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Participation of Catholics in Medical Education and Research

SISTER ANTHONY MARIE, S.C.

This time of *aggiornamento* in the Church could very well be a time of self-examination and self-criticism for hospitals and physicians also; a time in which to examine our role in patient care, medical education and research, to bring it into keeping with the needs of modern times, and to chart our course for the future. Self-examination or self-criticism is one of the means to capture and express excellence. It is an obvious obligation in the Catholic hospital because, like the Church, its principles are well suited not to provincialism and mediocrity but to ecumenism and excellence.¹

Catholics with a sense of history and of the urgency of this moment of time in which we live realize the vast hiatus between the leadership given by Catholics in medicine in the early centuries of the Church and the limited role we play today.²

Pope John XXIII in his address to the members of the Pontifical Acad-

emy of Sciences said, "This science that the Church welcomes in her home in welcoming you to the same science which the learned men of the whole world unite in peaceful research, strive to advance through sharing the results of their work... How we wish that these undertakings would take on the meaning of homage rendered to God, Creator and Supreme Lawmaker."³

ROLE OF CATHOLICS

It is just this mission to bring God into the world of medical science that we seem to have ignored. We know that there is no Catholic medicine, per se, but we can and should have Catholic physicians who not only practice medicine according to Catholic principles and beliefs, but who exercise leadership in teaching and science as well. We should have hospitals which fulfill their role of witness to the Church's concern for the apostolate of education, as well as for service to the sick. Father Ong, in a scholarly paper, "The Catholic Church's Interest in Knowledge and Research" reminds us that "Catholics as a whole have not sufficiently faced the fact that a part of their apostolate is not merely

³"Address to the Pontifical Academy of Sciences," Pope John XXIII, *The Pope Speaks*, Washington, D. C., Col. VIII, 1963, pp. 394-5.

to preserve knowledge but positively to advance it."⁴

What do we find when we look for the participation of Catholics in medical education and research? Due tribute is paid the Society of Jesus with their five of the six Catholic medical schools in the United States. For teaching hospitals we find 194 or 22% of the 863 Catholic hospitals in the United States approved for internship.⁵ Twelve of the 194 hospitals (6%) filled their quota in the National Intern Matching Program in 1964.⁶ Individual Catholic physicians who have established themselves in their fields as outstanding practitioners or scientists are few in number. Tribute is paid to men such as Dr. James A. Shannon, Director of the National Institutes of Health, Dr. J. Englebert Dunphy, the first man to hold the highest positions in American Surgery: President of the American College of Surgeons, President of the American Surgical Society, President of the Society of University Surgeons, Professor of Surgery at Tufts, Oregon and now University of Southern California; Dr. John E. Murray, Director of Surgery Research at Peter Bent Brigham Hospital, who first transplanted the human kidney

⁴"The Catholic Church's Interest in Knowledge and Research," Ong, Walter J., *Hospital Progress*, 38:50, June, 1957.

⁵"Essence of Concern," Holoubek, J. E., *Linacre Quarterly*, 30:98, August, 1963.

⁶"Number of Interns Sought and Number Matched for Each Participating Hospital," *Reports National Intern Matching Program*, 1964.

successfully; Dr. Arthur Reynier, for many years with Notre Dame University, pioneer in the development of the germ-free life and an outstanding authority in this field. These are selected at random; there are others, but there is admittedly "room at the top" for a greater number of Catholics.

If a lesson is to be learned, it is that Catholic institutions and Catholic professionals must learn to compete in the open market. It is a fact that many Catholics who have distinguished themselves are identified with non-Catholic institutions. Few of those physicians who have status nationally have been primarily identified with Catholic organizations; a few have developed such associations after the great part of their professional life had been spent with other institutions. What is true of teaching is also true of research. There are brush fires here and there but no leaping flame.

MEDICAL EDUCATION

We are all concerned with giving quality medical care to patients. This is our dedication, our responsibility — physicians and administrators of hospitals. This concern must of necessity encompass medical education and research. Why is this so? It has been said that the "half life" of a physician today is about five years. That is, with little effort he can coast on his knowledge for that length of time; then somewhere between five and ten years, unless he educates himself, he will be practicing outmoded medicine. It is a law

¹"The Scope of Excellence," Taylor, Fred M., *Hospital Progress*, 45:82, February, 1964.

