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# The Large Urban Catholic Hospital: Its Role in Contemporary America\*

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What is the specific mission of the large urban Catholic hospital in present-day America? In what essentials does such a hospital differ from its non-sectarian counterpart? Is it Catholic in auspices only?

These questions are not rhetorical nor are the answers self-evident.

Superficially, at least, there is little difference between the Catholic hospital and any other, except perhaps for the presence of nuns and a scattering of religious art. There is the same gift shop, the same parking problem, the same business office, the same snack bar. Even the Catholic chapel is duplicated in many non-sectarian institutions, particularly those under a municipal, state, or federal aegis. And it is to the credit of chaplains that they are as available to the ill in a non-Catholic hospital as to those in a Catholic institution. Why, then, the Catholic hospital? Perhaps some answers become apparent when one reflects on the genesis of such institutions in the United States, for the tradition behind them is both edifying and glorious. In eras when bedside care of the sick was considered a lowly and undesirable occupation, nursing orders of nuns undertook this task from the motive of simple charity and as a corporal work of mercy. The medical annals of the Civil War are replete with instances of heroism and devotion by nursing orders. With the large-scale immigration of German, Irish, Italian, and Slavic Catholics in

the latter part of the 19th Century, medical care for the destitute in great measure devolved upon Catholic hospitals. Additionally, in an era of bigotry such hospitals afforded opportunity for the Catholic physician to work effectively and in good conscience.

Today the situation has changed. The socio-economic cataclysm that had its inception in the unlamented depression is far from over and its influence continues to be felt in all spheres of medicine, from residency training to nursing, from private practice to medical education. It is unrealistic to aver that the Catholic hospital, alone of all medical institutions, has been immune. The rising standard of living, the almost universal availability of health insurance, the excellence of municipal and other civic hospitals—these have combined to make the predominantly charitable aspect of the Catholic hospital a thing of the past. Indeed, since operating expenses are comparable, it is not surprising that rates in Catholic hospitals are similarly comparable to those obtaining elsewhere. How necessary is the Catholic hospital for the practicing Catholic physician? Today the disability imposed by his religion is constantly lessening and the well-qualified Catholic doctor may generally expect no difficulty in being admitted to the staff of other hospitals.

If the foregoing is an accurate estimate of the present situation—and

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there is little cause to suspect that it is not—does the Catholic hospital have a specific mission to fulfill in modern America? Does it differ significantly from any other hospital? In short, does it really have a *raison d'être*? The answer is an unqualified affirmative, since the outstanding reason for the existence of the Catholic hospital today is perhaps more compelling than reasons adduced at any time in the past. For the Catholic hospital has evolved—or should have evolved—from an apostolate of the indigent to an apostolate of the intellectual.

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Although murmurs had been audible previously, vigorous, purposeful, and constructive criticism of the appalling lack of intellectual distinction among American Catholics probably dates from 1955, when Rt. Rev. John Tracy Ellis, then Professor of Church History at the Catholic University of America, delivered his now-famous indictment.<sup>1</sup> Additional distinguished voices have been raised, including those of Rev. John J. Cavanaugh of the University of Notre Dame and Professor Marston Morse of the Institute for Advanced Study at Princeton University. Dispassionate self-criticism, that first requisite for any alteration in the *status quo*, has seemingly been accomplished. It is not yet possible to assess, however, the practical achievements that may have resulted from the past half-decade of serious preoccupation with the problem.

While medicine is a science and an intellectual discipline, it is also a craft and an art, a profession and a means of livelihood. As such it has afforded—and continues to afford—material support to those willing to

assume its responsibilities. This is a unique privilege not as readily available to the antiquarian, botanist or linguist. Thus, while an intellectual tradition in such sciences as astronomy or mathematics has largely been predicated on an independent financial status for one or more generations, medicine as a lifetime pursuit has long been practicable for those of limited means. This economic fact, more than any other reason, accounts for the preponderance of physicians among American Catholic men of science. Catholic physicians, in all probability, constitute the largest body of scientifically and intellectually prepared laymen in the Church of present-day America. From such a group much might be expected.

