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## Research in a Community Hospital

LUKE R. PASCALE, M.D.

Research in the field of medicine should be recognized as having a wide spectrum. It can range from a simple study to determine the frequency of a clinical event in a group of patients requiring an examining table and clinician, to a very involved study to determine a complex mechanism of a multi-phasic biochemical process, carried out in a highly specialized laboratory, with million dollar computers, elaborate electronic measuring and timing devices, chemical analyzers and a profusion of technicians especially trained to carry out highly specific and intricate techniques. We certainly can recognize which of these research projects has the greatest prestige value and present the highest stature in medical thought. But which of these two extremes are most significant in the ultimate welfare of the patient is impossible for me to establish.

If we agree that significant research can be done by clinical studies of diseased patients, then we have, in each of our community hospitals an already built-in laboratory. May I define a community hospital as one that has a primary responsibility of providing the best facilities and services needed by the

staff to care for patients, but is not affiliated with a research institution or university. If our hospitals are providing the need for research, then why is not research apparent? In truth, it is very much present, but is not recognized because it has no formal and descriptive manner of presentation.

The care of patients is not a simple mechanical or mathematical process, but a complex, arduous endeavor which calls upon the physician to establish a diagnosis using the symptomatology elicited from the patient, the abnormalities discovered on examination and a careful selection of the appropriate laboratory supplements. Once the diagnosis is established, the proper therapy tailored to each patient's requirements must be instituted.

The physician approaches each patient as an individual problem and is restless when his patient does not present a typical picture. He may be uneasy about the compilation of the data from his patient because several facets of the symptom-finding complex differ from the established natural history of the suspected disease. This compels him to investigate in an effort to explain the cause of the dilemma. He may be unsatisfied with the slow or absent response of this patient to the prescribed therapy and must seek an explanation or use an alternative

treatment. With this approach, the physician is applying the research principle in his care of the patient. I do not refer to an undisciplined compulsive effort to a poorly evaluated diagnostic problem or an extension beyond one's diagnostic or therapeutic skills, resulting from an expression of ego-eccentricity and individualism.

The spirit of investigation is the spirit which provokes a clinician to seek the true nature of the problem. Experimentation and research is an intrinsic part of the care of our patient. The formal and more recognized expression of research is merely an extension of these basic practices. This attitude is present within the staff of each of our hospitals. Many discoveries have been made and can be made in the smallest hospital when this humble, restless, and passionate concern exists for the patient. There are many so-called facts in medicine which are being and must be corrected. Since the basic requirements for research are present in our Catholic hospitals, why then does such a paucity exist? Research projects should automatically generate out of these principles. Is there a lack of administrative support to productive ideas? Is there an unawareness of the need for an extension of these principles or a blindness to the value of creative endeavor? Is the obstructionist functioning as an advisor to the administrator dominating the decisions in our hospitals? Is political maneuvering blocking the growth of the research ideas?

The time has long passed for the beginning of support to research in our hospitals. The rewards from the research are concrete and invaluable. Within the staff, there is an educational enhancement with a distribution of knowledge from these research projects. There is a development of a quantitative approach towards objective criterion and the appreciation for the statistical analysis of data. There is an improvement in patient care. Within the hospital personnel there is a sense of pride in their hospital and its staff. Within the community there is an attitude of confidence in their hospital. The people identify themselves with the hospital and describe it as "our" hospital.

These benefits should adequately compensate for any financial deficit which results from the hospital administration providing a research program. Research programs within a community hospital can vary in degree. It can increase to a very sophisticated level with high overall cost. In this case many research organizations would substantially support the costs of such programs.

A hospital should not embark on a program of research without a clear definition of policy. The lay administration could be very vulnerable to an enthusiastic but poorly prepared research project. The presentation of a clearly defined project should be presented to the appropriately qualified committee before any funds are distributed to the investigator; the project should be clearly defined and the bibliographic background should

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be presented. The funds required and their distribution should be outlined. The project protocol should be described and an analysis of what is to be done and the time to be spent by the investigator on the project should be completely stated. The hospital should not be required to supply large sums of money since worthy projects usually can get outside support.

The initiation of a policy of research by a hospital should not be too involved to discourage the beginning. Therefore, facilities should be available within the hospital to initiate small projects. There should be secretarial assistance for preparation of data. There should be funds for duplicating and compiling information for the presentation within the

staff, to local Medical Societies, to the community, and to the general medical profession.

Research in medicine should be directed primarily toward the improvement in the care of the sick person. The investigator should be motivated primarily toward this end and not for personal gratification, to enlarge his bibliography, or to advance his position. In research there should be no competition between investigators, there should be no striving for priority. Similarly, this sense of competition should be discouraged between hospitals. The research program should be developed on the basis of its own merit, for the avenues of medical research are endless and the rewards of true research immeasurable.