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The Physician, The Hospital and Our Obligation to Teach

ROY J. HEFFERNAN, M.D., F.A.C.S.

SIR WILLIAM OSLER was once reproved by an older practitioner for his loquacity with a patient and her family during a consultation. "Young fellow," said the gruff old doctor, "you talk too much — I've practiced medicine forty years with a nod of the head."

Osler was a young man then, and it is fortunate indeed for the healing art that this rebuke proved no deterrent later to his facile tongue or pen.

The fine work done in Catholic medicine today should not be dismissed "with a nod of the head." It would seem advisable that we Guild members should be a little less reticent concerning the remarkable progress made in recent years in our hospitals, particularly in maternal welfare.

The last twenty-five years have brought to fruition more major advances in obstetrics than any one century in the past. Since 1951 the maternal mortality has been under 1 per 1000 live births. Infection has been controlled and the horror of hemorrhage has been almost eliminated. Anesthesia is a respected science of the specialist, eclamptia is almost unknown, and the public is no longer amazed that a three-pound baby survives.

All of these changes had one

basic common denominator — the hospital. Maternal mortality has dropped almost in direct proportion to the rise in hospital births. The hospital, at first a place where antiseptics was organized, became the clinical laboratory where aseptic technique grew up and where willing attendants eventually became expert assistants. The hospital labor room became the seat of learning and the delivery room the font of skill in the art of obstetrics. The hospital gradually acquired such stature that the term "hospital facilities" has become synonymous with anesthesia, blood banks and operating room teams on a twenty-four hour schedule staffed by expertly trained personnel. So much publicity has been given to this progress in current newspapers and popular journals it would almost indicate that every perfection has been attained in obstetrics; that all problems have been solved, and that we must seek new worlds to conquer.

With the reduction in maternal mortality to its present low level there has been naturally a tremendous drop in deaths from hemorrhage, toxemia, and infection. Better maternal care has necessarily influenced neonatal death and still-birth rates for the better. However, notwithstanding this enviable record of progress, much remains to

be done. If we look to the statistics among the Negro race, for example, we find that the maternal mortality is two and one-half times that of the white; that there is a 60% greater neonatal death rate, and that the still-birth rate is 85% greater than that among white mothers. In the last year, for which complete statistics are available, slightly more than five thousand women died in the United States giving birth to live children. In this day of modern obstetrics, possibly the most tragic feature of these deaths is the fact that 50% of them could have been prevented. Within that year there were seventy-five thousand still-births; 68% of them were between the thirty-sixth and fortieth week of pregnancy, and in 71% of these cases there was a history of hypertension and albuminuria in the mothers, indicating that prenatal care could have saved the vast majority of these. There were seventy-nine thousand neonatal deaths, of which sixty-nine thousand were considered preventable. The total infant loss represented 10% of all the deaths in the country. As striking as these figures are, even more startling are the reasons why so many of these were considered preventable.

Number one was the lack of prenatal care. The reasons for this grave neglect were to be found in faulty education of the public in certain areas, lack of cooperation on the part of the patients, poor training among some physicians, and in some instances an improper spirit of community responsibility.

Number two was poor hospital

facilities. By this was meant, in some instances, hospitals which had been converted from other structures and which were thereby inadequate. But in addition, it also refers to hospitals of modern construction but whose facilities were significantly absent or deficient.

Number three was lack of blood. This meant that there was not enough blood given to some patients; that there was not enough blood available for others. It meant also that there were certain hospitals which, in this day and age, are still lacking a blood bank.

Number four was poor hospital care. This was defined as meaning poor nursing care, personnel inadequate in training or in numbers, or an insufficient number of doctors and nurses qualified in basic obstetrics so that they might recognize complications early and call for assistance at a propitious moment. It is obvious, therefore, that a hospital today has grave responsibilities. If these statistics are to be improved at all, it is essential that every hospital, without exception, do its share.

