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that there should exist a legal tradition of obligatory self-preservation, a tradition which would impose the affirmative legal duty of taking certain minimum measures to stay alive—for instance to take food and drink. But I find it hard to conceive a theory of jurisprudence in which the State would be empowered to impose on me an affirmative legal duty to make use of highly developed surgical techniques in order to prolong my earthly existence. To kill oneself is one thing. Not to avail oneself of surgery is quite another.

Finally, in the case of the child, I believe the State is justified in intervening and giving a necessary transfusion, ... there is a clear-cut case of necessity, to save an innocent person from impending death, the State can intervene even at the expense of the erroneous conscience. Thirdly, no one object to the power of the State to supply for the neglect of the parent in other, lesser matters. If the parents are cruel or insufficiently vigilant of health, education or morals, the State, for the good of the child, can remove it from the custody of the parents for extended or indefinite periods. A fortiori it should be empowered to save the child's life by seeing that it receives a necessary transfusion.

This rather long inquiry into the scriptural, moral, legal and public policy aspects of the transfusion case is justified, I hope, by the importance of the problems it raises. Not the least among these is the very human one of dealing with the stubborn sincerity of the Witness. I suggest patience, when their intransigence becomes irritating, and still more patience when their mistaken zeal attacks the Church of Christ. Our hospitals and physicians can show them by example that the charity of Christ is all-embracing.

Catholic Teaching Hospitals
FRANK B. MCGLONE, M. D.

Many of the best general hospitals in this country are conducted under Catholic auspices. But proportionately few of those Catholic institutions are conspicuous for their teaching programs. That deficiency is to our discredit and to our disadvantage. To our discredit, because it is in direct contrast to the role which the Church has always played in the propagation of scientific truth; to our disadvantage, because we are thereby ignoring one of the best means at our disposal for insuring the excellence of medical standards in our hospitals for the future.

The tremendous good which is accomplished in our Catholic hospitals—thanks largely to the unselfish devotion of our nursing sisters and hospital chaplains, and to the very practical faith of Catholic doctors and nurses—is nonetheless so common a thing as to be legitimately taken for granted. But it often comes as a surprise to Catholic and non-Catholic alike to discover that the religious concerns of the Catholic hospital tend to improve rather than to dilute the quality of medical care which our patients receive. The ethical codes of our hospitals, for example, are faithfully enforced and have always forbidden those medical abuses which elsewhere are most frequently the obstacles to proper accreditation. Because our moral standards are so high, we are fortunately free from the beginning of such abuses. Or to put it another way, it is easier to practice good medicine in our hospitals because we are irrevocably committed to a sound morality.

Who else, then, is in better position to train the young physician to the highest medical standards? And what better reason for adopting an educational program than that we are most advantageously situated for the inculcation of what is best in medicine? The hospital, the staff, the trainee, and the patient—all stand to profit from such a program. And conversely, they stand to lose without one.

Our interest in medical education in private hospitals has been inspired by the growth of a fine program in Denver over the past eight years. During that length of time at St. Joseph's Hospital, the house staff has increased from six to twelve interns, with eleven residents on the various services, all actively engaged in teaching or learning the best medicine, surgery, pathology, and obstetrics. The development of the program was slow during the first few years, chiefly because the staff was not eager to participate. Now, however, with a stimulating program well established, teaching
A cooperative administration is another essential. Administration must be willing to face the fact that such a project is expensive. The most important item of expense is the provision of clinical beds for charity patients. For purposes of experience and morale, there must be some patients whom the house staff can consider their own. However, the care of these clinic patients must always be carefully supervised by the teaching staff. An out-patient clinic must also be provided to assure well-rounded service. In Denver we are fortunate to have available the Ave Maria Clinic, maintained by Catholic Charities and staffed by the three Catholic hospitals.

Clinic surgery time must be provided each week; otherwise both training and morale of the residents again will suffer. And while it is the hospital which must bear the burden of providing beds and surgery time for clinic patients, there are likewise sacrifices entailed for the medical staff. Especially when hospitals are crowded and private cases are seeking admission, staff physicians may object to the use of beds for clinic patients. Further objection may be voiced if clinic surgery is given priority over private cases on the schedule. But it must be the policy of the hospital and operating room to reserve a place on the schedule for clinic cases and to maintain that part of the schedule as rigidly as the rest. In fairness to the attending surgeon as well as to the anesthesiologist, the tendency to position clinic surgery in favor of private cases must not be allowed to prevail. Thus the complete cooperation of the entire staff is necessary for a successful teaching program.

Other initial problems can be satisfactorily solved at staff level. Some men want to teach, but are not effectual teachers. Many excellent teachers are skeptical of the value of the program in a private institution. It does not take long, however, to appraise the teaching qualifications of the various members of the hospital staff. The house staff is not nearly so impressed by the attending man's medical reputation as it is by his willingness to participate regularly in teaching sessions with small informal groups.

