant in a school of medicine because it provides appropriate education in an area that immediately touches and concerns the singular and collective man.³ What touches the human person is of immediate interest to society at large as well as to the Catholic church.

Questions about the growth of population, about genetic engineering, about various types of environmental control, about the psychological management of individuals or groups through chem-

istry, electricity, or communication media, about organ transplantation are being asked; some answers are going to be given and some decisions made in the very near future. Decisions concerning the application of knowledge must ultimately be made by society and only an informed society can make wise decisions.⁴ Nevertheless, leaders in the fields of medicine will have a great deal to say about the way the questions are asked, the agenda prepared, and the answers proposed.

There is at least another reason why Catholic medical schools should have a special relevance at least for us. They furnish a common and easy area for dialogue with men who have other philosophical outlooks. Here there is a shared interest in the physical and psychological good of the human person; so dialogue is not handicapped or limited at the start by differences in theological beliefs, value systems, or national goals. Furthermore, if our medical schools were such as we might wish them to be, then by the quality and direction of their education and research they could make more visible and credible the reverence for knowledge and the basic commitment to our neighbors' good which we as Christians profess.

A deontological argument, however, does not cause existence. Because Catholic medical schools ought to be relevant is no proof that they can be. So, our third question. Here there are some problems that have to be faced and solved. To begin with, there is the fiscal problem. The best information I could obtain recently indicates that the five Catholic medical schools together have incurred an operational deficit of between 4 and 5 million dollars annu-

ally. This would absorb the income from an endowment of 100 million dollars. Furthermore over the past five years there have been capital expenditures, funded from a variety of sources, amounting to more than 35 million dollars. Realize besides that our schools still have the problem both of catching up as well as of keeping up.

There are no easy answers at all to this problem of finance. Tuition charges at our schools are high and make it quite difficult for most students of any but middle class or upper middle class families to attend. In any event as tuition is raised our schools face an added handicap in competing with low tuition public schools in recruiting talent. Alumni giving will only be a partial answer. Fund raising efforts directed towards individual donors or corporations are usually locally centered and the limits of these efforts are being reached. Foundations prefer pilot projects but care little to support ordinary operational or capital expenses.

State support is very helpful for schools in New York or Pennsylvania. Most other states are not this forward looking. Thus despite joint efforts of the private schools in Missouri to offer that state a contract which would provide for the admission of about 100 new medical students annually from the state. Missouri seemingly prefers to proceed with the apparently much greater expenses of starting a new medical school in Kansas City. Marquette University in a different state, however, was able to advise a structure by which it has good hopes of gaining state support for its medical school. That medical school, however, will no longer be strictly part of that University. This may be the only viable solution but it is not an ideal answer.

Georgetown has some unresolved problems despite its position and geographical location. Loyola and Creighton are anxiously hopeful their new medical centers will offer them new and additional solutions so what they realize will certainly be new problems.

Like nearly twenty other medical schools in the country each of ours is in a critical condition fiscally. Their bases of support must certainly be broadened and strengthened especially at the federal level. Such increased federal funding could either be in the way of direct institutional support or by way of making money available to students to cover full educational costs. Either method has its advantages and its difficulties, locally and nationally, politically and legally. Changes and adjustments might be made in either method. Thus direct institutional support could be related to tax deductions or allowances at the local level for individual corporations who would wish to designate gifts to a nearby medical school or to a particular department of it. *Or again money for students might be in the form of loans, full or partial, or with forgiveness clauses for services in health deprived areas.*

To make any such programs real, however, takes time and a great deal of effort. Just putting wise legislation in shape to be heard, to say nothing about being passed, requires much hard and thoughtful work. In addition, there is other hard work to be done in educating better the various publics whose needs would be served by our schools. But if these various publics are to be convinced of the relevance our schools would have, then there are other issues to be faced by our schools and some changes made.

Leaders in medicine recognize the need for change in our systems of delivering health care and in the education of those who will man those systems. About three years ago at the White House Conference on Health, the Surgeon General, Dr. William Stewart, pointed out that the health partnership of private medicine, academic medicine, and the government must provide better leadership or some other segment of society would.⁵ In an address last June to medical graduates, Dr. Stewart also stated that if our consciences were not telling us to be more concerned about better health service, society would.⁶

That there should be and hopefully will be changes in education, the Association of American Medical Colleges made quite clear at its meeting this fall in Houston. The Hubbard recommendations may turn out to be as epoch making as those of Flexner half a century ago. The basic recommendation made and adopted was "that medical schools must now actively revise the contents and methods in the whole span of the education of the physician so that his professional competence will be most relevant to meeting the changing health needs of the people."

Here then is the opportunity for our schools to take a quantum jump, to move nearer to the educational forefront, and to escape from their past dilemma of exhausting their resources in an endeavor to catch up with now outdated models. Nevertheless, to move in a new direction will call for a united and concerned faculty, for strong and wise administrative leadership, and for a great deal of confidence, courage,

and support on the part of every one involved. To revise and refocus the objectives of education in our medical schools better to meet the real health needs of contemporary society to redesign the curriculum so that it will better achieve this, to introduce new teaching methods which are effectively geared to the learning process, to allow for flexibility of programs, and to retain and reinforce the idealism and humanism which the student brings with him into medicine — this will be a complex and difficult task.

But not to do it means at best that our schools will be followers, if they continue at all. On the other hand, to effect such changes as these and to do this successfully is not only to take a leadership role but to assume a position for which and in which our schools can rightfully and hopefully request broad social support. Society rightly feels that despite the very real advances in medicine in the United States there is something wrong with its health delivery systems. If our schools look more to the human person and to the

delivery of health care in their educational and research efforts, modern society will find such schools relevant indeed.

The strong continuance of these medical schools can be made much more certain.

REFERENCES

1. *Wayne State University: School of Medicine, "Our Educational Structure; Need to Review and Revise,"* November 1965, p. 3.
2. *Saturday Review* — November 2, 1968, Kather Kuh, p. 54.
3. c.f. Reverend Paul C. Reinert, S.J., *The University in a Developing World Society, "The University and the Inmost Life of Man,"* p. 7.
c.f. also, Doctor Theodore Fox, *The Lancet*, Saturday 23 October 1965.
4. *Science*, "Will Science be Prepared?" p. 633, Vol. 157, August 11, 1967.
5. *Wayne State University: School of Medicine, "Our Educational Structure; Need to Review and Revise,"* November 1965, p. 2.
6. c.f. William H. Stewart, M.D., "Medicine's Commitment to Man", June 7, 1968, p. 5.