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The Catholic Medical School: Performance and Potential

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220 Purpose - spiritual objectives in common with its parent university of view and have no illusions but to agree that my comments may not future role, I present only one point medical schools and their possible a group. I will therefore be the first currently under Catholic auspices medical schools in the United States are quite different in many respects. The editors of this issue invited me to try my hand at answering this interesting question and in an unguarded moment, I agreed; it was a rash decision. Upon a little sober reflection it became evident, not only that there are many possible answers to this question depending upon vantage point, but also that the five medical schools in the United States currently under Catholic auspices are quite different in many respects. So it is presumptuous and perhaps even erroneous to analyze them as a group. I will therefore be the first to agree that my comments may not generally apply and in some instances may not be representative; furthermore, in my assessment of the past performance of the Catholic medical schools and their possible future role, I present only one point of view and have no illusions but that it is a very fallible one.

It is well known that the Catholic medical school professes a double purpose - spiritual objectives in common with its parent university and academic objectives in common with all other medical schools. How effective is the Catholic school in achieving such spiritual objectives as "the development in students of high moral and ethical character" and the "willingness to lead students and mankind to health alone but to health dedicated to God"? How does one measure the success or failure of such an effort? I suspect it cannot be done with real assurance.

From a strictly academic standpoint, the formal content in medical ethics is often overshadowed by the heavy credit course and sometimes makes only a slight superficial impression on the student. Furthermore, the formal teaching of the behavior is only a part of the learning process; as John W. Gardner has stated, "Young people do not readily learn ethical principles but rather emulate ethical (or unethical) people. Thus the young need models both in their imaginative life and in their environment, models of what man at his best can be." To decide the success of a program in ethics and morals will certainly be difficult.

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but other spiritual objectives such as the advancement of personal sanctity are of private concern to the individual and hence success along such lines is even less measurable.

It is my own feeling that the ethical and spiritual ideals advanced by the Catholic medical schools have indeed been an important practical force among the Catholic doctors of our nation and in American medicine in general. But the accuracy of 

This is therefore not gauged primarily by the degree of acceptance of these ideas by contemporary society. Thus whether or not its teaching of Christian ethics and morals has sometimes been less than forceful, whether there have been instances of doubtful ethical practice among its own faculties or whether these principles have always gained a receptive audience, the fact remains that in an era of a continuous decline of interest of most Western universities in the spiritual aspects of man, our Catholic schools have openly proclaimed and seriously cultivated these transcendental values in American society and medicine. The Catholic schools have likewise insisted that in medicine as in other fields, ethical and moral behavior must ultimately be based on divine law rather than social convenience. This critical role of the Catholic university, as Father Drummond has pointed out, is to 'bear witness' to the important truths. Is there any greater fulfillment for an institution than to itself examine and foster those principles it believes of supreme importance to society?

But let us turn to the purely academic aims of the Catholic medical school. How has it performed in this respect? The criteria usually adopted for comparison of medical schools include such factors as the success of students in National Board examinations, research productivity of the faculty and the number of graduates who become outstanding clinicians or scientists. But even such data are not readily available. Incidentally, it is curious that only rarely does one find reports such as that by Peterson et al 2 in which a serious effort was made to assess medical graduates in terms of their ultimate performance as clinical practitioners — which is ostensibly the main objective of medical education; in one study of this type, the authors reached the disconcerting conclusion that student success in formal courses as measured by grade-point averages had no relation whatsoever to their performance as physicians. 4

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The Catholic Medical School - Performance and Potential

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Alumni and prospective donors of Catholic universities often raise the pointed question — "Is there a need for the Catholic medical school?"
a group, not rate in the upper brackets. There have been, to be sure, conspicuous exceptions of outstanding clinicians, scientists, teachers and even Nobel laureates, but the general performance has been very uneven and indeed some of the Catholic schools have at times teetered on the brink of extinction.

What is the reason for this distinguished record of Catholic medical schools as academic institutions? I would suspect that to a great extent it is due to the rather mediocre academic performance of many of our Catholic universities. With an occasional exception, the quality of a professional school is usually determined by the quality of its parent university. The record of Catholic universities with their sometimes uninspiring leadership and lack of vigor in fostering academic distinction has been amply documented by Ellis, and others and does not need restatement. This delay in the development of outstanding centers of scholarship — especially in science — has probably been due in part to the necessity for the development of these universities from semi-cluttered small colleges and seminaries preoccupied with theology, philosophy and the classics; a further problem, as Father Ong has pointed out, is that it became necessary for the religious orders to develop in America a truly liberal university, quite different from the European institutions with which these founding fathers were familiar.

