of their staff provide a doctor’s office building adjacent to the hospital so that the physician is at his office and on call to the bedside. I would hope that in this type of arrangement many so-called emergency cases could be referred to a planned private care system in the office building or could be staffed more easily by the private physician and paid medical care could be kept to a minimum. I would hope that the physician closely based to the hospital could more easily and more frequently see his hospitalized patients. I would hope that patients, particularly families, could see the necessary number of physicians in one building and on one visit. Specialization and subspecialties are necessary and have contributed to the improvement of medicine. But we must make them readily accessible to the patient.

I have one last “please” to Catholic physicians. Please use your Catholic training to restore the term medical ethics to a position of respect and moral significance. Today it is a term which is abused and prostituted to protect medical etiquette and is overridden by hypocrisy and fiction to protect selfish and sometimes purely financial vested interests. Ethics originally referred to moral responsibility of physicians in respecting the rights of patients. It would be interesting to review all the cases which come before the A.M.A. Judicial Committee to see how many were concealed with patient welfare.

One of the important cases in a mid-western city dealt with the weighty issue of whether or not a physician was unethical because his name appeared in bold print in the yellow pages of the telephone directory. I think there is an ethical problem connected with corporate practice of medicine. Historically there must have been a need to protect patients from institutional decisions and lay people doing therapy. I urge that we attempt to determine the unethical and dangerous aspects of corporate practice of medicine and that hospitals must join you in supporting your position.

I firmly believe there is a future role for Catholic hospitals and the private practice of medicine, and I believe that working together, physicians and institutions can preserve this and give it a value and a dignity because it will serve the needs of people. But we must work together.

We must not become pariahs because of fear and apprehension or because traditional practices are challenged. We must not become sterile in our thinking. We must use our God-given intelligence and imagination to structure a better health care system which will give greater care to people and be a credit to the Church.

Letter From Ireland

This Easter time we celebrate the 50th anniversary of the Insurrection which was the first step towards our gaining independence. It is fashionable at this time to review progress in the past fifty years. Granted, enormous strides have been made in the field of medicine, but the students’ course in University has remained about the same length. The subjects have become much more complex and seem less orientated to the production of the embryo general practitioner. Portionately fair teaching in all branches of the art and science of medicine is given, but these lectures have been given by specialists, who cannot fail to emphasize their own subject. This may give the most up-to-date knowledge to the student, but it leaves him wondering what the “compleat doctor” does in his practice. In an effort to help in this matter most colleges now have one or two lectures in the final year by family doctors on the broad principles of general practice.

The new graduate is required to be an “intern” for one year before registration and license to practice. His troubles begin immediately. There is a chronic shortage of house officers and consequently long hours of duty. In most cases few facilities are available for study or reference, and whilst there will be a steady flow of interesting cases in the wards, specialist chiefs can be very busy. Long hours are spent in theatre and follow-up clinics — all the time the emphasis is on specialisation.

Several surveys have been published in the past year showing the tendency of new graduates going into general practice. This trend is world-wide. The Southern Irish Faculty of the College of General Practitioners has published a very detailed analysis of the Career and Migration of Medical Graduates from University College, Cork. Before 1950, 60% of graduates settled outside the Irish Republic, mostly in the United Kingdom, and 60% of these went into general practice. Since then, more than 75% go abroad, more than half of whom are not in the United Kingdom, and only 40% in general practice. The remaining 50% are almost all in the United States of America or Canada.

The trend to specialise abroad and the lack of post-graduate teaching in this country are shown clearly by these figures (43% of returning doctors are specialists).

Most general practitioners would aim for a public appointment as a District Medical Officer, who is given an area where his services are available for public health and general medical attention to those whose incomes fall below a certain level. He has many other duties, but basically this is a salaried post with pension and permission to engage in private practice. This gives a great start in life to any young doctor, and many train particularly for this.

A recently issued Government...
White Paper proposes to change this system to a health service where 90% of the population will be eligible to attend the doctor of their choice, and payment will be by capitation. The lack of guaranteed income must be very discouraging to any young doctor training abroad before returning home.

These are just some facets of a very serious problem, which begins at student level and continues to the stage where the public may find themselves short of the family doctor who is the backbone of medical service. This would be particularly true in the thinly populated areas in the south and west of the country.

In general, progress is reported in the field of marriage guidance clinics and sex education lectures to school drop-outs - most necessary in the field of marriage guidance to school drop-outs - most necessary because of the high emigration rate. However no doubt our colleagues are well aware of this, and will take appropriate action.

May, 1966
Robert F. O'Doughue, M.D.

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Book Review

Review by
JOHN E. SINSKY, M.D.
MILWAUKEE, WISCONSIN

There is an obvious, ever increasing barrage of propaganda being thrust at the American public via lay journals, television, etc., by elements of our population who disregard the sacredness of human life in advocating liberalization of abortion laws. In view of this, books such as Abortion and Public Policy by the well-known Catholic writer, Mr. Russell B. Shaw, are particularly welcome and timely. His views concur with the majority of both Catholics and non-Catholics who adhere to Judeo-Christian principles in recognizing the sacredness of human life — whether this existence be in-utero or in infancy, at which time dependence upon others is necessary for survival, or if this existence be critically dependent on others in later life because of infirmity from illness or old age.

In the introduction of this book the author points out some of the facts that have evoked recent pressures on behalf of liberalizing abortion laws. These include an increase in illegitimate pregnancies, the failure of contraceptives to prevent an unwanted child, and the recourse of some women to "illegal abortionists." The thalidomide tragedy and complications of rubella in early pregnancy have also focused attention on these laws.

The second chapter, "Abortion and the Law," included a review of the proposals in the section on abortion in the "M. del Donal Code," and effectively enumerates and elucidates the chief legal and constitutional objections to these proposals.

In the next section we see how medical indications for abortion are no longer considered valid, since improved medical care permits us to give the expectant mother a better prognosis than would previously have been the case.

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