²"Medicine," *The Catholic Encyclopedia*, Vol. X. The Encyclopedia Press, New York, 1913, pp. 1-800.

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of life that we must continually advance or we regress; there is no standing still. Fifteen years or so of experience may mean only one year's experience repeated fifteen times. Experience alone is a dangerous instrument if not constantly tempered in the flame of new ideas.

It used to be thought that an individual became a physician when he received his degree. We now know that one is always working at becoming a "physician." Can you imagine a physician who graduated in 1945 and stopped learning? He would not know what antibiotics are. He would not have heard of cortisone. Over 75% of the drugs used today would be unknown to him.

Medical science has literally exploded in the past two decades. Dramatic advances have been made in medical care. What is new today is out of date tomorrow. The physician must keep his store of knowledge constantly attuned to new developments, sharpened and adapted to the latest mode of treatment. Teaching medical students, interns and residents, is the best way to keep abreast of the medical times. Two centuries ago, in 1732, Thomas Fuller wrote, "Teaching of others teacheth the teacher." The function of teaching in a hospital insures that high level of patient care to which every hospital aspires. The physician by reason of the Hippocratic Oath pledges himself to instruct the young in his art, to give them of his experience and knowledge so that

they will be able to provide an ever increasing quality of patient care.⁷

Every hospital could and should be a teaching hospital. Size is not important. Quality rather than quantity is the important factor. Health is just as vital in the smaller community as in the large metropolitan area. There should be only one common denominator—the very best standards of patient care—whatever the size or wherever the location of the hospital.⁸ What is not generally recognized is that high standards of care are only possible when correlated with an adequate program of education in the hospital.

The very existence of a hospital depends upon the quality of the physicians associated with it and the hospital that teaches will attract and hold the best practitioners. At St. Vincent's, as at any hospital with a good teaching program, we have no difficulty in attracting staff of a high quality. As the program in department after department was strengthened, the word filtered through professional circles and staff appointments became desirable. The kind of medicine practiced with an alert, intelligent group of interns and residents stimulating the attending physicians to keep "on their toes" has to be of a superior quality. As the

⁷"Hospitals and the Quality of Medical Care," Craig, Howard, *The New York Times*, April 19, 1964, Section II.

⁸"Every Hospital A Teaching Hospital," Hill, F. T., *Hospital Administration*, (American College of Hospital Administrators) 14:34, Winter, 1959.

hospital becomes known for its various specialties, referrals are made to it by other hospital staffs and by individuals.

Even though modern hospital administrators know well the beneficial effects of teaching programs and research activities in hospitals, they must depend on their medical staffs for the strength of these programs. Therefore, the nature and extent of their plans and their ultimate success depend, in the final analysis, on the motivation and experience of the medical staff. Yet the medical profession and its important related institutions, such as hospitals, have a dual responsibility to take care of patients now and to provide for the care of patients in the future.⁹

How does one initiate an educational program? It is the responsibility of the Trustees, the Major Superiors, the Medical Board to plan soundly. There are certain basic ingredients:

1. A qualified staff interested in teaching. Of little value is the practitioner, however highly qualified, who is interested only in his own practice with "no time" for interns and residents, who is aware of them only when they relieve him of the responsibility of coming to the hospital at night to administer emergency care. The entire staff must be imbued with the desire to teach so that even those with limited abil-

ity to do so at least support the efforts of those who do. An important component is the full-time chief or director of service or department. The traditional opposition to full-time physicians seems as untenable as opposition to full-time administrators of hospitals or full-time directors of nursing. Obviously a person with divided interests cannot give his whole attention to one task and the task of directing a teaching program in a department is a full-time responsibility. At St. Vincent's we have full-time directors in all clinical departments with a total of 40 full-time and 15 part-time physicians for the complete teaching and allied programs. This does not in any way derogate from the status of the attending physician or diminish his responsibility for teaching. Every physician at the outset of his career makes a choice as to the particular way in which he will practice. He is neither more nor less a physician according to his choice of a full-time position or independent practice. Good medicine must be practiced by both and both must teach — it is a difference of degree of responsibility. It is short-sighted to assume that a few full-time physicians can bear the whole responsibility of a large scale teaching program, yet this concept is held by many doctors. All contribute. University affiliation is becoming increasingly important and can be achieved in several different ways, from a direct affiliation to an association providing teaching. 124

