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The Catholic Medical School - Performance and Potential

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Alumni and prospective donors of Catholic universities often raise the pointed question — "Is there a need for the Catholic medical school?" There is, in other words, an implied doubt as to whether this tremendous financial drain on the university is really justified when a benevolent federal or state government obviously stands ready to take over the school in the common weal.

The editors of this issue invited me to try my hand at answering this interesting question and in an unguarded moment, I agreed; it was a rash decision. Upon a little sober reflection it became evident, not only that there are many possible answers to this question depending upon vantage point, but also that the five medical schools in the United States currently under Catholic auspices are quite different in many respects. So it is presumptuous and perhaps even erroneous to analyze them as a group. I will therefore be the first to agree that my comments may not generally apply and in some instances may not be representative; furthermore, in my assessment of the past performance of the Catholic medical schools and their possible future role, I present only one point of view and have no illusions but that it is a very fallible one.

It is well known that the Catholic medical school professes a double purpose — spiritual objectives in common with its parent university

and academic objectives in common with all other medical schools.

How effective is the Catholic school in achieving such spiritual objectives as "the development in students of high moral and ethical character" and the effort to lead students and mankind "not to health alone but to health and to God"?¹ How does one measure the success or failure of such a goal? I suspect it cannot be done with a real assurance.

From a strictly academic standpoint, the formal code in medical ethics is often overwhelmed by the heavy credit courses and sometimes makes only a slight curricular impression on the student. Furthermore, the formal teaching of the principles underlying human behavior is only a part of the learning process; as John W. Gardner has stated, "Young people do not really learn ethical principles but rather emulate ethical (or unethical) people. Thus the young need models both in their imaginative life and in their environment, models of what man at his best can be." To decide the success of a program in ethics and morals will certainly be difficult;

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¹ Egan, R. L.: The need for Catholic medical schools. *LINACRE QUART.* 32:48-49, 1965.

but other spiritual objectives such as the advancement of personal sanctity are of private concern to the individual and hence success along such lines is even less measurable.

It is my own feeling that the ethical and spiritual ideals advanced by the Catholic medical schools have indeed been an important practical force among the Catholic doctors of our nation and in American medicine in general. But the accuracy of such an assessment is not perhaps the most important issue. It is the function of a university — and in this it is unique in our society — to preserve, enlarge, re-explore and transmit the primary ideas of man through the ages; the success of its mission is therefore not gauged primarily by the degree of acceptance of these ideas by contemporary society.

Thus whether or not its teaching of Christian ethics and morals has sometimes been less than forceful, whether there have been instances of doubtful ethical practice among its own faculties or whether these principles have always gained a receptive audience, the fact remains that in an era of a continuous decline of interest of most Western universities in the spiritual aspects of man, our Catholic schools have openly proclaimed and seriously cultivated these transcendental values in American society and medicine. The Catholic schools have likewise insisted that in medicine as in other fields, ethical and moral behavior must ultimately be based on divine law rather than social convenience. This critical role of the Catholic university, as Father Drummond has pointed out, is to "bear witness" to

these important truths.² Is there any greater fulfillment for an institution than to sincerely examine and foster those principles it believes of supreme importance to society?

But let us turn to the purely academic aims of the Catholic medical school. How has it performed in this respect? The criteria usually adopted for comparison of medical schools include such factors as the success of students in National Board examinations, research productivity of the faculty and the number of graduates who become outstanding clinicians or scientists. But even such data are not readily available. Incidentally, it is curious that only rarely does one find reports such as that by Peterson *et al*³ in which a serious effort was made to assess medical graduates in terms of their ultimate performance as clinical practitioners — which is ostensibly the main objective of medical education; in one study of this type, the authors reached the disconcerting conclusion that student success in formal courses as measured by grade-point averages had no relation whatsoever to their performance as physicians.⁴

In any event, if one were to compare medical schools on the basis of the usual criteria, I strongly suspect that our Catholic schools would, as

² Drummond, E. J.: Why a Catholic medical school? *LINACRE QUART.* 32:294-297, 1965.

