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The Medical Audit

Catholic Physicians' Guilds

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can be for the sick a means to go to God. At the moment a man learns that he really needs God, at that very moment he has begun to grasp the real purpose of life. What a bitter lesson! Yet, a very profitable one for it is then that man begins to see that suffering is, in reality, an invitation to turn to God. Before the eyes of the suffering must be held that eternal principle: No one is too small; no one is unimportant to the concern of God. To every sufferer the outstretched arms of Christ on the Crucifix beckon to come to Him. The more completely, the more confidently the suffering soul places itself in the arms of the Crucified, the more certainly will that soul be using pain as a stepping-stone to its eternal union with God. Truly, here, in suffering, is the invitation to spiritual greatness.

But the sorrow and tragedy of it all is that pain can be seen in a wholly different light. The modern world would never dare to think of going directly to God for consolation. Yet, it has not offered, it cannot offer, any worthwhile substitute to a soul sunk in the depths of intense and incurable suffering. The modern world, with its glorification of all that is material and transitory, ridicules, scoffs at the Christian philosophy of suffering. Yet, what promises has the modern world offered to the advocates of its philosophy? Perhaps, fame or gain passing with time. But, what promises, what rewards can be given to those, of firm conviction in mind and heart, of the Christian philosophy of suffering? "Come, ye blessed of my Father, possess you the kingdom prepared for you from the foundation of the world. For I was hungry, and you gave me to eat: I was thirsty and you gave me to drink: I was a stranger, and you took me in. Naked, and you covered me: sick and you visited me: I was in prison and you came to me. Then shall the just answer Him, saying: Lord, when did we see thee hungry and feed thee; thirsty and gave thee to drink? When did we see thee a stranger, and took thee in? or naked, and covered thee? Or when did we see thee sick or in prison, and come to thee? and the King answering, shall say to them: Amen, I say to you, as long as you did it to one of these, my least brethren, you did it to ME."

The above was addressed to members of the medical staff of Our Lady of Mercy Hospital, Mariemont, Cincinnati, Ohio on the occasion of the Mass of Thanksgiving offered in the hospital chapel on the Feast of the Holy Family.

Long before circulation managers realized the tremendous potentials of the derogatory "health" article, organized medicine, through its officers and committees, was encouraging better medical care. These voluntary associations could do little at the national level except to formulate, adopt, and publicize standards. Direct corrective action could only be initiated at the local level, and the various county and state medical associations were delegated the responsibility for taking whatever action was deemed necessary against individual offenders. To be successful, this program required the honest and conscientious support of all its members.

The theory that only a doctor could pass judgment upon the competence of another was and is widely accepted, with the inevitable result that relatively few are ever called to justify their actions. Because of this bond of professional comradeship that exists between all physicians, and because of the subjective nature of their work, one doctor will seldom expose a contemporary to any unfavorable publicity.

Leaders in the field of medicine realized that if a program designed to maintain the respect, prestige and public support of the medical profession were to succeed, a more realistic approach had to be evolved. The answer was as simple as it was obvious: enlist the active support of hospital governing boards. If governing boards of hospitals would insist that physicians meet certain standards before granting them privileges in the hospital, a powerful sanction would be established. There is nothing wrong with this technique: the medical profession discovered a practical approach to accomplish its mission, and everyone, the patient, the doctor and the hospital benefits.

The Medical Audit

Catholic doctors and hospitals are always interested in methods of improving the quality of medical care. Since the medical review or medical audit is being discussed rather widely in medical circles and since it is being used in some hospitals, the editors and staff of LINACRE QUARTERLY believe that an explanation of it would be of interest to the readers of LINACRE QUARTERLY. Mr. Charles E. Berry, M.S.H.A., LL.B., instructor in hospital administration, has, therefore, prepared the following article for LINACRE QUARTERLY.
Legally, the governing board of a hospital corporation is responsible for the quality of medicine practiced in the hospital by members of the medical staff. The staff, through its credentials committee, evaluates the qualifications of those applying for hospital privileges and makes its recommendations, through channels to the governing board. The governing board alone is empowered to make appointments.

It must be remembered, however, that the responsibility of the governing board does not end with the appointment of a new staff member; its responsibility is a continuing one, it must constantly evaluate the quality of work being performed within the hospital. It is this serious obligation that has caused many conscientious board members to search for some technique that will provide reasonable proof that all is as it should be. Even our city bred children know that tainted apples are never intentionally placed in the barrel, but they will intuitively dig below the top layer to search for one that might have turned color during the intervening period. If the governing board is not qualified to pass judgment on a man’s initial application without professional assistance, they certainly are not competent to evaluate his work over any given period. It is to work out the evaluation of the members of the medical staff on a current basis that the process or technique called the medical audit has been developed. Its purpose is not to punish, to criticize or to impeach; it is to protect the defenseless patient, the hospital and the medical profession from those few who, for one reason or another, have failed to live up to the standards maintained by their colleagues.