I think that in this regard two important points should be kept in mind. Private education in our country depends heavily on individual benefactions and most of the great universities of our nation have blossomed as a result. Large philanthropy. Our Catholic lay leaders have until recently done little to bolster the Catholic universities, which circumstance, in my opinion, has contributed greatly to the delayed development of these institutions.

The second point and an important one — is that there is evidence that all of these universities undergoing some definite changes. For the better, several Catholic universities have made aggressive efforts to place themselves in the mainstream of higher education. Catholic philanthropists and lay leaders have begun to assume the rightful role. These universities have learned the hard fact that can only change the educational climate. High academic scholars must precede financial raising; otherwise than follow it, it is not to be effective. However, these initial successes are only beginning and a great deal remains to be done. Much of Catholic higher education still seems mired in academic mediocrity at a time when the private college in America is entering a most critical period.

What of the future of the Catholic medical school? If the lot of the Catholic universities improves, should the school thrive from the standpoint of outside financial assistance, the future of all medical schools seems brighter than ever before. The question is not — can a school continue? It is highly unlikely that a health-conscious society will permit any medical school to perish; rather the question is — in what form will it perish?

The dilemmas faced by the modern medical school have been very well described by Evans. To a great extent, the current difficulties are not only financial but internal and organizational and how they are solved will largely determine not only the future of the school but perhaps without exaggeration the health of the country. Medical schools have in one generation succeeded to a pivotal position in the area of national health.

What are some of these dilemmas? There are many, but I would suggest that two are of special long-range importance: The first is the question of clear confrontation by the school of its problems and a definite delineation of its goals; the second issue is that of its future relation with its parent university. I have singled out these two factors partly because I think they are basic and partly because their solution, unlike most other medical school problems, is not dependent on the community or government but on the institution itself.

The first job of any organization would seem to be to assess its functions and planning its destiny. The general objective, common to all medical schools, of teaching the art and science of medicine and advancing knowledge is so general in today's expanded biology as to be almost meaningless. The activities and responsibilities of medical schools have become much inflated and most schools seem to be involved in a confusing web of activities. In such a situation, it is vital for an institution to carefully study its resources as well as its aims and to keep these in reasonable balance.

In truth, however, many institutions have not made such a realistic assessment. Let us pose a question. If a modern medical school were to engage in such planning, what kind of choices might it have? There are, I believe, many special areas of teaching and research which could be considered e.g., improvement of training in selected clinical areas such as public health, internal medicine or general practice, or perhaps training toward specialties in which there are particular physician shortages; or the school might undertake an intensive study to improve the unsatisfactory state of the undergraduate medical curriculum or investigate possible alterations in current methods of residency training — which have recently been criticized as badly outdated. In the area of preventive medicine, a school might deliberately select one or more fields in which it had a particular geographical or ecological interest or unusual faculty talent and plan a coordinated effort in such a direction.

A school may wish, on the other hand, to study the social and economic problems of comprehensive health care in our contemporary society which is an issue of considerable current importance.

Another possibility might be for...
the university to consider a program of increased cross-fertilization of academic effort among various departments such as life sciences, psychology, psychiatry, social sciences and theology. The increasing fragmentation in our modern "multi-verse" is obviously not desirable; there is a fundamental interdependence of knowledge and in a Catholic university we have special opportunities to seek and identify the unifying principles among them. For example, it has become evident that recent research developments have raised an entirely new set of medical-moral problems such as human experimentation, euthanasia, organ transplantation, and others. The Catholic university and medical school would seem to be a logical focus for imaginative scholarship in such areas.

Another possible field of special effort might be the advancement of graduate training in the biological sciences in order to help produce the basic science teachers and researchers of the future; this should probably involve several divisions of the university. A further possibility might be for a medical school, through affiliation and exchange programs, to lend educational support to medical schools in underdeveloped countries of the world. In addition to the preceding, there are of course numerous unsolved special problems of organic and systemic disease to which a school may elect to devote special research or training effort.

Should an individual medical school be involved in some or all of these problems? Or perhaps more realistically, one might ask how many and which ones can it do well? Unfortunately, with its faculty usually engaged in a continuous round of research, teaching, and consultation and its administration sorely harried from several sides, many modern medical schools have not learned the art of analysis — cost in terms of skills and assets as well as money. It is this lack of a blueprint for the future which often predisposes a medical school toward dissipation of its assets in educational and professional trivia. In the foregoing, it is certainly not implied that there should be a heavy-handed direction of activity from above or that academic freedom should be compromised; what is suggested is that carefully perceived broad goals would encourage some focusing and more effective concentration of academic effort.