⁹"The Responsibility of Hospitals In Medical Education," Wolf, George A., Jr., Paper presented at the American Hospital Association General Assembly, August 26, 1964.

of the staff members of St. Vincent's Hospital hold faculty appointments in medical schools; 67 at New York University School of Medicine and 59 in other medical schools. This is a significant factor in attracting house staff.

2. A sufficient number of teaching beds. Even where the private patients are utilized for teaching, the house staff should have the learning opportunity that comes from total responsibility for patients in a ward, under the direction of interested attending physicians. Half of our 1028 beds are ward beds.

3. A good medical library with a qualified, interested medical librarian. It is certainly foolish to launch a teaching program without providing such a basic essential. An instance was related to me from a doctor's personal experience of a hospital with a woefully inadequate medical library planning to engage a Director of Medical Education.

4. Good laboratory and x-ray departments with teachers heading both departments.

5. Housing and stipends, while important, are secondary to these requirements. In many hospitals the interns and residents are hired to perform a service to the hospital and education is incidental. It is apparent that the medical school graduate seeking further training does not share this view and it is pertinent to note that larger stipends and better housing quarters do not make

recruitment any easier than the educational opportunities available.¹⁰

6. It would seem necessary to call attention to the importance of following the directions in "The Essentials of Approved Internships" issued by the American Medical Association, Council of Medical Education and Hospitals. These essentials mean exactly what they say and a hospital wishing approval may not deviate from them.

7. A component of the house staff program which you will not find in any "Essentials" but which we at St. Vincent's Hospital have always deemed important is a direct liaison of the house staff with administration. An assistant administrator is designated for this responsibility and all interns and residents are free to consult with this assistant on any professional or personal matter at any time. A formal liaison is achieved through the House Staff Council, comprised of the Chief Residents of each service and two interns, elected by the intern staff. This group meets monthly with administration and department heads as part of the Patient Care Committee. Following this meeting the Council remains with the assistant administrator to bring up any matters relating specifically to the house staff as a group not related to patient care. We believe this procedure has been a tremendous factor in fostering good relations and eliminating grievances.

¹⁰"The Training of the Physician," Ebert, Robert H., *New England Journal of Medicine*, September 24, 1964, p. 683.

The intern and resident is human and his personal life is important to him and to us.

An environment must be provided that will make the interns and residents wish to continue their education for the rest of their lives. In this environment, which permeates the entire institution, the internship and residency program thrives. It may have a small beginning but if it is soundly planned and fostered, it will grow. I think of it as being like a snowball. (The thought probably came to me on a northern winter's day.) It takes a little effort to get it started—it will not form of itself; but once the flakes are packed together, the ball rolls easily, quickly gains momentum and increases in size. The point is: it does not start of itself, ever, and once started, it needs a little push. We need that start and one sometimes needs a "push" in the right direction.

Father Gannon in his book, *After More Black Coffee* tells of an American cycling in Southern Ireland who lost his way and asked an ancient farmer, "Is this the right road to Cork?" "Faith it is," said the old man, "and the further you go, the righter it gets."¹¹

In 1930 at St. Vincent's Hospital, we had a house staff of 30. In 1964 we have 127—an increase of 252%. We fill our quota of interns under the National Intern Matching Pro-

gram every year; about 250 applications are received for the 40 internship positions. 87 residents are serving in 11 approved residencies. Passing Boards following residency is routine because of the calibre of the teaching and experience. This reflects credit on the Church when these men achieve such results following training at a Catholic hospital. Many go on for special fellowships or to become chiefs of departments at non-Catholic as well as Catholic hospitals.