Formal didactics, such as lectures, movies and demonstrations, are of limited value in a good graduate program. They must be supplemented with valuable realistic methods such as ward rounds, x-ray conferences, clinical pathological conferences, demonstrations of fresh tissue specimens, journal clubs, and so forth. These conferences and rounds must be definitely scheduled and must be attended by those assigned to participate. Difficulties will be encountered in every department—a surgical team has to scrub for surgery, the medical service has its problems with laboratory and autopsy commitments. However, these problems are never insurmountable, and after a period of time a system of rounds and informal conferences can be worked out to everyone's advantage.

A strong educational committee is all-important. Its membership should be relatively stable, once the personnel have demonstrated their willingness and ability to function. If various members must be rotated, the program must be a gradual one, so as to assure continuity within the committee. We have found that it is important to have a member of the full-time hospital staff such as a pathologist or radiologist on the educational committee. It is advantageous also to have a separate intern committee that can meet with the interns and help solve some of their problems as well as direct the residents in assignment of duties, scheduling of their assignments and other administrative tasks. The committee should have a representative of laboratory and x-ray, anesthetics, and departments of pathology, medicine, obstetrics, and gynecology. We have also asked these various services to appoint within their own departments, separate educational committees so that problems related to these departments can be directed to that committee rather than to the head of the department. The chief of a service usually has other duties which weaken his administrative position in the educational structure.

Probably the most important function of the educational committee, from the standpoint of maintaining morale in our program, has been a monthly meeting of a small sub-committee with the house staff. At these sessions problems directed to the house staff from the visiting staff are frankly discussed without personal reference. The house staff men are encouraged to be frank in their criticism and suggestions.
reducing their part in the educational program. Providing this opportunity to speak freely and having a committee with authority to be able to give or find direct answers to their problems has been a very essential part of the program. Insoluble difficulties of the type mentioned by this committee, in addition to the above specific functions of the educational committee, the departmentalization of the hospital staff, the further divisions within the departments-such as dermatology, neurology, psychiatry, etc.-create opportunities to utilize the specialty services in the teaching program.

In addition to the above specific functions of the educational committee, the departmentalization of the hospital staff, with further divisions within the departments—such as dermatology, neurology, psychiatry, etc.—create opportunities to utilize the specialty services in the teaching program. Medical students and nurses who have been part of these situations, and particularly in all Catholic hospitals, the student is forcefully taught the importance of good ethical practice. He is taught the economics of medicine and learns through association to respect the Catholic hospital. He soon learns that he is not restricted in any way that will prevent him from practicing good medicine.

It is, therefore, increasingly important that Catholic hospitals assume an important function in teaching. At the intern and resident levels, our hospitals can and should provide students not only with the best scientific training but also the opportunity to observe the utmost in Catholic medical morality in action. The student who has been part of good educational programs today are the teachers of tomorrow.

SUMMARY
1. Private hospitals should play an important role in medical education.
2. Medical students and nurses should be made aware of the high quality of medical practice in our Catholic hospitals.
3. Experience of the large Catholic hospital illustrates the benefits of such an educational program.

INTERNATIONAL CODE OF MEDICAL ETHICS

O N SEPTEMBER 30, 1954, Pope Pius XII addressed about five hundred delegates to the Eighth Congress of the World Medical Association. He discussed the doctors’ role in war and peace, experimentation on human beings, and the efforts being made to draw up a world-wide code of medical ethics. For the most part, his remarks on these topics were repetitions of two previous addresses: the First International Congress on the Histopathology of the Nervous System (Sept. 13, 1952—cf. LINACRE QUARTERLY, Nov., 1952), and the International Office of Documentation for Military Medicine (Oct. 19, 1953—cf. The Catholic Mind, Jan., 1954.)

Speaking in particular about a code of medical ethics, the Pope was careful to distinguish between ethics in the strict sense (medical laws or statutes) and ethics in a wider sense (medical morality or statutes). The distinction is of no little importance. In its strict meaning, medical ethics refers to principles and applications of the natural law. This law is necessarily the same for all human beings, but its universality makes it, as the Pope indicated, somewhat broad and lacking precision, and it needs to be supplemented by human laws or statutes regulating professional conduct. These human laws or statutes are medical ethics in a secondary and wider sense. For the most part, the Code of Medical Ethics for Catholic Hospitals is medical ethics in the first and strict sense. On the other hand, the statutes of various medical societies (e.g., The Principles of Ethics of the American Medical Association”) are largely medical ethics in the second sense: namely, man-made statutes of patients to guarantee correct professional conduct.

Codes of ethics in both senses are needed. The Holy Father stressed this, and he particularly recommended the efforts of the doctors to formulate an international code. In fact, he made several references to the existing “International Code of Medical Ethics,” which already has the approval of some forty-two nations. Since his address I have been frequently asked where one may obtain a copy of this international code. By coincidence, while I was trying to locate it I discovered that the Abbott Laboratories have made a beautifully ornamented chart containing both the International Code and the Declaration of Geneva. It seems to me that it would be helpful to incorporate these texts into the present notes so that in future we can refer to LINACRE QUARTERLY when citing these documents. These texts, as given on the Abbott chart, follow: