

August 1967

The Physician and the Rights of the Unborn

Sister Rosa

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Recommended Citation

Rosa, Sister (1967) "The Physician and the Rights of the Unborn," *The Linacre Quarterly*: Vol. 34 : No. 3 , Article 39.
Available at: <http://epublications.marquette.edu/lnq/vol34/iss3/39>

The Catholic Hospital—Yesterday and Today

SISTER ROSA, D.C.

Yesterday's Catholic hospital could be viewed as a castle—the drawbridge down with an ever-welcome attitude toward patients. Frequently, tho, the drawbridge would be cranked to the up-position when an outside influence approached.

This was a natural development, when you consider the facts pertinent to the first Catholic hospitals. In the early days of Catholic hospital history the religious orders cared for the sick and dying on their community property. The organization was simple. All the treatment was accomplished by the dedicated religious. Their daily work was the personal attention to the needs of the sick as a work of Christian charity. Their duty was of an isolated nature, simply directed by a few equally dedicated doctors of medicine.

Today things are different. Where once there was the drawbridge there now is an expressway with bustling multi-lane traffic. And the traffic is as confusing as any involved expressway clover-leaf, representing varied interests such as the demands of government, state and local accrediting agencies, regional planning boards, expanding and exacting medical education programs, specialty boards, unions, and the revolution of nursing education.

Today the moat has been spanned. The Catholic hospital is involved with many publics. Our present status is good evidence of this. 90 percent of the Catholic Hospitals are accredited by the Joint Commission

as compared with 61 percent of all other hospitals. This also reflects the continuous drive for improvement by our Sister administrators throughout the nation.

Today the drawbridge cannot be pulled up at will. The manner in which we care for the sick permits no isolation. Everyone is involved with everyone else. Involvement is a necessity. And this necessity demands more enlightened management, better prepared supervisors, increased communications inside and outside our hospitals and shrewd delegation of authority. The key to this improvement is teamwork among all members of the health field; and in this teamwork lies the avenue we must travel to safeguard our Christian heritage of caring for the patient in the best possible way.

Examples of this can be seen at every level. We employ professional managers and engineers to incorporate systems within the hospital structure to ensure greater efficiency and economy, greater safety and greater human relations in our dealing with one another.

For years, hospitals have asserted an uniqueness in most problem areas due to the unpredictable nature of the business. But experts in industry are disproving this statement by harnessing our "unsolvable" problems with a know-how proven effective in other businesses.

Many Catholic hospitals no longer look to laymen on Advisory Boards. The laymen are being incorporated

into Boards of Trustees and the Governing role is replacing the Advisory role. This broadened concept of Catholic hospital management brings a more diversified background of experience to the principal governing body of an institution and, even more importantly, provides knowledgeable representatives to interpret current health needs to the community. From this interpretation comes better planning, better action and better use of the shrinking health dollar.

Of paramount importance among today's changes is the added interest of physicians to participate in the hospital organization. Just as the hospital is no longer a castle for the administrator, it is no longer a workshop for the doctor. In yesteryear the physician could consider the hospital as a place to refer his patient, visit once a day, observe his patient's progress, utilize the diagnostic and therapeutic facilities and discharge his patient. For the annual election meeting he would show up, but only long enough to vote and run.

Today the physician is as involved as everyone else. The staff is active. He is expected to personally participate in all clinical aspects of the hospital organization. His energetic cooperation in committee membership makes him an indispensable asset to patient care. Increased demands from educational accrediting agencies have necessitated the hiring of full-time physicians to organize the care of the sick into new levels of excellence and to participate in medical educational programs of high standards of excellence. As the staff becomes more involved in hospital affairs their membership in

physicians' groups becomes more valuable to the future of the hospital. Staff participation in in-patient programs which include nursing personnel has brought greater understanding to the complete care of the patient. The demands for house staff education of excellent quality have brought about complete involvement of every staff member as a matter of departmental discipline. Traffic on the expressway is steadily moving

In the shadow of the exhortations of Vatican II, responsibility for patient care continues to rest on the dedication of Religious, Physicians and Paramedical personnel, but it has taken on a wider scope. The corporal work of mercy of caring for the sick and dying has assumed different proportions to meet the modern demands of advanced science and research. Ours is not just contact with the patient as in the days of old. Today we must maintain involvement with the patient and also become involved in the guidance of a multitude of ancillary helpers to successfully carry on the health care of today with Christian zeal.

Our mission today, then, is leadership. Administrators and physicians in Catholic hospitals must become leaders as never before. And more importantly, perhaps, we must turn out the leadership for tomorrow's health care, for tomorrow's Catholic hospitals.

The leadership demanded by the Hospital of Today is positive-minded. Along with the delegation of authority to carefully chosen subordinates there must be the delegation of confidence in these persons, the con-

fidence that will furnish the inspiration and dedication needed. It is this quality that makes the administrator and staff of today the leaven in the loaf. Our department heads, supervisors, externs, interns, R.N.'s, L.P.N.'s, technicians in all specialties; aides, ward secretaries, pharmacists, therapists, social workers, dietitians and the host of others whose name and title is legion, all of them must be charged with the enthusiasm of leadership from the top that comes with the attitude of confidence in their abilities to carry out their assigned tasks in a manner reflecting pride in our Catholic hospitals.

The word today is involvement. When our doctors, nurses and employees return to their homes at night, the involvement only begins, for the most energetic of them are completely involved in the affairs of school, home, clubs, parish and lobbies for and against legislation in our democratic society.

Today's Catholic hospitals, through these people, through all of us, are growing in this involvement. Tomorrow's Catholic hospitals are going to be better because of this.

SISTER ROSA, D.C. is administrator of the Sisters of Charity Hospital, Buffalo, New York.