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J. A. Klieger
J. Bareta
C. H. Altshuler

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The Need for Education and Research Programs in Community Hospitals

J. A. Klieger, M.D. — J. Bareta, M.D. — C. H. Altschuler, M.D.

Thoughtful and responsible persons concerned with providing medical care for a community have been confronted in recent years with some very real problems. Because medical knowledge and technology have proceeded at an unprecedented pace and because medical costs have risen precipitously, an onerous social dilemma has developed. While resolution of this difficulty may appear to be fairly straightforward, subtle ramifications of it concern the very future of medical practice. It is difficult to persuade some physicians and individuals not trained in medicine of the essential role that realistic teaching and research programs play in the development and maintenance of good medical care in a community. Yet, without them, a community runs the risk of losing its best medical brains. To acquire the skills needed is expensive — expensive in time, expensive in effort and expensive in money. Because of the complexities involved, the development of these capabilities is a continuous evolutionary procedure. One needs to grow up with the procedure.

First, many of the advances in medical care involve extremely complex procedures which cannot be readily applied without the abilities normally developed in a research laboratory. To acquire these skills is expensive — expensive in time, expensive in effort and expensive in money. Because of the complexities involved, the development of these capabilities is a continuous evolutionary procedure. One needs to grow up with the procedure.

Secondly, unless creative individuals are given adequate support and recognition, a community runs the risk of losing its best medical brain to areas where the opportunity for intellectual satisfaction is greater. No community is so rich in talent that it can afford this type of drain.

Thirdly, the opportunity to do research is an essential element in the preparation of your own physicians and in the continuing education of the older doctors. It is apparent that this type of activity with its demand for flexibility, critical analysis and re-analysis is essential to the process of self-renewal to be mentioned below.

It would appear that the basic thinking and philosophy of the individual involved in this situation are of general applicability and have been beautifully discussed in two provocative books written by John W. Gardner, the current Secretary of Health, Education and Welfare. The first book entitled, Excellence, Can We Be Equal and Excellent Too, deals with the difficulty of developing and maintaining high standards of performance in an egalitarian society. The second book, Self Renewal, concerns itself with the individual and the innovative society.

In a democratic society there is a natural reluctance to give recognition to a creative individual — an individual who is different from the norm. Unconsciously, and sometimes consciously, an attempt is made to force the individual to conform and to accept criteria of competence which most practitioners may satisfy. The eventual result of this phenomenon is mediocrity.

It must be obvious that excellence once obtained is not necessarily a lasting thing for as new knowledge accumulates the criteria for excellence must change. The physician and the institution in which he practices, therefore, must be flexible and ready to alter the standards for competence. They must not only be able to understand but can also participate in the changing medical pattern. It is essential that the physician and the institution must help in the accumulation of knowledge, i.e., contribute creatively. They cannot afford either passivity or resistance to change. Passivity of spirit can lead only to sloth and smugness. While it is easy to render lip service to teaching and research activity in a community hospital, the inescapable difficulties and consequences of realistic programs are not always palatable to physicians, to hospital administrators, or to the community.

The physician is the focal point. He must act as a stimulus and as a driving force. These programs can only be effectively created and maintained when they are activated by the ferment of the physician. In the words of Cardinal Stritch, he must be "calmly discontent" with our inadequacies. The physician needs to be aware and enthusiastic to overcome the deadening inertia created by the overwhelming demands on his time, by his relative opulence and by the apparent lack of interest of the community.

The administration and the community must be convinced that the very nature and adequacy of the


present and future medical care (and the near future, at that) will be dependent on these developmental programs. To reiterate, these programs are expensive—and they cannot be carried out by the physicians or the hospitals alone. They need the active participation, recognition and support of the community. These are community projects.

In a realistic way, therefore, we as physicians must sedulously adhere to the ideals and dreams which attract us to medicine and not be influenced to the point of surrender by attempts to entangle us in a morass of mediocrity, or by the distractive cries of "we must be business-like," "let's avoid waste by reduplication," and "we must pay off the interest on the capital debt." Certainly these are important practical matters but medicine cannot be run by business techniques and in accord with business criteria. Medicine is not a business. If it were, we would only do procedures which provide financial return. As physicians, we would perform urinalyses and blood counts only and not be bothered like aldosterone determinations or immunoassays of insulin. Would we not? How many members of the community would tolerate a physician who behaved professionally as that type of business man who is only by the desire for financial reward?

We—both the responsive person and the physician—must be particularly careful not to allow unimaginative hospital planning commissions, hospital lay boards, medical school or county or state medical executive committees or restrictive plans to create repressing and planned rigidities, for such surely leads to early moral bankruptcy.

Letter From Australia

When I read the recent work of Whitelaw (J.A.M.A. February 28, 1966) on the longterm effects on the patient of the contraceptive pill, I meditated on the traditional wisdom of the Church in refusing to be put off balance by each of the latest contributions of "science" in turn when they destroyed unjustly the lives of babies.

TB AND HEART FAILURE

When I was a student, the teaching of medicine everywhere was that, should a patient with TB or heart failure become pregnant, abortion was necessary to save the patient. Somebody's Dictum had said TB is worse during pregnancy and Somebody Else's Dictum had said heart failure is made worse during pregnancy. Such situations were ideal states for statistics. It would have been the simplest thing in the world for a medical school to arrange to treat every second patient with abortion and compare the results in 100 aborted versus 100 who were not.

But the doctors who really thought abortion necessary were not allowed by their consciences to deny to their patients the correct treatment. There were always a few obstetricians who wanted the patient to abort, or who did not through ignorance or negligence or carelessness. But observant clinicians discovered that the number of TB and heart patients who did get worse during pregnancy was surprisingly large. These papers by David Pitt are a mark the completion of a prospective survey of the results of rubella in pregnancy which Pitt initiated almost ten years ago. Because of the great difficulty in collecting an adequate number of fully documented patients for a prospective survey, this is likely to remain one of the definitive studies of the epidemiology of the congenital rubella syndrome. Though some other series deal with greater numbers of cases, very few rival it for thoroughness of documentation of the individual cases, and in some respects the audiological data break completely new ground.

However, medical progress does not stand