³ Peterson, O. L., Andrews, L. P., Spain, R. J. and Greenberg, B. G.: An analytical study of North Carolina general practice 1953-54. *J. Med. Ed.* 31(Part 2):1-165, 1956.

⁴ Price, P. B., Taylor, C. W., Richards, J. M. and Jacobsen, T. L.: Measurement of physician performance. *J. Med. Ed.* 39: 203-210, 1964.

a group, not rate in the upper brackets. There have been, to be sure, conspicuous exceptions of outstanding clinicians, scientists, teachers and even Nobel laureates, but the general performance has been very uneven and indeed some of the Catholic schools have at times teetered on the brink of extinction.

What is the reason for this undistinguished record of Catholic medical schools as academic institutions? I would suspect that to a great extent it is due to the rather mediocre academic performance of many of our Catholic universities. With an occasional exception, the quality of a professional school is usually determined by the quality of its parent university. The record of Catholic universities with their sometimes uninspiring leadership and lack of vigor in fostering academic distinction has been amply documented by Ellis⁵ and others and does not need re-statement. This delay in the development of outstanding centers of scholarship—especially in science—has probably been due in part to the necessity for the development of these universities from semi-cloistered small colleges and seminaries preoccupied with theology, philosophy and the classics;⁶ a further problem, as Father Ong has pointed out, is that it became necessary for the religious orders to develop in America a truly liberal university, quite different from the European institutions with which these founding fathers were familiar.⁶

⁵ Ellis, J. T.: *American Catholics and the Intellectual Life*. Heritage Foundation, Chicago, Ill., 1956.

⁶ Ong, W. J.: Scholarly research and publication in the Jesuit college and university. *Jesuit Ed. Quart.* 20:13-28, 1957.

I think that in this regard two important points should be kept in mind. Private education in our country depends heavily on individual benefactions and most of the great universities of our nation have blossomed as a result of far-sighted philanthropy. Our Catholic lay leaders have until recently done little to bolster the Catholic universities, which circumstance, in my opinion, has contributed greatly to the delayed development of these institutions.

The second point—and an important one—is that there is evidence that all of these things undergoing some definite change for the better; several Catholic universities have made aggressive efforts to place themselves in the mainstream of higher education and Catholic philanthropists and lay leaders have begun to assume their rightful role. These universities have learned the hard fact that careful and imaginative planning and resolute action toward high academic scholarship must precede financial raising rather than follow it—and that to be effective. However, the initial successes are only beginning and a great deal remains to be done. Much of Catholic higher education still seems mired in academic mediocrity at a time when the private college in America is entering a most critical period.

What of the future of the Catholic medical school? If the lot of the Catholic university improves, should not its medical school thrive? From the standpoint of outside financial assistance, the future of all medical schools seems brighter than ever before. The question is not—can a

school continue? It is highly unlikely that a health-conscious society will today permit any medical school to perish; rather the question is—in what form will it perish?

The dilemmas faced by the modern medical school have been very well described by Evans.⁷ To a great extent, the current difficulties are not only financial but internal and organizational and how they are solved will largely determine not only the future of the school but perhaps without exaggeration the health of the country. Medical schools have in one generation succeeded to a pivotal position in the area of national health.

What are some of these dilemmas? There are many, but I would suggest that two are of special long-range importance: The first is the question of clear confrontation by the school of its problems and a definite delineation of its goals; the second issue is that of its future relation with its parent university. I have singled out these two factors partly because I think they are basic and partly because their solution, unlike most other medical school problems, is not dependent on the community or government but on the institution itself.

The first job of any organization would seem to be that of assessing its function and planning its destiny. The general objective, common to all medical schools, of teaching the art and science of medicine and advancing knowledge is so general in today's expanded biology as to be

⁷ Evans, L. J.: *The Crisis in Medical Education*. University of Michigan Press, 1964.

almost meaningless. The activities and responsibilities of medical schools have become much inflated and most schools seem to be involved in a confusing tangle of activities. In such a situation, it is vital for an institution to carefully study its resources as well as its aims and to keep these in reasonable balance. In truth, however, many institutions have not made such a realistic assessment.

