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Medical-Hospital Relationships

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Editor's Note: Father Flanagan, Executive Director of The Catholic Hospital Association, addressed the paper which follows to members of The National Federation of Catholic Physicians' Guilds and guests at a breakfast meeting in Chicago on June 29. This was the second annual Father Gerald Kelly Lecture which has been established to honor the noted Jesuit moral theologian who died in August, 1964. As a fellow Jesuit and associated with Father Kelly through the mutual interests of the hospital Association, it was most appropriate to ask Father Flanagan to give this Lecture. For some fifteen years Father Flanagan served as editor of the LINACRE QUARTERLY *and has been friend and adviser to the National Federation equally as long. Since 1947 he has been the executive director of CHA and through his efforts the organization has become a most effective force in the health field.*

JOHN J. FLANAGAN, S.J.

I welcome the opportunity to present the Second Annual Father Gerald Kelly lecture. I appreciate the opportunity to express my admiration for Father Kelly as a priest and theologian. I have reason to feel personally indebted to him for his willingness to give me assistance when I first took up my duties with the Catholic Hospital Association and somewhat later — when I was asked to become editor of LINACRE QUARTERLY.

Father Kelly's articles in *Hospital Progress* and LINACRE QUARTERLY opened a new era of medical moral writing and filled a great void in the Catholic hospital field. His contributions to LINACRE QUARTERLY salvaged it from oblivion and sustained it during the most critical years of its existence. For these two great contributions, I am eternally grateful and I believe the readers of LINACRE QUARTERLY share my gratitude.

I think we should not allow this moment to pass without acknowledging his unique contribution to medical moral writing. Because he learned to understand physicians; because he sought their advice in medical-moral matters, he set a new theological tone and introduced a new era of understanding between physicians and moral theologians. He was truly a physician's priest. He did not write or solve problems in the traditional *a priori* textbook fashion. He identified himself with the empirical life of the practicing physician and made decisions based upon good medical practice as much as upon dogmatic principles. In this

I believe he was a pioneer — I believe he initiated a trend which has been refreshing and stimulating and has been an encouragement to a science which must adjust itself to an endless stream of newly discovered scientific data.

Because of his human understanding, because of his love for Catholic physicians and Catholic hospitals, I think he would be a sympathetic friend and adviser to all of us today. I hope that, at this moment, he is looking over my shoulder and guiding me in the thoughts I wish to present to you today. His great contribution was that he could fit unchanging moral principles into a world of changing medical facts. He would wish Catholic hospitals and physicians to solve their individual and mutual problems, — not by harking back to an earlier era or maneuvering against a purely historical background. He would remind us that we live in the Twentieth Century; that we are to serve people in the Twentieth Century, and that we must use the education, the progress, and the environment in which we live.

I have deliberately chosen a topic of mutual interest to hospitals and physicians because I am much concerned about it; because I think it should be a matter of concern to the Church in America and because there are at stake certain patient care values.

In this period of time when traditional patterns of services to people are being questioned, the role of Catholic hospitals is being questioned by members of the laity, by some of the clergy, and by some Catholic physicians. At the same time, the traditional manner of delivering medical care is being challenged by the consuming public. If private voluntary hospitals and the private practice of medicine are to survive, if the values of patient care under these auspices are to continue, then we must honestly and courageously face up to the social, economic, and scientific facts that surround us and carve out a future role which fits the decade in which we live. We must be able to justify our existence in a period of time when the consumer public and the paying public is able to recognize the values of the free enterprise system in competition with less costly socialized services which cater more to the convenience of the medical and hospital consumer. Perhaps we shall be forced to recognize the Christian dignity of the tax-paying, fee paying, and contribution-giving citizen for what he really is and not continue to look down upon him from professional thrones and paternally and selectively measure out for him tokens of professional wisdom.

What are some of the changes we must face and what are some of the problems we must solve if we are to serve people in the name of the Church and in a Christian way? Catholic hospitals must plan in such a way that they will not be competing with each other; they must participate in overall area-wide planning so that their existence and services meet needs and do not *unnecessarily* overlap with other institutions. (This is a delicate situation which must be carefully studied, keeping in mind the interests of the Church and the needs of people.)

The management and governing bodies of our Catholic hospitals must be released from isolated monastic moorings and brought closer to the realities of civic community life. Ownership may not change, but most certainly lay people will have greater participation on governing boards and in administration. The gulf of misunderstanding between hospital management and the medical staff must be eliminated — physicians must be consulted and their advice followed; physicians must assume a greater role in policy-making, and in sharing responsibilities of directing and supervising medical care. Hospital administration and our governing boards now recognize this need. The Catholic hospital must exist as a professional institution under Catholic auspices and not be a convent which dabbles in health care as a side line. These changes we are facing from the hospital administration point of view.

I would like to be brash enough to mention a few changes which physicians must face up to. In large hospitals the administration and supervision of medical care and medical staff organization cannot be adequately dealt with by the busy, practicing chief of staff. We need a medical director, full time. Sooner or later in the good large institutions we must have full-time chiefs of service. These men are not brought in to compete with the private practitioner, they are to support the practitioner by taking over the burdens of medical administration and supervision.

The quality of care in our emergency services is dangerously jeopardized today because of the inadequate medical coverage and disorganized medical supervision. In many instances, emergency departments are being overwhelmed by patients who do not need emergency care but who seek relief from the built in weaknesses and grave inconveniences connected with solo office practice. Outpatient clinics are developing in hospitals and are unnecessarily encroaching on office practice because too much office practice is antiquated. The busy practitioner with an office full of paying patients may be unaware of the frustrations of people who resent being referred by general practitioners to specialists, to subspecialists, each in a separate building, each with a parking problem and each with a long waiting period. Physicians forget that we live in a shopping center age. In due time the long suffering patient will learn that there are medical shopping centers where the family can visit the family physician, the surgeon and the pediatrician by parking once, seeing several specialists in the same building, perhaps in the same group practice complex. He will not forever be frightened by a label of specialization.

I am hoping that physicians and hospitals will use some imagination and ingenuity to solve some of these problems. I would hope that hospitals would provide or help members

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 Commit e to see how many were conce ed with patient welfare.

One of the important ases in a mid-western city dealt with the weighty issue of whethe or not a physician was unethical cause his name appeared in bold int in the yellow pages of the tele one direc-tory. I think there is n ethical problem connected wi corporate practice of medicine. tistorically there must have been a need to protect patients from stitutional decisions and lay p ple doing therapy. I urge that e attempt to determine the re unethical and dangerous aspects f corporate practice of medicine a the hospi-tals must join you i supporting your position.

I firmly believe the is a future role for Catholic hos als and the private practice of m icine, and I believe that working gether, phy-sicians and institutio can preserve this and give it a valu and a dignity because it will serv he needs of people. But we must ork together.

We must not be me paranoid because of fear and pprehension or because traditiona practices are challenged. We m 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.