

May 1965

Objectives of Catholic Physicians and Catholic Hospitals

John J. Flanagan

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Flanagan, John J. (1965) "Objectives of Catholic Physicians and Catholic Hospitals," *The Linacre Quarterly*: Vol. 32 : No. 2 , Article 4.
Available at: <http://epublications.marquette.edu/lnq/vol32/iss2/4>

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 manifests a healthy 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 spiritual 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 religious motivation; they have gone places and done things when 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 total 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 glamorously 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-

Father Flanagan is Executive Director of The Catholic Hospital Association. The paper herein published was the keynote for the Conference on Medical Education and Research held in New Orleans, La., November 13-14, 1964. The Meeting sponsored by the National Federation of Catholic Physicians' Guilds had the cooperation of the Catholic Hospital Association.

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 Catholic hospitals? 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 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 Cath-

olic 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 ourselves and utilize 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 thin in a vain attempt to reach all people. This 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 30-32% of the internships approved. It is not necessarily 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 to 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 belief in many important medical centers that religion and religious beliefs unduly hamper scientific investigation and progress in the pursuit of knowledge. There is a feeling in the scientific world that the Catholic Church

and Catholic hospitals are interested only in protecting a circumscribed approach to health care and in proselytizing. I think we can admit to some smugness, some indifference to leadership in progress. We Catholics have been too much concerned with pelvic morality and ethics dealing with the reproductive systems, and failing to emphasize moral obligations for all professional acts and for professional excellence.

We modern Catholics need to build a bridge between Catholicism and the modern world. It must be a bridge of mutual understanding and respect which will enable the 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, nuns, 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.