EDITORIALS

GREAT MEN BEFORE US—GREAT MEN IN OUR POST?

He did not fear science — He created it. Miracles of medicine prove His Divinity, emphasized His parables and canonized His saints. Religion cannot read an EKG; yet, science cannot analyze prayer, understand a woman or solve the mystery of silence.

Catholic medicine combines the science of Pasteur and the logic of Aquinas with the charity of Martin de Porres; good medicine is made better by love of God and fellow man. Research strengths built with science, with love no assignment is impossible and each mission is accomplished.

The Catholic Hospital Association and the National Federation of Catholic Physicians' Guilds face expanding roles under broadening horizons. Defining the role of the Catholic Physicians' Guild in the lay apostolate is as difficult as calibrating dreams or measuring courage. Urgent needs include:

1. A rapid channel of communication among laymen, religious, clergy, medical and para-medical personnel.
2. An apostolic mission of excellence in education, research and clinical medicine.
3. Health formation and health preservation for our dedicated religious personnel — providing stamina for their apostolate and health to match their dedication.

The Catholic physician sits in silence; hearing himself seeing the certainty of the eternal. Solitude is for the soul as man sits alone. As he dreams in echelon, he asks himself, "What is my role? What have I done for the Church? What price glory?" His happiness must come from service to others and serving his God as a good and faithful servant. His contentment springs from proven courage in adversity in his daily combat of man against environment for God.

J. W. E.

THE PHILOSOPHY OF MEDICAL PRACTICE

LINACRE, since its inception, has been devoted to the promotion of the Philosophy and Ethics of Medical Practice. In past issues, medical problems have been handled well. So well, in fact, that the various issues have been compiled into a classic book form by the late Gerald Kelly, S.J. The more recent refinements will be included in an edition, revised by Father John J. Lynch, S.J.

In the past year, we have attempted to present more of the philosophy of the Catholic physician and his practice. This comes into sharp focus in the articles of this issue, many of which were presented at the New Orleans Meeting on Medical Education and Research.

Change is apparent in all fields of human endeavor. Awareness and current with the newer attitudes toward hospitals and the practice of medicine, the hospital family — trustees, administrators and staff — will cooperate to offer the best in patient care.

W. J. E.

LINACRE QUARTERLY

Objectives of Catholic Physicians and Catholic Hospitals

JOHN J. FLANAGAN, S.J.

The topic assigned to me for discussion during this Conference on Medical Education and Research has forced me to ponder carefully the role of religiously affiliated hospitals in the modern health field. I am compelled also to attempt to describe the obligations, opportunities and satisfactions of medical men and women who have deep religious beliefs and convictions, and who bring to their work a spirit of dedication which expresses a love of God and a deep concern with the welfare of their fellow citizens. People with religious beliefs have always had a strong desire to help their fellowmen — not only to minister to their physical needs but to do everything possible to help them with their material wants and their physical ailments. Christ, Himself, set this pattern for us and the whole world of men who believe in God.

Men and women have entered difficult fields of service because of their religious motivation; they have gone where others were not available or were unwilling to make the sacrifices. Missionary efforts, orphanages, homes for the aged and hospitals all are evidence of the desire of God-loving and God-fearing people to serve people in their totality needs.

Good and generous men and women have been pioneers in our own country — they have gone where there was nothing — they have done their best with resources which were meager and frequently with training and education which could only reflect the times and the circumstances. Dr. Tom Dooley could report to the world that he was practicing 19th Century medicine in Laos and could justify this because it was infinitely better than nothing or better than the incantations of the witch doctors.

In pioneer days we could establish hospitals in almost any community and know that we were filling a need because no one else was attempting to fill manifest needs of people. The horse and buggy doctor was heroic and gloriously resourceful and self-sacrificing, but he was limited by the level of knowledge and facilities available to him. We can well imitate his devotion and his adjustment to circumstances and environment. But today just doing our best is not always enough. Practicing medicine of the 1940 or 1950 vintage is not enough. Hos-
pitals cannot justify their existence or accept compensation for services which were good enough 10 or 20 years ago.

As individuals and as institutions we are trustees to and for the American people. It is a trusteeship which arises from the fact that the American people have provided through taxation, or gifts or fees or room charges, the richest medical and scientific resources ever generated by a nation. They can rightfully demand and we are morally obligated to deliver to them a quality of service which reflects our medical and scientific resources and reasonably meets modern standards of care. In a real religious sense we are trustees for God Who has blessed us with talents and skills and Who has so richly blessed this nation with resources and prosperity and educational opportunities.

Searching questions are being asked today. For example, why are there so many Catholic physicians? Is there a need for Catholic hospitals? Is there a place and a need for a special organization for Catholic physicians? Some Catholic physicians have challenged the propriety of this meeting on the grounds that the Federation or the American College of Physicians should not concern itself with education and research.

We know that many Catholic physicians practice in public hospitals and in hospitals of other faiths. We know that many Catholic patients are cared for by physicians of other faiths and in hospitals which are not Catholic. We know also that in non-Catholic hospitals Catholic priests are welcomed and can provide the minimum essential spiritual care for Catholic patients.