The use of the word “audit” has been criticized as being undesirable. Although the objective is to develop a perpetual review and analysis of the quality of medicine practiced in a given hospital, for some reason, many respected physicians honestly feel you cannot audit a diagnosis, treatment and prognosis as you can a collection of figures and statistics. Despite the validity of this contention, certainly medical findings can be compared and evaluated in the light of what a reasonably prudent practitioner would do. This standard method of evaluation is accepted by Courts of Law.

A certain reluctance and timidity sometimes bordering on hostility has been encountered by many hospital administrators when this subject of evaluation has been discussed. The reasons for this attitude are not difficult to understand if the administrator understands human nature and the natural reaction of all professional groups when their profession is in any way impinged. And yet the medical profession is jealous of its standing and, in the past, has shown little mercy for the physician who has failed to abide by those principles promulgated to constantly up-grade the type of care rendered. That is all the hospital authorities wish to do, and the average doctor who has consistently exercised his best judgment in the treatment of his patients should, I believe, welcome any administrative policy that would re-affirm his faith in himself.

There are two methods now being used to effect this professional service accounting. The first involves the contracting for the services of a physician who has specialized in this type of work. He carefully examines all or a sampling of the medical records for a given period of time. Each member of the medical staff is given a code number and no reference is made to him except through this code. In his examination of the records the examiner may record the following information:

- Doctor’s code number
- Number of records examined
- Number of procedures performed
- Number of diagnosis corroborated by pathological report
- Diagnosis partially confirmed by pathological report
- Number of pathological tissues reported
- Percentage of normal tissue removed
- Post-operative infections or complications
- Deaths
- Autopsies
- Findings of pathologist at autopsy, etc.

There is no fixed formula, and any physician or well trained layman could develop such an outline. But only a physician could properly interpret the material found in the medical record. Naturally, allowances are made for removal of normal tissue when done in conjunction with related procedures, i.e., the removal of normal appendix along with diseased gall bladder. Any indication of excessive deviation from accepted practice is investigated and the report submitted to the governing board. The methods and system may vary with individual examiners but basically they follow the pattern outlined above.

Such an analysis is costly and really accomplishes little except to point out any grave deficiencies that might exist. We do not recommend the employment of a non-member of the staff for routine analysis.

The second and preferred method is to have each service or perhaps a committee of the staff at large review the records and evaluate them in much the same manner. In this way the staff gains a closer insight into the quality of the work being performed in their hospital and can correct any abuses that may be uncovered. Note that the removal of a single normal appendix may not be cause for concern, but the removal of an excessive number by any one physician may warrant further investigation.
To carefully study each medical record in a large hospital is a time-consuming and often thankless job, but it can be done and is being done, in many of our good hospitals. The burden should not be placed upon the few, but all the active staff should participate over a period of time. The medical audit committee, if it is to be so-called, should report its findings to the credentials or executive committee; it is not a judge and jury, it merely functions as a fact finding body. No individual staff member is condemned without a hearing, and every consideration should be given to physicians who may be found wanting.

The purpose is not to punish but to teach, not to criticize but to advise, not to discriminate but to evaluate, not to snoop but to protect. The time may soon come when patients will ask their physician, does the hospital you use have a medical audit? The next time one of our widely read periodicals or newspaper feature sections suggests that the general public is being victimized by unscrupulous members of the medical profession it should be a comforting thought to know that all possible precautions are being taken to eliminate such men from your community. Surely all honest physicians will cooperate in bringing this about, and since the medical audit is the most effective procedure now available, it should be welcomed, not feared.

**St. Rene Goupil—Physician-Martyr**

NORMAN MACNEILL, M.D.

The Catholic Medical Guild of
St. Rene Goupil

The first martyr's blood to consecrate the soil of North America was that of a physician—Rene Goupil.

Little is known of his early life except that he was born in Anjou, France, about 1607. He entered the Jesuit Novitiate at Rouen and his various biographers are not in agreement as to whether his medical training was secured before he entered the novitiate or after he left it, because of ill-health. That he was a qualified surgeon of his time, is attested in medical literature by Howell, who states that he served as surgeon at L'Hotel Dieu, Quebec.

The nature and extent of his medical training is nowhere recorded, though we know that the status of medical and surgical training in Paris at that time was involved and uncertain. It was within a century of the admission of Ambroise Pare to the College de St. Come, which represented direct succession to the Confrere de St. Come or Guild of St. Cosmos as it would be known in our language today; and at that time continental medicine was beginning to emerge from the contentious period of the Barbers and the Surgeons of the Long Robe. It was in 1520 that peace was finally signed between the contenders and authority over both corporations was given to the Faculty of Medicine of the University of Paris.

It is of interest to note in passing, that Pare is said to have received much of his surgical or preceptorial training from a Prof. Goupil in the College de France and it is conceivable that there may have been consanguinity between persons of a similar and unusual name.

Goupil's novitiate rejection because of ill-health did not dampen his ardour for the Missions, and we find him at the age of 34, volunteering as a Donne for the Jesuit Mission at Quebec. The Donne belonged to a special group found only in the Canadian missions at that time (our closest synonym would be oblate or volunteer). He offered his services gratis to the mission without being bound by vows. Following two years service on the staff of L'Hotel Dieu, Goupil left with Father