Let us pose a question. If a medical school were to engage in such planning, what kind of choices might it have? There are, I believe, many special areas of teaching and research which could be considered e.g., improvement of training in selected clinical areas such as public health, internal medicine or general practice, or perhaps training toward specialties in which there are particular physician shortages; or the school might undertake an intensive study to improve the unsatisfactory state of the undergraduate medical curriculum or investigate possible alterations in current methods of residency training—which have recently been criticized as badly outmoded. In the area of preventive medicine a school might deliberately select one or more fields in which it had a particular geographical or ecological interest or unusual faculty talent and plan a coordinated effort in such a direction.

A school may wish, on the other hand, to study the social and economic problems of comprehensive health care in our contemporary society which is an issue of considerable current importance.

Another possibility might be for

the university to consider a program of increased cross-fertilization of academic effort among various departments such as life sciences, psychology, psychiatry, social sciences and theology. The increasing fragmentation in our modern "multiversity" is obviously not desirable; there is a fundamental interdependence of knowledges and in a Catholic university we have special opportunities to seek and identify the unifying principles among them. For example, it has become evident that recent research developments have raised an entirely new set of medical-moral problems such as human experimentation, euthanasia, organ transplantation, and others.⁸ The Catholic university and medical school would seem to be a logical focus for imaginative scholarship in such areas.

Another possible field of special effort might be the advancement of graduate training in the biological sciences in order to help produce the basic science teachers and researchers of the future; this should probably involve several divisions of the university. A further possibility might be for a medical school, through affiliation and exchange programs, to lend educational support to medical schools in underdeveloped countries of the world. In addition to the preceding, there are of course numerous unsolved special problems of organic and systemic disease to which a school may elect to devote special research or training effort.

Should an individual medical

⁸ Katz, J.: *Yale Lectures on Medical Ethics for 1965-66*. Yale University Press, 1965.

school be involved in some or all of these problems? Or perhaps more realistically, one might ask how many and which ones can it do well? Unfortunately, its faculty usually engaged in a furious round of research, teaching and consultation and its administration sorely harassed from several sides, many modern medical schools have not learned the art of cost analysis—cost in terms of skilled people as well as money. It is this lack of a blueprint for the future which often predisposes a medical school toward dissipation of its efforts in educational and professional trivia. In the foregoing, it is certainly not implied that there should be a heavy-handed direction of activities from above or that academic freedom should be compromised; what is suggested is that carefully perceived broad goals would encourage some focusing and more efficient concentration of academic effort.

It should not be supposed that a decision to change the future course even in general terms will necessarily be an easy one. In all universities there is a great tendency on the part of the faculty to resist change and as Gideonse has written bitterly—but perhaps realistically—stated, "Today it is almost necessary to establish a new college with a hand-picked administration and faculty to insure a willingness to venture curricularly on the basis of insight and experiment—and even here sclerosis sets in rapidly as the vested interests organize and cohere on the

basis of the preservation of established prerequisites."⁹

Medical scientists are certainly not immune to this sclerosis and Evans, for example, has remarked that ". . . The whole process of training physicians since the time of Flexner has taken on a strangely magical and basically immutable quality; . . . the simple fact is that this vast and complex educational edifice from the pre-medical program through the residency years has been built upon *post-hoc ergo propter hoc* reasoning that was long ago rejected in other fields of their interest by the scientists who populate medical schools and teaching hospitals."⁷ It should be evident however that for all its difficulty, a serious effort toward intelligent and vigorous planning is the only sensible course of action if we are to maintain some cohesiveness in our ballooning medical centers.

