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responsibilities; secondary perhaps to those involved in the familiar doctor-patient relationship, but tangible and binding, and directly related to his practice of medicine. His first obligation is to his patient, but in addition he has an obligation to remain loyal to the hospital, and to support its activities. It is becoming increasingly difficult for any physician to consistently practice good medicine without recourse to the facilities available in a modern hospital. His loyalty to the men and women on the governing board should be freely acknowledged for accepting the challenge of providing the facilities needed by him in the pursuit of his primary objective, the restoration of health.

A second responsibility, different in degree, but equally demanding on the physician is that of loyalty towards his profession. Frequently this loyalty is misunderstood by those outside the profession, and, in isolated instances, doctors have been overly scrupulous. This responsibility carries with it many time-consuming duties which are incidental to caring for the sick and injured, but indirectly contribute to the physician's effectiveness.

Differences should not be aired for public consumption. Keep the hospital and the doctors out of the news, not out of the newspapers — publicity prepared as an educational media is good — but out of the news. Every time a hospital "becomes news," or a doctor "makes the headlines," the reader is given a chance to form an opinion only on the facts presented which may not be complete. Readers know the harm that was done when the physician rendered a statement for the boy trapped in the well for a long period of time. It is not suggested that editors were coerced (they are not known to yield to pressure), but it is suggested that we keep our house in order and develop a conscientiousness and regard for public opinion.

Whenever internal misunderstandings become sufficiently grave to justify the attention of the press, the public is inevitably dismayed and loses some confidence in all parties involved.

Thus, in many cities we find two groups of idealistically motivated people, ready, willing, and able to serve their community, frustrated in their efforts because of the lack of appreciation and mutual understanding of the problems characteristic to each group. If our present hospital system is to survive, we must judiciously defend this apparently incompatible partnership, but the divergent views must be seen in their proper light and the interests and aims of all concerned respected and recognized.

The next ten years will be a crucial period—we may have technicians, not physicians; bureaucrats, not administrators.

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