It is an ever enlarging circle once it is established. The satisfied intern reports back to his school and sells the program to the next class. A qualified group of residents is assured.

A good program is recognized by accrediting agencies. For example, at St. Vincent's Hospital the Department of Psychiatry secured approval of the residency one year after it was started and continuing support has been gained, with presently \$85,400 annually being received from the National Institutes of Mental Health for residencies and fellowships in this discipline which has had such a dearth of qualified practitioners. 29 residents are now serving residencies in this department alone. This is one evidence of Catholics being in the forefront. Who can measure the ultimate impact of these numbers of men and women educated under Catholic auspices and permeating the field? If the Church will always be as Father Karl Rahner says, in a diaspora situation, i. e. a minority in terms of

¹¹"Paths of Peace," Gannon, Robert I., *After More Black Coffee*, Farrar, Straus and Company, New York, 1964.

numbers,¹² it is important that the few Catholics are of a quality which permits their light to shine brightly in non-Catholic circles. In fields such as obstetrics, our responsibility is unquestionable but we should not stop at this point; our mission covers the whole field of medical practice.

RESEARCH

Research in the public mind conjures complicated laboratory, trained technicians, animal houses and a tremendous outlay of funds. Fundamentally, research is a state of mind. It is the spirit of research that counts, for it is that spirit with its laboratory and opportunity for bedside observation that makes for the better operating room and for the better hospital.¹³

Out of this spirit have come the tremendous studies: virtual elimination of infantile paralysis — the result of great effort of hospitals, physicians, and laboratories working together; the dramatic decrease in retrolental fibroplasia in premature infants which in New York City dropped from 53 annually to one case per year at present. Who can measure the happiness of 52 parents who each year are spared the tragedy of a blind child?

The advantage of research in hospitals is that medical advances and new discoveries can be communicated quickly to students, house officers and practicing physicians. It "closes the lag in getting research

information translated into care of the sick."¹⁴ The clinician-researcher bridges the gap between test tube and bedside.

Good medical care in a modern hospital is dependent upon a rapid diffusion of such knowledge of disease as is currently known and upon research in those areas needing further elucidation. Where the triad exists of patient care, teaching and research you have a hospital staff whose members care for the sick directly, study, teach and have an interest in research. At St. Vincent's Hospital some physicians direct the activities of full-time researchers; others are more directly engaged in projects; and still others are good physicians with inquiring minds conduct clinical studies using such basic facilities as laboratories, library and medical records.

The presence of a teaching and research program in an institution attracts quality personnel in all fields who can contribute a great deal to the stimulation of those not directly engaged in either of the two programs. This improves the quality of care and results in improved standards in the professional contribution made to all patients.

All personnel generally are more thoughtful and thorough; they view things with greater clarity; the interest of the entire professional staff in the patient's problem is intensified by virtue of the added dimension of teaching or research; and

greater individualization of the patient is usually possible because more personnel spend more time with the patient. In general, the patient's morale is better because he is pleased, when ill, to be the center of so much attention, and he can easily be helped to feel that his experience in illness, even in suffering, can thus be used to benefit others, if not himself.

Elaborate facilities are not essential. Beginnings can be very modest. Our staff worked for twenty years in corners, corridor ends, small cupboards — any square foot they could literally put their foot in. What is needed is the mind, the will, the interest. Our formal program started in 1945 with Tissue Culture studies in Hodgkins Disease by Dr. Antonio Rottino, our Director of Laboratories, who received his first grant of \$5,000 from Mrs. Margaret Hoster of Columbus, Ohio, the wife of Dr. Herman Hoster of Ohio University, who died of the disease. From that time on there has been a dramatic increase annually. Doctor Rottino is nationally known for his work in Hodgkins Disease. Other staff members launched into programs in liver disease, treatment of burns, cardiopulmonary diseases, etc., until now there are 113 projects with grants totaling \$1,280,000. Over \$800,000 annually is received in support from the National Institutes of Health, Foundations and private sources. Because of the extent of the programs we were eligible to participate in the National Institutes of Health General Re-

search Support Grants for the past two years for a total of \$104,000.

