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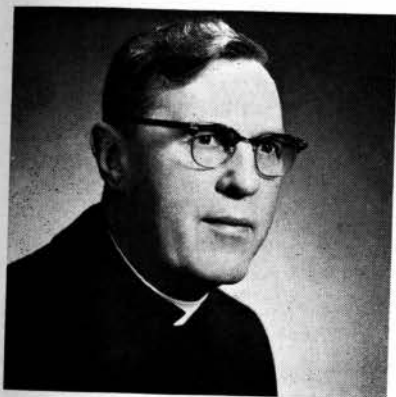
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FATHER HUMENSKY

## The Role of the Catholic Hospital and Medical Staff in Modern Society

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The Second Vatican Council opened the Church's windows to let in the gentle breeze of Pope John's policy of *aggiornamento* in all phases of its life and activities. It is opportune, therefore, that we also scrutinize the role of the Catholic hospital and its medical staff in modern society, in order to see if and where changes or adaptations may be necessary. To be sure, the goals of the Church's apostolate to the sick and injured, to the infirm and distressed have not changed. However, the methods of achieving these objectives are undergoing constant change and we must address our thinking to this challenging fact lest our hospitals become obsolete and ineffective institutions giving inadequate service to the sick.

The task of determining the role of Catholic health institutions and services is rather complicated. The difficulty stems from the fact that a number of external pressures and forces have disrupted the traditional method of rendering health services to the sick, including Federal laws such as the Hill-Burton Construc-

tion Act, Medicare, Medicaid and other important legislation. *Second:* modern research in drugs, diagnostic, therapeutic and surgical procedures, in addition to the high degree of medical specialization, has improved medical practice tremendously. Some idea of the impact of research on medical practice today can be seen from the magnitude of grants appropriated by Congress to the National Institutes of Health—a sum of 900 million dollars. Private industry, philanthropies and Foundations appropriated many more millions for the same purpose. In fact, all of this has ushered in an era of unprecedented medical care in functional, air-conditioned hospitals that are equipped with sophisticated equipment which requires highly specialized personnel with technical skills to operate it. *Third:* Blue Cross and Blue Shield prepayment plans have set a new pattern of health insurance that has changed the whole concept of reimbursement to hospitals and physicians. *Fourth:* organized labor has been negotiating fringe benefits in the field of health

services for its members through contract agreements with employers, and last, home health care, nursing home care, convalescent and rehabilitation services and group practice clinics are further evidence of the modern trends in the provision of health care.

There is no denying that these external factors are commendable and that they have added to the health and life expectancy of our people. The marvel is that the great leap forward in medicine was accomplished for the most part during the past twenty years. On the other hand, one must recognize the fact that it is precisely because of these many forces mentioned above that the problems of hospitals developed in such numbers and with such intensity as to almost defy solution.

Notwithstanding difficulties that confront the Catholic hospital today, everyone must be aware of and sensitive to the commitment of bearing witness to Christ through the fulfillment of the corporal works of mercy. The Church's apostolate to health care in modern society will not be achieved by the authoritarian decisions of bishops and superiors of religious communities owning and operating hospitals but primarily through the cooperative efforts of sisters, physicians and lay personnel, each individual and groups performing within the sphere of respective competence. If the role of the layman is to have real meaning, as is indicated in the Decree on the Lay Apostolate, then it is our obligation to implement the work of the Sec-

ond Vatican Council by welcoming the initiative of physicians and members of lay advisory boards in the health care field.

The urgent need of cooperation of the Catholic laity is accentuated by the numerical minority of sisters who function in administrative and supervisory positions in our Catholic hospitals. [Twenty sisters hold appointments in a three hundred bed hospital that has seven hundred people on its payroll!] Nor can it be said that the spiritual motivation of so few sisters can give a truly Catholic character to a hospital. In short, the entire environment as well as the work and actions of the sisters and physicians must be thoroughly Catholic.

However, because of legal requirements we cannot lose sight of the two basic principles that underlie the corporate structure of a voluntary, non-profit institution; the legal and moral responsibility of a hospital are vested in the governing body and the authority to render medical care to patients is delegated to an organized medical staff within the perimeter of the staff constitution and by-laws. There must exist close inter-action, truthful and honest relations between sisters and staff physicians. The traditional role of the Catholic hospital with its autonomous and autocratic status has served its purpose. The same can be said of the concept that the hospital is the physician's workshop and that he need not be concerned with other matters in the hospital environment.

There are many areas today in which cooperation and collaboration

are consistent with the best practice of medicine and administration and in which the climate of the Christian health apostolate can be cultivated. Among these are: The Joint Conference Committee which serves as a forum for the exchange of information and ideas between the governing body and the medical staff; the medical director whose function is that of a coordinating officer in the execution of administrative and medical staff activities; the revision and up-dating of contractual arrangements with hospital-based specialists according to bi-lateral considerations; the emergency room services under new arrangements of an attendant professional staff that bills appropriate charges for treatment; the staffing of the out-patient department which will for a long time to come be the focal point of dispensing charity care to the poor; the subsidy for indigent patient care without passing on this cost to third party payors; the effective promulgation of medical-moral standards, in order to assure patients of quality care

according to our Catholic theology, and finally, the policies of granting and terminating hospital privileges to physicians according to just rules and regulations.

Indeed, the complexities of comprehensive health care clearly disclose the sad fact that no man is an island of sufficiency to himself. No one individual, nor group for that matter, can act independently of others. This premise is particularly applicable to the religious who assume the administrative responsibilities as well as to the physicians who practice their professional art of healing in our hospitals. Together they have the power to shape the role of the Catholic hospital in the modern world. This requires a spiritual partnership and an apostolate in which Catholic physicians will play a more prominent part than they did in the past.

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