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Catholic Physicians’ Guild

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Editor’s Note: Father John J. Flanagan, S.J., long-time editor of THE LINACRE QUARTERLY and advisor to the National Federation has given twenty years service to hospitals and nursing education. In August of this year, the American Hospital Association bestowed upon him its highest honor, the Distinguished Service Award. His acceptance remarks have a definite message for us all and with the kind permission of the AHA, we publish his statements here. The editors of this journal and the NFCPG congratulate Father Flanagan on receiving this Award and wish him well for many more years in the health field.

I would be less than human if I did not admit that I am pleased and grateful to receive from the American Hospital Association the Distinguished Service Award for 1967. It would be less than truthful also if I did not confess that I am touched and flattered by the sentiments expressed in the citation.

It is for the recipient as an individual to try to evaluate his own worthiness and to try to understand the complexity of circumstances which single him out for an honor which could have been bestowed so appropriately on many other people.

It is not my role at this moment, however, to question the judgment of the Trustees of the American Hospital Association. I feel it is in order, rather, to make an acknowledgment to those who really share this reward with me.

I know association work too well not to know that its success must be founded on team work and the cooperation of many people. I, therefore, wish to acknowledge the work of the Officers and Trustees of the Catholic Hospital Association. Ultimately their decisions, their foresight and their support determine the success of the Association.

Another group which is close to me and on whom I have depended so much are members of my staff. Many of the department heads and supervisors from C.H.A. headquarters are here and share this honor with me this evening.

Because of my identification with a group of Church-related hospitals
and because of the period of adjustment through which our institutions are going in this age of ecumenism and in this era of planning, I thought there might be some merit in discussing with you the future role of religiously-affiliated hospitals as some of us see it.

I need not remind you that we live in a pluralistic society — and that our culture is the amalgam of many races and nationalities and our way of life that of living with many religious convictions and with those of no religious conviction.

Perhaps life would have been simpler and more easy if we were derived from a single stock or united in the same philosophical and religious belief. Easier perhaps, but less vigorous and vital, less ingenious and much more smug. In the parallel field of education we have a mirror of our health situation. Would our educational level be as high as it is, if all education were under one sponsorship? Had it been an exclusively state supported and dominated system, I doubt that it would have reached the quality level or degree of diversification of which we are so proud today. Likewise in the health field; zealous and generous as were the Baptists, Methodists, Jewish and Catholic institutions, they could not alone have carried the responsibility of delivering all the health care needed. They did, however, take leadership in pioneer days; they did set some patterns and standards which inspired many community and public hospitals. Without these religious institutions we would have been slower to develop a complete and compassionate system of health care. Many of the religious institutions ventured into territory where there were no other health facilities and undertook types of care in which no one else was interested or competent. But, alone, they could never have carried the total burden of health care. The development of community and public hospitals was necessary to meet needs of modern Americans. Thus we have evolved to a combination of public and private health care institutions.

Hospitals under religious auspices represent a strong segment of the free enterprise system of health care in America. Almost half of all acute care voluntary hospitals and beds in the United States are facilities operated under the auspices of some religious sponsoring organization. Perhaps they are the last strong vestige of a social institution that is rapidly fading from the American scene with the trend towards more government financing and therefore greater governmental control at all levels, Federal, State and local.

Historically the religious hospitals were perhaps narrow in their outlook. Sometimes they were intent on caring for the needs of their own people — their own sick and poor; although in general, their compassion was not limited or preferential. Historically, also, the religious institutions were frequently interested in religious endeavors or at least in preserving religious traditions within the particular temporal work.

Times have changed; we live in an affluent society and in a civiliza-
tion in which legislators, public officials, public agencies not only share the responsibility of giving health care, but are frequently aggressively in the lead in ministering to certain segments of the population such as the poor and in enforcing higher standards of professional competence and excellence. In fact the community hospital and the religiously-affiliated institutions are frequently hard pressed to develop sufficient resources to match institutions generously supported by tax money.

What then is the role, what is the future of the health institutions functioning under the auspices of a church organization? Is there no longer a need or room for such institutions? Will they be unable to survive in the changed economic picture for private institutions?

My personal belief is that these hospitals will continue to play an important role in the delivery of health care. I think it would be regrettable if they and their philosophies were lost to the health field. Religious beliefs, religious convictions and religious motivation are strong forces in the lives of men and women. They foster love of neighbor; they inspire people to perform deeds and to support causes which are for the common good; although religious hospitals do not have a monopoly on idealism, they do not hesitate to invoke religious ideals to strengthen their programs of service. And I do not believe anyone wishes them to be excluded. I believe they will change greatly in their philosophical approach and in the quality of their management.

The day is past when a hospital will be operated solely for and by any religious group. In a somewhat re-structured health system, hospitals will continue to function under church auspices and motivation, but will more universally embrace a philosophy of serving broader community needs, cooperating with other institutions and with community health agencies. The Catholic hospital, e.g., will continue under Catholic auspices, but will be more intent on serving the over-all needs of a community than it has in the past. In fact, this is taking place already as patient admission statistics indicate.