The evolution of the research building is outlined in the Annual Report to the Medical Staff by Sister Loretto Bernard on October 24, 1956:

"With the recent announcement that the government will bear half the expense of new research facilities planned in voluntary hospitals, we have decided to launch once again on a building program — this time for research. Such a venture is expensive and will necessitate our securing funds to match the grant from the government. We are firmly convinced of the advantages of research. It is only in an atmosphere of continuous inquiry and investigation that progress is made, and to contribute even a small share to suffering humanity in the conquering of disease and pain is surely well worth our attention and effort."¹⁵

The building was planned by all the directors of departments in conjunction with administration, so that the doctors made the final allocation of the available space—33,420 net square feet. A fundraising campaign was launched in which the medical staff and lay advisory board participated. The government grant totaled \$1,200,000 of the \$6,500,000 cost and all but \$2,000,000 has been met to date. The 10-story building is devoted half to research and half to general facilities. There are 100

¹²The Christian Commitment, Rahner, Karl, Sheed and Ward, New York, 1963.

¹³cf. 7.

¹⁴New Horizons in Medicine. Zubrod, C. Gordon, Address given at St. Vincent's Hospital, September 30, 1964.

¹⁵Report to the Medical Staff of St. Vincent's Hospital, Mother Loretto Bernard, October 24, 1956.

research laboratories and conference rooms for the use of all clinical departments: medicine, surgery, pediatrics, neurology, psychiatry, obstetrics - gynecology, anesthesiology, radiology, laboratory. One floor of general research laboratories is available for all departments. The building was carefully planned to provide all the facilities which could be needed. Coppermesh radio-frequency shielding, independent humidity and temperature controls, cold rooms, stainless steel chemistry hoods with separate filtered exhaust, electrically operated projection screens, machine shop, animal quarters, operating rooms, x-ray, piped in oxygen, air conditioning throughout. Metal partitions have been used to afford maximum flexibility of use.

The Research Committee meets bi-weekly with Administration to resolve operational and professional problems. Forms for the protection of patients have been designed; a research manual compiled for the direction of physicians wishing to engage in research, and the medical staff by-laws have been amended to insure proper legal and professional protection to patient, physician and hospital.

Doctor Shannon has stated, "Research enhances the hospital as an institution for the application not only of science but also the art of medicine. The problems created in the hospital world by the impact of medical research are rarely insoluble. They are but the inevitable, and for both patient and staff, highly desirable consequences of medical progress."¹⁶

Do patients benefit? Lay people appreciate the value of teaching and research in a hospital. The chairman of the board emphasizes the work at St. Vincent's Hospital is not merely directed to give Catholic hospitals a standing of leadership, but you are doing original work; you are interested in scientific education and research because of the satisfaction which comes from accomplishment and recognition, but because it lessens human suffering and in so doing frees man for constructive activities."

A hospital that teaches and does research has adequate personnel and adequate diagnostic facilities for all types of patients' needs. Consultations can be arranged under one roof. Diagnostic work can be carried out without transfer of patients.

A strong organization administers better care. Patients do not under the care of only one person, but in a large structured system the doctor practicing medicine has many people looking over his shoulder as well as helping him. Staff conferences become the forum for healthy discussion and analysis of patterns of patient care, diagnosis and treatment. We hold 260 conferences a month in the various clinical disciplines.

It should be emphasized that the "scientific approach" to the patient on the ward does not preclude a humane understanding of the patient; it is time that we exposed the myth that concern for the "whole

¹⁶"The Impact of Research on Hospitals," Shannon, James A., *Trustee*, 9:12, December, 1956.

patient" and the scientific method are somehow mutually exclusive.¹⁷

Teaching and research enhances the reputation of the hospital and thereby of the Church. Physicians are appointed to policy making committees in local, state and national bodies. For example, a member of our staff was one of the two doctors selected from the medical staffs of hospitals in the entire City of New York to serve on the 42 member Hospital Research Council of New York with Nobel Prize winners, members of the National Academy of Sciences and prominent laymen. We are one of the few hospitals receiving annual grants of some \$70,000 from this source for research. Our doctors participated last year in 234 scientific meetings, published 183 papers, contributed to the publication of 24 textbooks, had 13 scientific exhibits and received 60 appointments to medical and academic societies. They are serving also on policy making Boards and Committees of Blue Cross, Department of Health, Community Mental Health Board, etc.