With reference to spiritual goals, it is sometimes implied that the aims and sectarian nature of the Catholic medical school are embarrassing to the non-Catholic faculty. I do not personally believe that the large and growing non-Catholic fraction of faculty and students in the Catholic schools resent or decry these spiritual aspects or aims; on the contrary, I believe many have been attracted by them. These faculty have a right to expect, however, that the Catholic university is first of all a university and that there be a true

⁹ Gideonse, N. D.: 48th Annual Meeting, American Council on Education, Washington, D. C., October 6-8, 1965. *Higher Education and National Affairs* 14:9-10, 1965.

devotion to academic excellence. I would also not presume that either Christian or non-Christian would confuse the invigorating spirit of ecumenicism and the invitation of the Catholic university to participate in the search for truth with a notion that spiritual values should be denied or diluted. The limited influence of Catholic medical schools has stemmed not from their over-insistence on Christian ideals but rather from *under-achievement in the academic area*.

In the foregoing I have suggested that a careful assessment of its objectives is important for all social institutions including a Catholic medical school. I have not mentioned what is obvious—that the execution of such aims is the final goal. In the last analysis, it is of course the caliber of administrators and faculty and their resources that will determine the ultimate result. It would incidentally be hoped that our Catholic universities will have reached that stage of enlightenment which recognizes that the ancient jokes about the expendability of deans provide middling good satire but very poor operating policy. Academic administrators hold key positions and greatly influence the course of a school; they should obviously be of top rank and selected for their scholarly ideals, administrative ability, prudence and experience. Not only the quality but the predisposition of faculty and administrators is important. As Auer has stated, "The objective of Catholic medical education is to pursue excellence in science in an atmosphere where excellence is seen in its true

perspective, through the eyes of scholars who do not lose sight of the individual or society and who are willing to examine . . . a set of values for living which they are willing to proclaim and to try and understand."¹⁰ It would seem clear that if a school has certain moral or spiritual objectives, it should make some effort to select a faculty who likewise have some concern for these values.

A development which I personally think is long overdue in our American medical schools is a greater academic cooperation between different departments in the same school and between similar departments in different schools. In graduate training in the life sciences for example, it is evident that the future pattern of research training will involve a greater interdepartmental cooperation; yet ancient academic walls and prejudices often impede such developments. It seems likely that increasing specialization in science would make it logical and mutually beneficial for similar departments of different medical schools to pool their talents and resources through planned exchanges of professors and better opportunities for interuniversity graduate student study—similar for example to the recent Library and Research Specialty Pooling Plan instituted by certain Big Ten Universities. It would indeed be refreshing if Catholic universities were to exploit some of their combined potential and blaze a few new trails toward academic excellence.

¹⁰ Auer, E. T.: The challenge to Catholic medical education. LINACRE QUART. 32: 303-304, 1965.

A second issue of considerable importance to any professional school is its relation to its parent university. There is a recent increasing tendency—accelerated by the "medical complex" bill—for medical schools to withdraw somewhat from their universities—a sort of Flexner in reverse." For the medical school this would apparently permit a greater latitude of action so far as salaries and finances are concerned and would furthermore enable a denominational school to be on an increasingly neutral non-religious flavor. A sectarian school may feel that in this way it can win more grace and added vigor in recruiting financial assistance from the community and from governmental agencies, can more easily be involved in municipal hospitals and research institutes and thus carve its place as a quasi-municipal medical school of a non-denominational nature.

If the university permits this course, it relieves itself and the Catholic community of all of the responsibility for the financial support and direction of the school; this is the separate path and is of course a legitimate one. In the process however, the university really loses the medical school as an effective and controlled arm and is undoubtedly— in the modern sense—less of a university than it was before. To found an important branch of study in a university is usually a self-perpetuating procedure. All science graduate departments and most other professional schools would—without any reasoning—eventually succumb to the same fate.

This secession from the university is undoubtedly fraught with a great deal of educational danger from the standpoint of the medical school as well. It has recently been re-emphasized that medicine is suffering from over-professionalism and could use more of the humanizing influence of the liberal arts, not less, and that it would be better served by added rather than fewer opportunities for joint development with other disciplines such as social sciences, biology, engineering, etc.^{11 12}

On the other hand, it is the responsibility of the university to maintain proper support and scope for the fast-growing area of biomedicine. If the university is to maintain a medical school as an integral part of its structure, it must shoulder the difficult burden of adequately financing it. To maintain reasonable educational and financial balance between the demands of its science and non-science elements is one of the great crosses the modern university must bear. To thwart the growth of science or medicine in the university through diversion of needed funds to other areas with the intent of maintaining a "balanced growth" usually leads to a rapid onset of scientific mediocrity, which trend is a difficult one to reverse.

