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Administration Look to the Physician

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MUCH has been written about the desirability for close liaison between organized medicine and hospital representatives. This is no longer just desirable, it is vitally necessary if we are to avoid complete chaos. There is a common interest shared — the objective is the provision of the best possible facilities for the care of the sick and injured. The same idealism is professed; both groups are highly motivated members of a community and yet, interest in the hospital may be diametrically opposed, although the goals are identical.

It is becoming increasingly evident that a new and perhaps undesirable philosophy is being accepted by many who are vocal in the health field — centralization of control of all health activities at the national level. Although controversies and conflicts are bound to arise, cooperative action on the part of trustees and staff is more important today than ever before, if communities are to continue to evaluate their own needs.

Five major problems confront the health field today. All are important, all insidious in their effect, all very real.

The primary issue, yet the least tangible one, revolves around the increasing public antagonism towards doctors and hospitals. An

ever increasing number of articles, cartoons, and comic strips tend to lampoon or satirize the physician and ridicule the hospital. This material is cloaked in humorous garb and admittedly is amusing. Some of the best appears in publications geared for professional readers, but some items find their way to bulletin boards and company papers read by consumers. Prospective patients are being sensitized to suspect instead of respect the very people who are dedicated to their service.

The A.M.A. has counter-attacked, but continued efforts are needed to hold the line.

A second major problem is the lack of adequate facilities for the care of the indigent sick aged. Many agencies are giving serious thought to this problem which must be solved by voluntary groups. This issue is the trigger that could lead to state controlled medicine.

A third consideration is the complete failure of our recruiting programs to attract increasing numbers of men and women into the health field. Nurses, technologists, librarians, dietitians, and others are in short supply. It takes time to educate a young man or woman in these professions; we must stimulate interest or medicine will sacrifice some of its potential.

The intervention of third party payees will materially affect the operation of hospitals and directly affect the status of the physician if it is not controlled and guided. This presents a real problem. The old cliché "a man who pays the fiddler's time," is just as valid an application now as it was fifty years ago. No doubt, some compromise will be desirable to protect the public but compromise that is intelligently conceived can lead to a better render. A board of directors will be more unyielding than a board of trustees.

The fifth problem confronting us immeasurably to the first four and indirectly may be the cumulative factor that enabled these to become problems. It is, of course, the inability of organized medicine, as an entity, to harmoniously work along with hospitals and their associations. The reasons are many; complex, yet understandable. Unfortunately, minority groups, or, in some instances, individuals, have antagonized administrators and governing boards. An understanding of the responsibilities of a board of directors can be of help, we believe. It is the duty of such a group to determine policies consistent with community needs. This cannot be done intelligently unless and until the members of the medical staff interpret their needs to the board, and the board, in turn, acquaints the staff with the practical problems involved in supplying these needs. Along with this, there is the obligation to provide facilities and equipment consistent with needs.

Again the medical staff must be consulted and asked for advice.

Proper professional standards must be maintained. This is a serious, well established legal responsibility that is inherent in the very concept of a governing board. How can a group of lay men and women evaluate the work of the physician? The courts have given a clear answer to this apparent dilemma; the responsibility of preparation for adequate standards must be delegated to the medical staff. If the staff, as a unit, refuses to recommend reasonable rules and regulations for its own conduct, privileges may be withdrawn. But, again, it is imperative that effective liaison exist between the two groups.

Another duty is to co-ordinate professional interests with administrative, financial and community needs. This is frequently an area where a meeting of minds becomes difficult, and personality conflicts are magnified. It is in this area that boards must, on occasion, weigh in judgment the relative merits of a proposed course of action, knowing in advance that all will not be pleased. The physician is not interested in costs when devoting all of his time and energies toward restoration of health; yet the board must rationalize in favor of the community as a whole.

To provide adequate financing, the board stands alone. The problem of financing will, we are confident, become increasingly acute in all hospitals regardless of their affiliation.

The physician, too, has definite

responsibilities; secondary perhaps to those involved in the familiar doctor-patient relationship, but tangible and binding, and directly related to his practice of medicine. His first obligation is to his patient, but in addition he has an obligation to remain loyal to the hospital, and to support its activities. It is becoming increasingly difficult for any physician to consistently practice good medicine without recourse to the facilities available in a modern hospital. His loyalty to the men and women on the governing board should be freely acknowledged for accepting the challenge of providing the facilities needed by him in the pursuit of his primary objective, the restoration of health.

A second responsibility, different in degree, but equally demanding on the physician is that of loyalty towards his profession. Frequently this loyalty is misunderstood by those outside the profession, and, in isolated instances, doctors have been overly scrupulous. This responsibility carries with it many time-consuming duties which are incidental to caring for the sick and injured, but indirectly contribute to the physician's effectiveness.

Differences should not be aired for public consumption. Keep the hospital and the doctors out of the news, not out of the newspapers -- publicity prepared as an educational media is good -- but out of the news. Every time a hospital "becomes news," or a doctor "makes the headlines," the reader is given a chance to form an opinion only on the facts presented

which may not be complete. Readers know the harm that was done when the physician rendered a statement for the boy trapped in the well for a long period of time. It is not suggested that editors be coerced (they are not known to yield to pressure), but it is suggested that we keep our house in order and develop a conscientiousness and regard for public opinion. Whenever internal misunderstandings become sufficiently grave to justify the attention of the press, the public is inevitably dismayed and loses some confidence in all parties involved.

Thus, in many cities we find two groups of idealistically motivated people, ready, willing, and able to serve their community, frustrated in their efforts because of the lack of appreciation and mutual understanding of the problems characteristic to each group. If our present hospital system is to survive, we must judiciously defend this apparently incompatible partnership, but the divergent views must be seen in their proper light and the interests and aims of all concerned respected and recognized.

The next ten years will be a crucial period—we may have technicians, not physicians; bureaucrats, not administrators.

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