I believe we are all pleased that there is a greater spirit of tolerance and understanding among religious groups today.

This is not a time, however, for religious faiths and convictions to weaken. I do not believe we want a watered down, common denominator system of religion. This is not a time to dilute ideals and motivation. It is a time to bring them to bear forcefully in strengthening our institutions to function effectively in promoting better health programs for all the people in the United States.

We are concerned today with comprehensive medical care—with total patient care. Sick people have spiritual needs and in our complexity of services we should have religious resources, medically oriented if you will, available to meet their needs.
I think it would be a serious mistake and a grave loss if there were withdrawn from our health system the ideals, the motivation, and the influence of the many religious groups in America. This loss, this withdrawal would be fatal to the concept of private endeavor in medicine, nursing and technical services. We would lose one of the contributing factors in our historical development; we would be losing a positive strength in maintaining a balanced, progressive and vital system of health care.

Those of us who are greatly concerned about the status of our voluntary institutions have fears of external influences and threats. We are afraid of government — we fear that we will be forced out of existence by legislative acts and by regulatory mandates. This is a danger. We should guard against it. But we should not be so defensive that we become paralyzed, ineffective — even paranoid. Rather we should be intent on offering a type of service which is additional to any governmentally-controlled program.

But perhaps the greatest danger to the voluntary system could be within itself. A failure to live up to our ideals of service — a failure to be true to our original objectives could be fatal. We are proud that we have over 3,000 voluntary hospitals in the United States. They are not 3,000 department stores — they are 3,000 institutions whose very purpose and existence are built upon the service concept; and not just a service that is selective and convenient and economically rewarding or at least safe. We are committed to serve under all circumstances and to serve all people.

Hospitals by their very nature are intended to deal with the miseries of the human race. Religious hospitals in particular have a history of developing to meet human needs. Think of our pioneer days, think of our missionary endeavors. It is my personal conviction that private hospitals and particularly religious hospitals will be strong and meaningful and influential as long as they are willing to make sacrifices for their neighbors who are in need. I further believe that when we reach a state of economic security and smugness, that our spirits will have been weakened and that we may die for lack of a challenge.

Please bear with me for one more and final thought. I believe there is one critical area of service to which the voluntary hospitals are not facing up. It is the crisis in health care among the poor in our country. This critical problem is here! It won't go away! Are we willing to recognize it and do something about it? Do we have sufficient heart and courage to become involved in it or will we, by default, surrender it to the Federal Government? It is a principle that the Federal Government will move into a vacuum — into an area where private initiative or state and local agencies have failed to meet a need.

The problem of poverty is a social blight; the health of people is a part of the problem — probably a basic part. Unemployment, lack of education, poor housing all are factors.
Authorities in this work tell us, however, that poor health standards and care are great handicaps. Children drop out of school, because of health deficiencies. Young people lose jobs because of poor health. One out of four children in slum areas of our cities need and are not getting adequate medical care. From selective service we learn one out of two teen-age boys in slum areas need medical assistance. Many do not know how to reach the established clinics. They seldom have a family or continuing physician. They are frequently caught in a vicious circle: no jobs—no preparation—no education because of poor health, etc.

A continuation of our present system could become a perpetual system of dole to deprive people. The ultimate solution must be one which makes these people self-sufficient and self-supporting. A prerequisite to this stage is a level of health which makes them physically able to participate in educational and training programs and to take their places in the employment field. At the present time the health problem is being compounded rather than improved. Hospitals cannot solve this problem alone, but it is important that they become involved in working with other agencies to do their part to solve a complex social problem.

The objections and difficulties are many. How does the voluntary hospital support financially any type of program? Is not the neighborhood health center a politically complicated set up? Are there not red tape complications which are objectionable? There is truth in these objections. There are many difficulties. But is the voluntary health system content to remain aloof from this area of need because there are difficulties and problems? Hospitals have faced financial problems before. Do they not have the imagination, the determination to attack this area of need? Their very know-how and their organizational strength can be a contribution to solutions in the complex situation.

I would hope that third party payors and other agencies would address themselves to the legitimate claims of the poor to adequate health care—that they would take leadership in exploring new ways to cover this type of health care.

I think the problem of the poor is a special challenge to hospitals sponsored by religious groups. We in the religious groups should be willing to undertake tasks which others fear or are unable to undertake.

One of the approaches being used to reach the poor is the neighborhood clinics. In such a neighborhood clinic sponsored by a Catholic hospital in St. Louis, the members of the medical staff have offered to donate their services. They welcomed the opportunity to do some charitable work. We can get support for voluntary programs of care; we can contribute professional leadership and assistance to the neighborhood clinic concept. We can provide a channel for the spiritual motivation of those who have been working with religious affiliated health care institutions in the past.
If we are truly community hospitals—if we are institutions of mercy and charity, we should look forward to this service, not with fear, but with excitement and anticipation. The motto of the Catholic Hospital Association is: "Charity impels us." I hope we can live up to it. As we are united in this meeting tonight—Protestant—Jew—Catholic—and community and public hospitals all under the aegis of the convention of the American Hospital Association—I hope we can be united in a great effort to solve a great social problem in our country.

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