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A New Broom

DENIS CAVANAGH, M.D.

A Catholic medical school need not be extensive but it must be good. Its standing in the academic world, rightly or wrongly, will inevitably be identified with the Church. For this reason, Catholic medical schools should either seriously pursue excellence or retire from the field of medical education. There is no disgrace in retirement and such a course is certainly preferable to a persistent display of academic inadequacy.

The pursuit of excellence should be the aim of all faculty members but more especially it should be the aim of all Catholic faculty members. Because of the nature of his work can there be any doubt that the burden of responsibility is especially heavy for the obstetrician-gynecologist?

It would be comforting to believe that because of the worthy nature of our cause a crop of geniuses would arise among us and carry us to success with much inspiration and little work. It is more practical, however, to acknowledge that we are not particularly bright and that it will take exceptional industry and teamwork to win the recognition and respect of those who do not share our views. If our medical standards are high, people will be more likely to listen to our views on medical moral problems. If our medical standards are low why should they listen? We must make our points in the field of medicine where we and our antagonists speak a common language, for with-

out a common language there is as much point in propounding Catholic morals to non-Catholics as in speaking Swahili to Eskimos.

As the newly appointed chairman of the department of Gynecology and Obstetrics I can, in reviewing our position, perhaps outline the issues and approaches that will have some wider application in the field of medical education. The Department of Gynecology and Obstetrics at Saint Louis University was once a first class department and it can be so again. This will take teamwork involving both full time and voluntary faculty. A great deal is expected of a Chairman and sometimes perhaps a little too much. Certainly, the Chairman of an effective Department of Gynecology and Obstetrics in this day and age must be full time. This is not because full time men are better teachers but because the management of a modern department and the maintenance of a successful relationship with other medical school departments is a competitive job which requires the maximum time available. Meetings are essential to the efficient running of any organization but they are time consuming. Very often one may go to a meeting and after three hours come away feeling that nothing has been accomplished; on the other hand so competitive is the nature of our academic environment that if one did not attend he may find later that he is well on the way to losing ten teaching beds.

I believe that many men in this department on a full time basis could do just as well as I can. One great advantage which I have over them, however, is that in coming from the University of Miami I am a "prophet from a foreign land." This factor alone will often create two ingredients for success. (1) The stranger is more likely to be able to convince the administration of the need for a sizeable increase in budget. (It is a sobering thought that although money may not be everything we can do little without it.) (2) People expect and accept change from the stranger which they would not accept from a local man (in this respect one is apparently accorded the hearing due an expert witness).

Now let us consider *full time faculty*. The full time faculty is essential to provide round-the-clock responsibility on a "department first" basis. The full time man should be sufficiently recompensed, primarily to meet his family responsibilities and secondarily so that he does not become a competitor to men in private practice. Indeed, by being available for consultation and patient referral he should provide support to the members of the voluntary faculty. Whether from a moral, medical or legal point of view the advantages of this must be apparent. Without a full time staff any Chairman will rapidly become a very ineffective floor manager.

Now what of the part to be played by the voluntary faculty? Often the voluntary faculty member is uncertain of the part he should play and will manifest his uncertainty by

a variety of attitudes, ranging from the vocal critic to the shrinking violet. Often he hides his light under a bushel, feeling secretly that he has little to offer. Let me assure you that the voluntary faculty member brings with him certain aspects of student and resident education which no full time man could ever appreciate. The voluntary faculty member stands always with the patient. Despite the glamor of teaching and research, we must never lose sight of the fact that the most important duty which we have is patient care. This is why the well conducted departmental conference is so important. It brings out the views of all departmental members from the most erudite super-specialist to the most conservative practising physician. Too often the full time man in his scientific endeavors will forget the practical problems involved in the successful management of the total patient. No faculty should be all full time or all volunteer. The proper blend, as with good whiskey, will produce optimum results.

The problems which we must face are present in all areas. They are associated with students, residents, research and postgraduate education. For the solution to these problems I think we have to change our course. Let us try a new approach — or, perhaps I should say, let us renew our faith in the old approach.

(a) *Students* — Let us interest them in our discipline in the freshman year. Let us meet them early in their career and make them interested in our specialty. Let us point out to them that even in a normal

delivery there is great satisfaction. After all, the combined life expectancy for a healthy mother and baby is about 120 years. Surely this is the epitomy of professional reward?

(b) *Residents* — Our aim here is obviously to attract American graduates to our residency program. I am probably the only man present who cannot be accused of unfair bias in this respect, and I think it is time that somebody made this statement on standards. No matter how willing, the resident with a language difficulty will invariably encounter problems with patients, students and colleagues. Residents must be taught that research, teaching and patient care are inseparable. No resident should ever leave a program with the feeling that he has merely been a "warm body." Let us face the fact that most good residents are resident-referred. Once a strong residency teaching program is established not only will this department benefit but all of the hospitals in the group will benefit.

(c) *Research* — Clinical research can be carried out by a voluntary faculty member. The prerequisites for success are natural curiosity, accuracy in reporting and the ability to maintain complete objectivity in the interpretation of results.

Basic research requires the presence of well-trained laboratory personnel. Each director of a basic science section of a clinical department should receive the full cooperation of the clinical faculty in carrying out his work. Without adequate laboratory support the best

organized clinical department will achieve no significant advances.

(d) *Postgraduate Education*

(1) *Conferences* — We must aim for first-class department conferences of an interdisciplinary nature with participation of interested physicians irrespective of their hospital affiliation or of whether they agree with us or not.

(2) *Extramural Academic Activity* — It must be apparent that every time a man in this department gains distinction in anything helps all of us — whether it is by virtue of being president of a local medical society or being on a scientific program at a national meeting. If the man does a good job this helps all of us. This is how the reputation of an institution is built and we must work to uphold it by our collective action. If a faculty member wants to prepare a scientific paper, it is my duty to help all I can. We must operate on the principle that if one of us fails we all fail, and if one succeeds we all succeed.

At first people will be surprised at seeing a man from this department on a national program but soon they will come to expect it and then we will know we have won back our rightful place in academic society. No longer will we be regarded as a paper department and when we dissent on a matter of policy at a meeting of a national organization, cognizance will be taken of our stand. When our capability is recognized our bargaining power will be much increased. Having obtained recognition then let us not conceal our views, let's advertize them.

This was the Howard Marion Sims School of Medicine. This was

the school where Doisy isolated the first estrogen. How much better could our tradition be? Yet, T. H. Huxley has pointed out, "the rung of a ladder was never meant to rest upon, but only to hold a man's

foot long enough to enable him to put the other somewhat higher."

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