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Catholic Physicians' Guilds

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## Medical Advisory Committee to Assist Catholic Hospitals

SOME six months ago the executive board of the Catholic Hospital Association authorized the president to appoint a medical advisory committee. The purpose of the committee is to have a representative group of medical men who can present to the officers, the executive board and the Catholic Hospital Association staff the point of view of medical men relating to administration, nursing service, the medical care and other patient services in the hospital. A great deal of assistance is expected in solving medical staff problems, the accreditation of hospitals, and the educational policies to be effected.

The first meeting of this committee was held in October at the central office of the Association in St. Louis. The following who had been asked to serve as members were present: Edward H. Bowdern, M.D., St. Louis, Missouri; Joseph V. Finnegan, M.D., St. Louis, Missouri; Raymond J. Bozzo, M.D., Washington, Missouri; Frederick M. Gillick, M.D., dean, School of Medicine, Creighton University, Omaha, Nebraska; William J. Lahey, M.D., dir., medical education, St. Francis Hospital, Hartford, Connecticut; Louis S. Smith, M.D., pathologist, St. Paul's Hospital, Dallas, Texas; Sister Loretto Marie, R.S.M., administrator, Mercy Hospital, Chicago, Illinois; Rev. John J. Hu-

mensky, diocesan director of hospitals, Cleveland, Ohio, and Robert S. Myers, M.D., F.A.C.S., assistant director, American College of Surgeons, Chicago, Illinois.

The agenda included many difficult and very significant problems for Catholic hospitals. More than passing interest should be evoked in reading the report which follows. The issues discussed affect many of our LINACRE QUARTERLY readers in a professional capacity and they might well be encouraged to lend effort to help solve some of them in their spheres of duty. It is with this hope in mind that our editor, Father John J. Flanagan, S.J., executive director of the Catholic Hospital Association, arranged to include the report in this issue of the journal.

### EDUCATIONAL PROGRAMS FOR INTERNS

The first topic discussed was education for interns in Catholic hospitals. There was general agreement that hospitals could not solve the problem of inadequate supply of interns but that Catholic hospitals could not expect to receive their share of interns unless the educational programs were strengthened. It was pointed out that speakers and conferences do not make a good educational program. Bedside education under the guidance of staff men who are willing to instruct and supervise must be

effectively organized and integrated into the overall program.

The practice of using interns to write all the histories and to assist all surgeons for the purpose of giving service was criticized by the majority of the committee members; rather, it was recommended that interns be assigned only to men who were capable and willing to teach and that they be responsible for only a limited number of patients so that they can follow them through from the writing of the history to discharge.

Most of the members of the committee favored a rotating internship with a minimum assignment of 15 beds and a maximum of 25.

It was also pointed out that the keeping of good medical records was most important in an educational program and that young physicians should be taught to write records that are medically significant rather than merely complete in a quantitative way. It was also agreed that private patients could and should be used in a teaching program. It was noted that the autopsy rate in Catholic hospitals should be improved because of the value of the autopsy for education and for improved patient care. The following three recommendations are deserving of special mention;

1. Advise hospitals to have a director of medical education; in small hospitals an educational committee would suffice. A qualified pathologist or radiologist might, when necessary, serve as medical education director.

2. The Catholic Hospital Association should encourage hospitals to foster medical education programs; even though it is an expense item, it will contribute to improved medical practice.
3. The Catholic Hospital Association should set up conferences or workshops for medical staff and maintain a consultant service.

### RESEARCH

Comment was made on the meager amount of research being done in Catholic hospitals and the small number of Catholic doctors engaged in research. It was thought many hospitals are discouraged because it is the opinion that all research is expensive and demanding in time, space and personnel. It was pointed out that there are two kinds of research, basic and clinical. The former does require extensive laboratories, full-time staff, special equipment and adequate funds. Clinical research is less pretentious and can be carried on even in a small hospital by any specialist or general practitioner. The attitude of medical men and administrators is the most important factor. The desire to inquire and to learn on the part of the doctor and the willingness of the administration to encourage, to cooperate, and to provide facilities and environment are essential.

### RECOMMENDATIONS

1. The Catholic Hospital Association should encourage research, indicating a general attitude of approval and at-

tendance at professional meetings.

