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The Quest for Excellence

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Knowledge and wisdom far from being one,
Have oft-times no connection.
Knowledge dwells in heads replete
With thoughts of other men;
Wisdom is proud that he has learned so much;
Wisdom is humble that he knows no more.

William Cowper (1731-1800)

The intellectual performance of Catholics has undergone a searching scrutiny in recent years. With few exceptions, articles in both Catholic and secular press report the same failed to achieve distinction in the charge; Catholic intelligentsia has sciences, arts and literature. The end result is minimal Catholic representation in American science and culture. What is true for the scientists who happen to be Catholic, medical school is similar to that of the secular institution. Its three spheres of activity include education, research, and service, (not necessarily in that order).

Education is considered of an active (learning) phase, which includes research, a passive (teaching) phase, in which information is disseminated to students and house staff by didactic lectures and by fiat. In most effective educational organizations, the faculty participates in education as a more advanced grade of student. Service is provided by medical school staff members in a number of ways. This includes expert medical consultation to the community, hospital and outpatient departments, and consultation to government and industry. Different schools perform these functions with varying degrees of effectiveness, depending on the physical facilities at hand and the kind of intellectual climate that is engendered. Although no university consciously commits its activities to a given sphere, in practice, two types of medical schools have evolved; one predominantly "trains" patient and service oriented practicing physicians for the community; the other is concerned primarily with problems in human biology and relevant basic science and is more apt to be a source of teachers and research workers.

Catholic affiliated medical schools have directed most of their energies to the development and training of practicing physicians. In this context, they have functioned largely as "trade schools." There is no question of the competence of most of these graduates who have taken their place in small and large communities as respected members of society. The evaluation of the degree of excellence in this group is difficult because criteria to measure this are not uniform. The layman's criteria for the "good doctor" differs from the physician's. In many cases, the layman measures popularity rather than scientific excellence.

The common denominator of all medical schools is the production of competent physicians. If it were less than this, the "grade A" school would not be permitted to exist and its graduates would encounter difficulty in obtaining licensure. As long as all medical schools are expected to achieve this basic goal, special accolades are not usually granted for technical proficiency. It would appear, then, that an "outstanding" medical school should aspire to more than the education of competent physicians if it is to be judged as "excellent." An undergraduate is arbitrarily considered to be excellent if he can answer examination questions that most closely conform with his professor's opinion. The criteria for judging a school are its graduates as excellent are even more vague and just as arbitrary.

The medical school, as a graduate department in a university, is devoted to the derivation and dissemination of knowledge that pertains to human biology and to those basic scientific principles that contribute to this understanding. It is the source of new ideas and the storehouse of old information. It exists to educate the mind rather than the hand; to teach principles rather than skills. Its students should be analytical and discerning and should believe in the dignity of man. It should not be an apprenticeship for gilded craftsmen. Teaching is most effective in an atmosphere of research, because the student is assured of a continuous flow of new ideas and new experiences. He is taught by individuals who are themselves students. Pride in one's institution is increased with the realization that his university is a fountainhead of learning.

The objectives of the medical school are accomplished by establishing thought processes and study habits through a conceptual rather than a factual approach. The reason for this is obvious. A student can be given only a limited number of "facts" during his tenure as an undergraduate. If these are merely poured into him, his knowledge will
be quickly outdated as medicine advances around him. For this reason, the student-physician must be prepared to grow with his profession and even to contribute to its growth. This is important if for no other reason than to prevent the emergence of the elderly practitioner whose store of facts antecedes his graduation. If a student is taught no other reason than to prevent the thrill of learning for its own sake, then there is no question that his education will continue after graduation. On the other hand, if medical practice is considered simply a dignified means of livelihood, then it is likely that he will be left behind as technology and science progress.

Excellence, then, is more than the ability to perform with competence; it also embraces the unique quality of originality that will influence the future course of human endeavor, in this case, medicine. The innovator leaves his mark on the field he represents; just as music was influenced by the unique style of Beethoven, medicine is different because of the contribution of Minot.

In these terms, graduates of medical schools affiliated with Catholic universities have failed to reach the same degree of distinction as have their counterparts in secular schools. This intellectual lethargy has provided ammunition for critics of the Church.

Increasing concern for these problems has stimulated many scholars to search deeply for reasons. Monsignor Ellis' little book is a classic that deserves to be read and revered by every thinking Catholic. Many similar publications point out a definite awareness on the part of Catholics of their deficiency in intellectual attainment and the urgency in catching up. At present, the problem has been presented clearly. The pathogenesis and treatment require considerably more study.

Numerous reasons have been cited; none are complete explanatory. The most widely cited problem is financial. With respect to research, this seems to be more of an alibi than a valid reason. There are increased numbers of grants available through the National Institutes of Health and other beneficent organizations, resulting in more money available for research that for any other of the educational functions of the medical school. Nevertheless, lack of substantial endowments (hard money) are left in many ways. Since Catholic affiliated medical schools cannot afford large faculty, continuous responsibility for education and service becomes the burden of fewer numbers of faculty reoccupation with purely service activities results in less time for scholarly activity, and in this way may stifle intellectual endeavor. Incubating the size and depth of a faculty is not the only answer. Schools need laboratories, offices, and hospital facilities - therefore, where and means must be found to increase the physical plant of a medical school. To accomplish this objective, the medical school must accumulate the multi-million-dollar sum that is necessary for the construction or expansion of a suitable educational structure. This may lead to conflict if it brings the medical school into direct competition with its parent university for funds.

It has already been mentioned that large sums of money are available for research purposes. Where then, does the Catholic university obtain hard funds for building and educational purposes, including faculty salaries? Private funds and philanthropies have provided the bulk of their support to secular schools. On the other hand, it is quite apparent that Catholic leaders and philanthropists have not emerged in great numbers to back Catholic educational foundations. Instead, financial aid has been solicited from the Catholic population as large, who have been asked to spread their donations between a number of organizations including parochial grammar schools, diocesan high schools, Catholic charities, and a number of non-sectarian charities. Practicing physicians are required to contribute heavily to private hospitals, sometimes at the risk of endangering staff privileges. The great proliferation of Catholic colleges, particularly liberal arts and women's colleges, have further spread Catholic financial resources perilously thin. The point will surely be reached, where Catholic educational institutions will have to decide in which area they will make their most significant and unique contribution and concentrate their support appropriately. The fundamental intellectual strength of a university begins with its liberal arts and graduate school. Over and above this, it may be necessary to take a good hard look at vocationalism in professional schools affiliated with Catholic universities, not only medicine and dentistry, but also engineering, business administration, and nursing education. The endowment, physical plant and equipment necessary for so complex and expensive a group of schools, make it difficult for Catholic universities to compete with secular universities in their fields unless sufficient funds are available to make competition feasible.

Some believe that the Catholic attitude toward independent acquisition of knowledge is more important in limiting intellectual accomplishment than financial considerations. A common criticism of Catholic education is that it is doctrinaire and therefore stifles free inquiry. The cut and dried formula given to many students educated in a parochial system provides so many satisfying answers relating to the meaning of life, that there may be little point in asking further questions. Moreover, since spiritual destiny is guaranteed by a lifetime of adherence to a strict moral code, it seems superfluous to devote much effort toward achieving material knowledge. From a purely personal point of view, these opinions are not entirely true. There is, in fact, no conscious effort to stifle free inquiry at Catholic universities, other than limitations of time and space. Productive work, is received with as much pride and praise at Marquette as elsewhere. Nevertheless, it is interesting that many med-
ich academicians even in Catholic affiliated schools are not Catholic and/or have secured their education in non-Catholic schools. This is another way of saying that graduates of a parochial system are not usually attracted to an academic career. It is true that many of these students are poorly prepared in science and therefore reluctant to use the scientific method in answering questions. Lack of adequate scientific preparation may further explain the intellectual disinterest of these students. Serious attempts to correct these deficiencies may begin with the parochial grammar school since it is here that the first attitudes toward learning are introduced.

Additional reasons have been cited to explain lack of Catholic intellectual vitality. When Catholics first arrived in this country in great numbers during the past century, they were poorly educated and qualified primarily to concentrate on manual labor as a livelihood. The clergy, having most of the education, was at that time better able to perform intellectual functions. The emergence of an educated laity has dispelled this notion, and has overcome efforts at repression.

Discrimination becomes an important factor in preventing the acceptance of a Catholic intellectual class, only if Catholics allow themselves to be deflected or repressed. It may be well to recognize that the world is frequented by, if not critical or sometimes hostile to Catholics and their institutions. In part, this may be attributed to lack of contact (nowadays called dialogue) of some Catholics with the outside world. In any event, a more aggressive approach will surely be needed to introduce the work of Catholics into the mainstream of American science and culture. In the beginning, this may be difficult, or even discouraging. The problems that attend successful research are the same for Catholics and non-Catholics. It is not easy to obtain meaningful data; experimental disasters, negative results, lack of stimulation or ideas, discouraging depreciating and condescending attitudes of one's colleagues all stifle a research commitment. In an intensely competitive scientific world, acceptance of one's work for publication or presentation is a reputable society provides a further obstacle. Even after a work is published it may be ignored. Good work will ultimately be recognized. Mendel's monumental contributions to genetics were not appreciated until 40 years after he died. There is, indeed, a difference between accomplishment and recognition. Since recognition may be a motivating factor for scientific productivity, failure to achieve this goal may prove a permanent deterrent to the young investigator. He must be encouraged to develop a realistic appreciation for accomplishment which can be sustained independent of the inscrutabilities of peer recognition.

ADVICE TO AUTHORS

Articles on topics of potential interest to the Catholic physician or as a physician are earnestly solicited. A goodly portion of The Linacre Quarterly readers are not members of the medical profession but are engaged in other health fields, teach moral theology, or serve in hospitals, and material of benefit would also be welcome. The subject matter may be predominantly philosophical, religious, or medico-moral in nature. Material should be typed double-spaced, with good margins and on one side of the paper only. Manuscript (original and one copy) should be submitted to the Editorial Office of The Linacre Quarterly, 1438 South Grand Blvd., St. Louis, Missouri, 63104. One additional copy should be retained by the author. Full editorial privileges are reserved. References if used should appear at the end of the article and should conform to the usage of the Index Medicus. (This format is that employed in the Abstract Section of The Linacre Quarterly.) A brief but pertinent curriculum vitae of the author(s) should accompany the manuscript. The Thomas Linacre Award is made annually to the author(s) of the original article adjudged to be the best to appear in The Linacre Quarterly during each calendar year.