It should not be supposed that a decision to choose a future course even in general will necessarily be an easy one for all universities there is a great tendency on the part of the faculty to resist change and as Gideonse has rather blantly but perhaps realistically stated, "Today it is almost necessary to establish a new college with a hand-picked administration and faculty to insure a willingness to venture particularly on the basis of insight and experience — and even here scientists sets in rapidly as the vested interests organize and cohere on the basis of the preservation of established prerogatives."

Medical scientists are certainly not immune to this sclerosis and Evans, for example, has remarked that "... The whole process of training physicians since the time of Flexner has taken on a strangely magical and basically immutable quality ... the simple fact is that this vast and complex educational edifice from the pre-medical program through the residency years has been built upon post-hoc ergo propter hoc reasoning that was long ago rejected in other fields of their interest by the scientists who populate medical schools and teaching hospitals." It should be evident however that for all its difficulty, a serious effort toward intelligent and vigorous planning is the only sensible course of action if we are to maintain some coherence in our ballooning medical centers.

With reference to spiritual goals, it is sometimes implied that the aims and sectarian nature of the Catholic medical school are embarrassing to the non-Catholic faculty. I do not personally believe that the large and growing non-Catholic fraction of faculty and students in the Catholic schools resent or decry these spiritual aspects or aims; on the contrary, I believe many have been attracted by them. These faculty have a right to expect, however, that the Catholic university is first of all a university and that there be a true devotion to academic excellence. I would also not presume that either Christian or non-Christian would confuse the invigorating spirit of ecumenicism and the invitation of the Catholic university to participate in the search for truth with a notion that spiritual values should be diluted or diluted. The limited influence of Catholic medical schools has stemmed not from their over-insistence on Christian ideals but rather from under-achievement in the academic area.

In the foregoing I have suggested that a careful assessment of its objectives is important for all social institutions including a Catholic medical school. I have not mentioned what is obvious — that the execution of such aims is the final goal. In the last analysis, it is of course the calibre of administrators and faculty and their resources that will determine the ultimate result. It would incidentally be hoped that our Catholic universities will have reached that stage of enlightenment which recognizes that the ancient jokes about the expendability of deans provide middling good sport but very poor operating policy. Academic administrators hold key positions and greatly influence the course of a school; they should obviously be of top rank and selected for their scholarly ideals, administrative ability, prudence and experience. Not only the quality but the predisposition of faculty and administrators is important. As Auer has stated, "The objective of Catholic medical education is to pursue excellence in science in an atmosphere where excellence is seen in its true
A second issue of considerable importance to any professional school is its relation to its parent university. There is a recent pressing tendency — accelerated by the "medical complex" bill — for medical schools to withdraw somewhat from their universities — a sort of "Flexner in reverse." For the medical school this would apparently put a greater latitude of action such as salaries and finances are concerned and would furthermore enable a denominational school to act on an increasingly neutral non-religious flavor. A sectarian school may feel that in this way it can with more grace and added vigor recruit financial assistance from the community and from governmental agencies, can more easily be served in municipal hospitals and research institutes and thus can secure its place as a non-denominational institution.

If the university permits this course, it relieves itself and the Catholic community of part or all of the responsibility for the financial support and direction of the school; this is the separation of church and state. It is, of course a legitimate fear. In the past however, the university largely governs the medical school as an effective and control arm and is undoubtedly — in a modern sense — less of a university than it was before. To thwart the growth of science or medicine in the university through diversion of needed funds to other areas with the intent of maintaining a "balanced growth" usually leads to a rapid onset of scientific mediocrity, which trend is difficult one to reverse.

In a real sense, the two problems mentioned above, i.e., a careful consideration of its proper goals and its relation to its parent university are inter-connected. If a medical school is a part of a university, it is more likely to remember that it has a meaningful obligation to society and not just to itself. As an organic part of a university, it may, with Dr. Brewster of Yale University, feel that "it (the university) represents one of the best hopes for the discovery and articulation of ends which will justify the means — not only the means of education but the means of society and life itself..." 13

From the standpoint of health, it should be recalled that the primary function of the university is not to provide "merely a replica of the best medicine that is known and practiced in the marketplace but to provide the intellectual community with university scholars whose unique function is to study the past in order to plan for the medical and biological future; the university must be free from the binding rigidities, habits, practices, attitudes and provincialities of its more professional faculty." 7

The above are only modern expressions of the original reasons for the founding of medical schools and the concern that if these schools drift into a preoccupation with size rather than quality and with medical service rather than teaching and research, their primary purpose may well be thwarted. Thirty-five years ago Flexner emphasized that "if the perspective, through the eyes of scholars who do not lose sight of the individual or society and who are willing to examine... a set of values for living which they are willing to proclaim and to try and understand..." It would seem clear that if a school has certain moral or spiritual objectives, it should make some effort to select a faculty who likewise have some concern for these values.