In the nice distinction of the metaphysician, has this potency been reduced to act? Generally speaking, it has not.

It is true, surprisingly, that the Catholic record in the sciences is better than in the humanities. According to Knapp and Greenbaum,<sup>2</sup> "Catholic institutions, though exceptionally unproductive in all areas of scholarship, achieve their best record in the sciences." This is faint praise indeed. Granted that the analysis has a solely academic background, it seems at least equally applicable to the overall situation. Despite a few bright spots, exceptional chiefly in that they are the exception, the Catholic contribution to the medical sciences in America has been hardly more than pedestrian. Appropriately, the six Catholic medical schools have assumed an active role in improving the situation, but even here the response to the continuing intellectual challenge is sometimes suboptimal. The record of the

<sup>2</sup>Knapp, Robert H. and Greenbaum, Joseph, J.: *The Younger American Scholar: His Collegiate Origins*, Chicago, 1953 (page 8), (cited by Msgr. Ellis)

Catholic hospitals—which is really the record of their Catholic medical staffs—is not outstanding. Although numerically far surpassed by Catholics and laboring under even more rigorous disabilities, the Jewish community in this country has produced such institutions as New York's Mount Sinai, Boston's Beth Israel, and Chicago's Michael Reese. Do the names of comparable Catholic hospitals spring immediately to mind?

In what has actually been a brief span of years the Catholic Church in the United States has attained maturity, and with such maturity have come responsibilities. Not the least of these is that to the community of American intellectuals. As happily expressed by Bishop John Wright,<sup>3</sup> "How shall we persuade intellectuals to find in Christ, the *Logos*, the Eternal Word made flesh to dwell among us, a divine prototype of their special vocation and unique dignity, as we have persuaded workers to find their model in the Carpenter's Son, Christian youth to find a model in the youthful Christ's obedience to Joseph and Mary at Nazareth, and patriotic citizens to see the exemplar of their proper loyalty in the Christ who paid the coin of tribute and wept tears of predilection over the capital city of His nation? A spirituality of Christian humanism, centered about the concept of Christ the Divine Intellectual, is a critical need of our generation. . . ." The Catholic hospital, as the prime instrument of its Catholic medical staff, cannot longer ignore its new and paramount mission, *the apostolate of the intellectual*.

What is an intellectual? Simply, it is one who, in the midst of his immediate labors, be they technical, artistic, or other, ponders and appreci-

ates his relationship to the cosmos; a philosopher in the literal sense of one who loves wisdom; in short, one who has a truly catholic outlook. It presupposes no minimum of formal education, although the intellectual will often have been stimulated to seek as much formal education as possible.

It must not be assumed that scientific proficiency is synonymous with scientific intellectualism, but it represents a necessary attribute—a *lingua franca* as it were—that enables the intellectual Catholic physician to communicate with his non-Catholic colleague. It is the bridge over which respect for the Catholic's scientific achievement may most readily be followed by respect for his philosophic and religious tenets. The canard is still heard that, since Catholic scientists are few, the Church is inimical, or at least inhospitable, to science. It is an irony that this fallacious proposition can be satisfactorily corrected not by demonstrating the inherent error of logic but by altering the initial premise.

But the end is not yet. It is far from enough that the need for increased intellectual activity within Catholic hospitals be recognized and acted upon. The necessity for *communication*, for "dialogue," remains. In the field of medicine, this implies both "speaking" and "writing." By virtue of his education, formal and otherwise, the Catholic physician should be the most articulate of men. That he has not been is a matter of record and, it is to be hoped, of history. The reasons are now largely academic and in general have been fully explored by Msgr. Ellis. The future is at hand and with it the onus upon the Catholic physician, as a Catholic, as an intellectual, and as a man of science, both to have something to say and to say it.

<sup>3</sup>Wright, John: in the prefatory note to Msgr. Ellis' paper.