Doctor James A. Shannon states, "We have reached a point in medical science where further advances are greatly dependent on an increased volume of human studies in both normal and disordered states, studies which must take place in a hospital environment. Therefore I think I can predict that a much greater proportion of our hospitals sooner or later will find themselves involved in clinical research."¹⁸

¹⁷cf. 9.

¹⁸cf. 15.

Certainly there are funds available for worthwhile research projects as witness the fact that expenditures for medical research in the United States in 1963 amounted to \$1,470 million exclusive of building cost. About two-thirds of this amount came from government funds, one quarter from the pharmaceutical industry and one-tenth from private foundations and other private sources. This amount was 74% higher than in 1960 and 1600% higher than in 1947. Over \$5 million of the government grants were made to hospitals. It is projected that annual expenditures for medical research will be in the range of 2.8 billion to 3.3 billion dollars in 1970.¹⁹

It is being recognized generally that the modern hospital and its staff must go beyond the strict limits of patient care in its concept of its responsibilities. The American Hospital Association at its annual meeting this year adopted a set of hospital principles as a result of demand for development of standards of performance extending beyond safety and quality of professional care. Included was this:

"#3. To the extent of its resource the hospital contributes to the teaching of health personnel and to the advancement of knowledge in the health field."²⁰

¹⁹"Expenditures for Medical Research," *Progress in Health Services, Health Information Foundation Bulletin*, Chicago, Vol. XIII, No. 4, September-October, 1964.

²⁰*The Hospital Forum*, Hospital Association of New York State, Vol. XXXII, No. 10, October, 1964.

Monsignor Fitzpatrick in his address as incoming President of the Catholic Hospital Association in 1961, opened up new vistas for its members in reminding us that, "To say the purpose of Catholic hospitals is only to care for the needy is to live in the past. Ours is an active, apostolic mission to be in the world, to be the leaven, always looking for new goals. In the grand march of medicine and research we are partners. Our achievements must match this advance, not for our glory, not for our satisfaction, but for the welfare of our patients."²¹

Doctor Taylor in his paper, "The Scope of Excellence," presented the challenge: "Opportunities for exploring ways to fulfill excellence for all patients are innumerable, but does the Catholic hospital dare to get involved? Does it dare recapture its early spirit and make itself heard in the forthcoming needs of mankind and of science? Does it dare integrate Catholic thinking with that of medicine and science? It is hoped that in full ecumenical character of the times, together with the motivation of medical staffs — in the context of ecclesiastical authority — and in dialogue with experienced medical educators, the Catholic hospitals would seek out ways, both old and new, to increase the utilization of the richness of their tradition and belief, and thereby not only pursue excellence but express it in ways finally real for all patients."²² Com-

placency alone constitutes the one obstacle to progress.²³

There is a challenge to us living in these times of dynamic activity in the Church, of our stirring of the Holy Spirit — a challenge to open our minds and our hearts to His grace, to take our place in this glorious moment of the People of God on the way to Him — to live more fully our Christian commitment.

The Catholic hospital should be outstanding in the hospital community, not only for the excellence and beauty of its physical structure but for the quality of the medical care rendered and its teaching and research programs.

The Catholic physician in taking his rightful place in the Church in the emerging role of the laity should recognize his personal responsibility to bring the light of his knowledge and principles to the materialistic world. Physicians and hospitals as partners must evince a responsible interest in science and education, and forge a path for others to follow; to lead instead of being led. What is needed is that we begin.

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²¹"Three Steps to Success," Fitzpatrick, J. H., *Hospital Progress*, 42:72, August, 1961.

²²cf. 1.

²³"Complacency, Obstacle to Progress," Thornton, F. M. J., *Hospital Progress*, 38: 60, July, 1957.