What then is the objective which we Catholics ought to be working towards in our Catholic professional lives? These are not easy questions and there are no simple comprehensive answers. But we live in a pluralistic society, we are a relatively minor group with limited resources and we must think realistically as to how we can best deploy our resources in order to make the greatest contribution to the people of this country.

I do not believe the solution is in spreading ourselves thinly in a vain attempt to reach all people. The philosophy has resulted in too many mediocre institutions and too much inferior service to people. Much less can we justify competition or duplication of services among Catholic hospitals — neither does it justify unnecessary duplication with hospitals which are Protestant, Jewish or public. As Catholics we must continue to attempt to serve where we are needed, but we must also be conscious of our moral responsibility to attempt to serve only when we are sure we are fulfilling the demands of justice as far as quality is concerned. Religion and religiously affiliated institutions must not become the refuge for incompetents or the haven for mediocrity and compromise with excellence.

And now I cannot escape the question which is of primary concern to this assemblage and is the basic reason for undertaking this meeting. What is the role of Catholic physicians and Catholic hospitals in education and research?

In my opinion, it is not to establish more internship programs. We are now filling only 30.3% of the internships approved. It is not necessary even to fill the ones now approved in about 213 Catholic hospitals. It most certainly is not to provide needed assistance in covering the emergency room, doing physicals and writing histories. I believe our objective should be to concentrate on a smaller number of institutions and make them outstanding. If each of our larger sisterhoods would concentrate on one hospital and develop it educationally and as far as possible in research, we might begin to fulfill our objectives in education and research. I further believe that we in all religious institutions have an important special objective — it is to exemplify the advantages that can be derived from a harmonious relationship between religious ideals and excellence in education and research. There is concern today that "scientism" has become a separate cult — that it fosters the impersonal approach, the coldly statistical and test tube evaluation of man as a being and a patient. There is a feeling in the scientific medical world to see our scientific medical world to see our strengths, to see the values of a practical Christian philosophy in the promotion of better patient care and as a positive influence in modern medicine.

I suggest that in a limited number of institutions we concentrate on exemplifying the positive patient care values to be derived from the long-delayed marriage between Christian virtues and medical excellence and scientific excellence. As Catholics and in Catholic institutions we have certain strengths:

1. We have a religious motivation which impels us to serve our fellowmen and to serve them unselfishly.

2. We have dedicated physicians, nurses, technicians and administrative staff.

3. We have an abiding belief in the dignity of the individual.
I believe that it is our mission to prove that these can be fused with scientific excellence and professional excellence to produce the type of care which the health field is hungry for. Our job is to develop this balanced program in a limited number of Catholic centers which will serve as training centers and demonstration centers so that the world will turn to these institutions to see Christian medical care in its fullest spiritual and professional expression.

If each of our large sisterhoods would make one of its hospitals outstanding in these respects, then we would have a leaven for the entire Catholic system. We cannot preach to the world, we cannot teach unless we do so from positions of professional strength.

In the course of this meeting we will see that some Catholic hospitals are doing this and we can learn from them and their experience.

Religiously affiliated institutions and religious men and women have a role to play in America. It is not to reach into every hamlet, it is not to do all the appendectomies or gall bladder operations. But it is to exemplify to the world the excellence of religion, the excellence of science, and the greater excellence to be achieved when these are joined in unselfish service to mankind.

Major Problems of Catholic Hospitals in Medical Education

CHARLES U. LETOURNEAU, M.D.

A survey of the educational and research programs of about 25 hospitals during the past five years reveals certain problems that are common to all hospitals in this area and some that occur more frequently in Catholic hospitals than in non-Catholic hospitals.

Most Catholic hospitals are of the voluntary service-to-humanity type which were not primarily designed for teaching or research. Very few of such hospitals are affiliated with medical schools and in the affiliated institutions, the arrangement has left something to be desired on both sides.

Emphasis is placed on service, rather than teaching or research although the latter goals are receiving much more attention now than they ever did in the past. Service to humanity is in the best tradition of the Catholic Church and it is not surprising that our hospitals should follow such a tradition. Emphasis on service is further enhanced by the attitude of the medical staff of the hospital which, in its advisory capacity to administration sets the tone for the policies to be followed.

Where there is any conflict of objectives between service, teaching and research, the choice is made invariably to provide service, even at the expense of the other two objectives. This is not surprising since the charter of the hospital usually provides that the aims and objects of the hospital corporation shall be to provide service to the people of the community. Almost universally, therefore, Catholic hospitals have developed as family-doctor types, for service to people of the community. In more recent times, medical specialties have infiltrated into these hospitals, as might be expected, to keep up to date with medical discoveries and new medical techniques and procedures.

It would be unfair to attempt to generalize about all Catholic hospitals or, for that matter, all voluntary ones. Some voluntary hospitals are outstanding in the types of medical service that they offer but, unfortunately, the majority of them are still dominated by general practitioners who feel a growing insecurity in the face of modern medical scientific services which they are not equipped to provide for their patients. There is a tendency, therefore, on the part of the less qualified doctors of medicine to resist the growth and development of specialized services in their hospitals if these are not to be within the purview of their privileges.

In many hospitals, the retarding view of the general practitioner has been communicated to the adminis-