2. Hospitals should be encouraged to attempt only the type of research adapted to each institution. Community hospitals should be cautious about engaging in expensive research projects.
3. The Catholic Hospital Association should publish the sources of grants for research.
4. Research must originate with doctors, but administration should be alert to encourage and to cooperate with efforts of physicians by giving space and some secretarial assistance.
5. Research for its own sake is dangerous.
6. Promulgate the principle that better patient care will result from:
  - a) A review of principles
  - b) A good educational program
  - c) The research that will be the concomitant result.
7. The Catholic Hospital Association should conduct surveys and collect papers delivered by staff members of Catholic hospitals.
8. In encouraging research and education we are only picking up the tradition characteristic of the Church in earlier times when the better medical schools in Europe were under Catholic auspices and when the greatest progress in scholarship was made by Catholic scholars.
9. Certain areas of research could support the teaching of the Church; e.g., in obstetrics we need research to disprove the accusation that it is dangerous for a mother to go to a Catholic hospital for a delivery.
10. An advisory committee of residencies might be organized to designate subjects for research.
11. Call attention to the packaging library service of the American College of Surgeons.
12. Gear *Hospital Progress* more to interests of the physician who thinks it solely an administrative organ.
13. Prove that the Catholic Hospital Association is interested in the doctor himself and clinical practice.
14. Explain the Catholic Hospital Association to physicians by a brochure for them.

#### THE CATHOLIC HOSPITAL AND MEDICAL STAFF ORGANIZATION

The advisory committee felt that medical staff discipline should be left to the staff as much as possible. When the staff fails to exercise its responsibility in promoting good practice and when it fails to correct abuses, then administration has an obligation to act. Medical men resent attempts to "police" them, and religious and lay people should respect the professional prerogatives and responsibilities of the doctors.

The medical audit, it was pointed out, is becoming more widespread

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and more important. Good doctors welcome it as a device for promoting better patient care. In discussing the accreditation of hospitals, it was stated that small hospitals can be approved if the medical staff and administration make certain that the required functions are being carried out. Although the five following committees are essential in a well organized staff—executive, credentials, joint conference, tissue, and medical records—a small hospital staff can satisfy requirements by demonstrating that the functions of these five committees are being carried out by one committee or by the staff as a whole.

In large hospitals it is very helpful to rotate members of committees as much as possible so that more members of the staff may become familiar with the functioning and the importance of the committees.

In some instances, administration in Catholic hospitals moves too rapidly and takes drastic action without consulting the medical staff. This statement led to the topic which came up frequently in the deliberations of the committee, the need for better liaison between the medical staff and the governing boards of Catholic hospitals. It was pointed out that the joint conference committee is an excellent device to remedy this situation. It was suggested that the Mother General or Mother Provincial might well be a member of that committee or at least attend a meeting of the committee when she visits the hospital.

There was a feeling that hospital administrators should be careful

to seek advice from well qualified and progressive members of the staff rather than from one who is pleasing and popular and diplomatic.

#### ETHICAL STANDARDS

A fear was expressed that some Catholic hospitals are concerned only in preventing abortions and sterilizations and do not realize the ethical and moral implications involved in ghost surgery and the unnecessary removal of organs. It was felt that hospitals should be advised regarding the morality involved in ghost surgery, unnecessary surgery and fee splitting.

It was recommended that the individual hospital require that those who participate in consultation sign as consultant and that when a surgeon performs an operation on recommendation of the attending physician, the surgeon be introduced to the patient and his function explained. It is also recommended that the latest amendment of the A.M.A. code be publicized among all hospitals.

#### THE GENERAL PRACTITIONER

Discussion revealed that an increasing number of people prefer the services of the general practitioner. However, in some sections of the country the general practitioners have difficulty receiving appointments to the staff of hospitals. In large staffs, the general practitioner seems to be overlooked and gets least consideration.

Representatives of the staff of the Catholic Hospital Association informed the committee that the members of the Association were on record through a convention

resolution recommending that all Catholic hospitals make provisions for a general practice section in staff organization. It was also pointed out that the model by-laws suggested by the Catholic Hospital Association include provision for a general practice section.

The committee recommended that an annual review be made of medical staffs with a view to eliminating those who do not avail themselves of privileges and thus make a place for those who are more worthy, including qualified general practitioners. Most general practitioners realize that merit should determine a physician's status on a staff.

The committee hoped that people could be educated to consult a family physician who will refer them to a specialist if necessary. A fear was expressed that some specialists are attempting to act as general practitioners and that this could be a medical hazard. The increasing number of specialists is such that doctors do not wish to make house calls, and if a specialist does make a house call, the fee is usually \$25.00.

The committee concluded that discussion by stating that hospitals and doctors have a responsibility to see that the general practitioner

is encouraged and recognized in the all-important capacity of a family physician.

## NURSING

The committee recognized that there is a shortage of graduate Nurses' salaries have not kept pace with other salaries. The members of the Committee felt that there are too many instances of inadequate care, of carelessness and errors. However, it was admitted that the attitude of nurses parallels the attitude of the doctor. Nurses do not write good notes, because the doctors are not faithful in keeping up charts and nurses become careless because doctors do not take time to read notes or to supervise and check on the nurses work.

## SPIRIT OF CHARITY

The members of the committee were asked to comment on the spirit of charity in Catholic hospitals. They expressed a conviction that the spirit of charity does prevail, but that the public does not realize it. It was pointed out that no mathematical amount can be set for charity. In times of financial depression, the need for charity is greater and the need will vary from community to community.