In a real sense, the two problems mentioned above i.e., a careful consideration of its proper goals and its relation to its parent university are interconnected. If a medical school in spirit and in fact remains a part

¹¹ Wolf, G. A.: The site of a medical school. *J. Med. Ed.* 40:506-509, 1965.

¹² Goddard, D. R.: Medicine and the universities. *J.A.M.A.* 194:133-136, 1965.

of a university, it is more likely to remember that it has a meaningful obligation to society and not just to itself. As an organic part of a university, it may, with Dr. Brewster of Yale University, feel that "it (the university) represents one of the best hopes for the discovery and articulation of ends which will justify the means—not only the means of education but the means of society and life itself . . ."¹³

From the standpoint of health, it should be recalled that the primary function of the university is not to provide "merely a replica of the best medicine that is known and practiced in the marketplace but to provide the intellectual community with university scholars whose unique function it is to study the past in order to plan for the medical and biological future; the university must be free from the binding rigidities, habits, practices, attitudes and provincialities of its more professional faculty."¹⁷

The above are only modern expressions of the original reasons for the founding of medical schools and the concern that if these schools drift into a preoccupation with size rather than quality and with medical service rather than teaching and research, their primary purpose may well be thwarted. Thirty-five years ago Flexner emphasized that "if the

¹³ Brewster, K.: 48th Annual Meeting, American Council on Education, Washington, D. C., October 6-8, 1965. *Higher Education and National Affairs* 14:10-11, 1965.

¹⁷ Evans, L. J.: *The Crisis in Medical Education*. University of Michigan Press, 1964.

university is to mean a public service institute, then the university has become a different thing, which may have its own uses but assuredly is no longer a university."¹⁴

In brief, it is my feeling that the Catholic medical schools in the United States have in the past struggled valiantly with the twin problems of delayed academic emergence of their parent Catholic universities and inadequate financial support. However, there is real evidence of a healthy change in a number of our Catholic schools.

Through their past contribution toward training physicians for the nation, their increasing role in biological research and for their efforts to place emphasis on the moral, ethical and spiritual values in the world of medicine, I believe that the Catholic medical schools, in spite of handicaps, have done themselves truly proud. At a time when biology and medicine are undergoing the most remarkable development in history and when the perennial search of man for absolutes is intensifying, I think their potential importance is unquestionably greater than ever before.

To ask whether we need Catholic medical schools is, in a sense, equivalent to asking whether we need private medical schools. If we are content to delegate to state and national legislatures the complete authority to formulate the standard of what the physician shall be, then

we do not need private schools. It is evident however that a number of private universities in the country — and the communities which support them — are contributing large resources and active efforts toward the selection and training of the "good physician" for our society. If Catholics wish to have a voice in determining the nature of the "good physician," then Catholic universities must have medical schools.

However for all private medical schools — Catholic and non-Catholic — a time of decision is imminent. The school must pass through rigorous self-analysis of its proper role, its aims and its resources. In other words, it must make a serious effort to deliberately determine its own future course rather than permit itself to be buffeted with every passing fancy of a highly demanding society. To strengthen its fabric and to maintain its true mission, it should remain an integral and living part of the university. For those few private Catholic medical schools which have withstood adversity and still exist, I would hope that they would in our pluralistic culture maintain their unique role of fostering a more vigorously the wholesome mind of man's concern for things spiritual, his admonition to heal the sick and his drive toward scientific advance.

To do this properly many groups must contribute — the university as well as the medical school, the faculty and the alumni and, more than ever before, the Catholic leaders — particularly the Catholic physicians of our country.

¹⁴ Flexner, A.: *Universities — American, English, German*. Oxford University Press, 1930.