A development which I personally think is long overdue in our American medical schools is a greater academic cooperation between different departments in the same school and between similar departments in different schools. In graduate training in the life sciences for example, it is evident that the future pattern of research training will involve a greater interdepartmental cooperation; yet ancient academic walls and prejudices often impede such developments. It seems likely that increasing specialization in science would make it logical and mutually beneficial for similar departments of comparable size and prestige to pool their talents and resources through some form of interuniversity graduate student study — similar for example to the recent Library and Research Specialty Pooling Plan instituted by certain Big Ten Universities. It would indeed be refreshing if Catholic universities were to exploit some of their combined potential and blaze a few new trails toward academic excellence.


The Justification for a Catholic Medical School

LEONARD W. WORMAN, M.D.

Answers to the question of the need for Catholic medical schools differ. Harassed university presidents, frustrated deans, ambitious department chairmen, impecunious faculty, tuition-poor parents and examiners conscious students reply briefly or repudiated at length, not necessarily proportionate to the thought they have given the subject. History and tradition are invoked. The value of atmosphere and hope of transmitting virtue by proximity or by a table of organization that includes a religious, the fear of secularism, the vanity that we are just as good as "they," the faint of smugness that we are unique when we advocate ethical practice and high moral standards and emphasize the true worth of the individual, the vastness of small Catholic hospitals that could not be staffed were it not for the kind of physician (7) graduates of medical schools. It is implied that there is a moral medical science, and that in order to know it and teach it, medical education is necessary. It would seem more appropriate to consider medical science as correct or incorrect. Correct medical science will not propose illicit conduct, but the validity of our moral judgments cannot be based solely on our current scientific understanding. Physicians and patients insofar as they are capable of human acts, i.e., those proceeding from deliberate reason and free will, are the determinates of the morality of what is done. It is people who are moral, not medical science and the norms of morality must come from outside the medical school, from philosophy and theology and the Church.

This distinction is important. If we have an obligation to have medical schools, then we must simply do the best we can with what we have. If we are exercising a right that is not a strict obligation, then justice demands that we fulfill all the requirements of quality medical education.1 I am not at all sure that we have a clear view of this responsibility, but I feel that the shortcoming should be made up, not by the substitution of another medical education, but by the making of the medical education that we already have better than it is. The medical school student, and particularly the Catholic physician of our country, needs something more than a "good physician." He needs a "true physician," one who is prepared to face the moral issues of his profession.

To ask whether we need Catholic medical schools is, in a sense, equivalent to asking whether we need private medical schools. If we are content to delegate to the national legislatures the complete authority to formulate the standard of what the physician shall be, then we do not need private schools. It is evident however that a number of private universities in the country — and the communities which support them — are committing large resources and active efforts toward the selection and training of "good physicians" for our society. If Catholic schools wish to have a voice in determining the nature of the "good physician," then Catholic universities must have medical schools.

However for all private medical schools — Catholic and non-Catholic — a time of decline is imminent. The school must pass through rigorous self-analytical procedures of proper role, aims and its resources. In other words, it must make a serious effort to deliberately examine its own future course more than permit itself to be bothered with passing fancy of highly demanding society. To sustain its fabric and to maintain a true mission, it should remain an integral and living part of the university. For those few private Catholic medical schools which have withstood adversity and struggle, I would hope that they would in our pluralistic culture maintain their unique role of fostering a more vigorously the wholesomeness of man's concern for things spiritual, his admiration to heal the sick and his drive toward scientific advance.

Running through these answers is the recurring theme of some kind of moral obligation to have Catholic medical schools. It is implied that there is a moral medical science, and that in order to know and teach it Catholic medical education is necessary. It would seem more appropriate to consider medical science as correct or incorrect. Correct medical science will not propose illicit conduct, but the validity of our moral judgments cannot be based solely on our current scientific understanding. Physicians and patients insofar as they are capable of human acts, i.e., those proceeding from deliberate reason and free will, are the determinates of the morality of what is done. It is people who are moral, not medical science and the norms of morality must come from outside the medical school, from philosophy and theology and the Church.

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