First there must be cooperation in a program of public education. The intelligent use of trained social workers, and a program of medical training, with at least provision for clinical research, must also be considered. These latter two must be singled out for particular comment. There has been a tendency in recent years to maintain that the Catholic hospital cannot compete on a teaching or research basis with non-Catholic institutions. If the major causes of maternal mortality and fetal loss are represented

in the lack of prenatal care and deficiency in training of both nurses and doctors, then no hospital, particularly in the larger areas, will be able to justify its existence if it does not contribute in a major way to the training of the physicians and nurses of tomorrow. The obstetrical unit or hospital holds a special place in Catholic medicine. Medical-moral thinking begins there. It represents the first-line trench in the scientific defense of fundamental morality, the family and society itself. If we are to be spared the end-results which logic and experience tell us will follow therapeutic abortion, birth control, and sterilization, then the scientific evidence proving that such practices are as unnecessary as they are vicious must be forthcoming. Even the most casual student of obstetrics will find that the chief causes of maternal and fetal loss are represented as the chief "reasons" for birth control, sterilization and therapeutic abortion. Progress in the former instance must necessarily disprove the validity of the latter. Truly, it would seem that the circumstances of modern obstetrics represent a providential challenge to Catholic medicine.

The answer to such a challenge lies in research and a teaching program. Research seems to be a frightening term, apparently connoting to many an alchemist's dungeon, presided over by a group of introverts who periodically submit a budget that could only be successfully underwritten by the U. S. Mint. Actually, clinical research is relatively inexpensive, is productive of practical information, and

is underwritten in large measure by pharmaceutical houses, private foundations, and various governmental agencies. It is furthermore the means by which the experience of the older doctors or nurses can be utilized, where the keen, younger members of our profession can prove their ability to investigate and write, and by means of which hospitals may attract the attention of those institutions whose purpose is to foster and support the more expensive laboratory research. It is only in such a way that the story of the millions of deliveries accomplished each year in Catholic hospitals with excellent records and without recourse to therapeutic abortion or sterilization can be told.

To be able to tell such a story and to be able to tell a better one each year, there must be a teaching program. The story must be taught and there is an obligation to teach it. If the obstetrical authorities of tomorrow are to maintain that you don't have to kill a baby in order to heal its mother, it must be proved to them today. If the mother with heart trouble is to enjoy a family, then all physicians must have it proved to them now. Every Catholic obstetrician and nurse who is trained under non-Catholic or anti-Catholic auspices offers proof that our word is not being followed by the deed.

The "cottage" hospital of yesterday, in a new, enlarged edition, is masquerading today in too many instances under the name of the "community" hospital. The community hospital has its place, and God bless it, as it does render high

service and frequently under great hazards. But the community hospital in a metropolitan center is sterile. It is an "obstetrical hotel" that bears no future fruit. The hospital which has five men on its staff, each with twenty years in obstetrics, and does no teaching is wasting a century of valuable obstetrical experience.

The modern obstetrical unit is a living thing; it is a well-organized team—set up, ready and proud to challenge the unexpected, the fulfilling, and impending disaster with uncompromising faith, and with a scientific knowledge as complete and as detailed as God has given us the power to discover.

In the light of modern facts about obstetrical problems our obligation to make progress and to teach is no longer simply one of

charity. Our obligation in this regard towards the mothers and babies of today is one in justice as well.

In the days of the pagan, Hippocrates, it was considered the bounden obligation of members of the healing art to teach. As followers of One who has been reverently called The Divine Physician, the medical and nursing staffs of our Catholic obstetrical hospitals should be honored to emulate the example of those who obeyed the advice to "go and teach all nations."

[EDITOR'S NOTE: *Dr. Heffernan first considered some of the material presented here when an article he wrote for THE CATHOLIC NURSE appeared in the December, 1954 issue of that publication. We asked him to enlarge his thoughts on the subject to emphasize the obligation of the physician and the hospital to advance teaching programs and to develop research.*]

FEDERATION EXECUTIVE BOARD MEETING SCHEDULED

The Executive Board of the Federation of Catholic Physicians' Guilds will meet Dec. 3-4, 1955, beginning at 9:30 a.m. at Hotel Statler, Boston, Mass.

The Officers of the Federation and one delegate from each active constituent Guild constituting the Board will conduct business.