Standards for Library Service in Institutions: B. In the Health Care Setting

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FOUR PHENOMENA are obvious to the student of standards for library service in health care institutions: the multiplicity of terms used as synonyms for "standards"; the ambiguity of the designation "hospital library"; the dichotomy of "service to staff" and "service to patients"; and the plethora of involved agencies. The first phenomenon is shared by every contributor to this issue of *Library Trends*. What are the differences between standards, guidelines, fundamentals, criteria, norms, requirements, principles, essentials? For the purpose of this article the broadest possible interpretation of the word "standard" has been applied; it is quite possible other authors in this issue whose subject field is less amorphous than the health care field will have interpreted "standards" much more narrowly.

To illustrate the lack of understanding or agreement on what a hospital library is, one need only review the cross references which appear in *Library Literature* for the term "hospital libraries": "Public libraries —Services to hospitals," "State libraries—Services to hospitals," "State and provincial library agencies—Services to hospitals and institutions," "Medical libraries," "Institution libraries," "Reading—Special groups of readers—Hospital patients," and "Bibliotherapy." The confusion is compounded by the involvement of three kinds of agencies: library, health, and governmental organizations at the international, national, regional and state levels. This preview provides background for the examination of the numerous and various standards for libraries in health care facilities which have been developed during the past forty years.

In 1953 the Hospital Libraries Division of ALA issued *Hospital Libraries: Objectives and Standards*,[1] a nineteen-page publication based on standards which had been developed in 1937 by Perrie Jones, a pio-

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neer in library service to patients. The 1953 publication represented the joint effort of committees of three library associations: American Library Association, Medical Library Association and Special Libraries Association. Arranged in three parts (patients' library, hospital medical library, and school of nursing library) the standards covered the objective, staffing, collection, budget, location and equipment for each type of library; quantitative recommendations were frequently made. Each of the three parts carried not only the endorsement of the three library associations but also that of other appropriate organizations: the American College of Surgeons and the American Hospital Association for the first two parts, and the National League for Nursing for the third.

Although these standards were reprinted in 1962 by the Association of Hospital and Institution Libraries (formerly the Hospital Libraries Division of ALA), the health field recognized that only a thorough revision could do the job that was needed. In the mid-1960s, AHIL appointed a Hospital Library Standards Committee with representation from ALA, MLA, SLA and related library and health care agencies; the charge to the committee was to revise the 1953 standards. After several years' work, in 1968 the committee prepared a draft which, after several revisions, was published in 1970 as *Standards for Library Services in Health Care Institutions.*[2] In March 1970, these standards were endorsed by the AHA which distributed 6,376 copies to its institutional members the following July.

In several major ways these 1970 standards differed from the original 1953 edition: emphasis moved from "libraries" to "library service"; a unified library serving the entire hospital population was encouraged; quantitative criteria were eliminated; elements common to both patients' libraries and health science libraries were combined into a single section on "Management of Library Services"; and "hospitals" became "health care institutions." The idea, introduced in the 1953 statement, that a qualified, competent, professional librarian is the key to good library service, was reinforced in the 1970 edition. In both "The Health Science Library" and "The Patients' Library" sections, the following elements were covered: objectives, services, collections, and space and equipment. All recommendations were presented as "shoulds" rather than "shalls," obliquely indicating a deficiency not only in this document but in many so-called standards which tend to be encouraging rather than enforcing.

The new standards became the topic for discussion at several 1970-71 library and hospital meetings; in general they were well received.

Eleanor Phinney, AHIL's executive secretary at the time the standards were developed, replied[3] to one critical comment,[4] explaining that the standards were couched in terms of principles rather than quantitative measures because of the breadth and variety of institutions in which these standards would be used.

In a communication "To the Editor" Elizabeth Adkins[5] objected to the adoption of standards for hospital libraries by library associations without prior review and approval by practicing hospital librarians; she evidently was unaware of the fact that five of the nine librarians who comprised the Hospital Library Standards Committee were employed by hospitals at the time they served on the committee. A more valid criticism of the composition of the committee's membership might have been that, with the single exception of the American Hospital Association's appointee to the committee, the library user had no representation. In this age of consumerism, it is hoped that in the formulation of future editions of the standards students, physicians, administrative staff and patients will have an opportunity to participate and provide input.

AHIL views standard-setting as an ongoing function and has charged its Standards Committee with the responsibility of continuously studying all AHIL-sponsored library standards for currency and relevance, determining the need for new standards, and maintaining liaison with other standard-setting agencies.

Two other units of ALA which are involved in library service in health care institutions are the Public Library Association and the American Association of State Libraries. The former in its *Minimum Standards for Public Library Systems, 1966,* states: "The library system should have materials for, and provide services to, individuals and groups with special needs";[6] "individuals and groups" is interpreted to include patients and inmates of hospitals and institutions and "services" to include ease of access, new techniques of service, specialized materials, staff with special competence and financial support. In its 1970 standards, AASL includes two statements relevant to library service in health care institutions. Standard 15 reads: "State library consultant service should emphasize guidance in special aspects of library service";[7] among the special aspects is service to the handicapped and institutionalized. Standards 49, 50 and 51 assign the following responsibilities to the state library:

> 49. A clear and continuing official relationship should exist between state library agencies and officials with responsibility for the libraries which

the state maintains for its health, welfare and correctional programs.
50. The library programs maintained in state institutions should be an integral part of their treatment and rehabilitation programs.
51. The resources of state institutional libraries should meet the immediate administrative and technical needs of the staff, and should be tied into networks of resources for specialized materials not held within the institutions.[8]

Appendix 2 of AASL's standards analyzes the relationships and responsibilities of the state library agency to other state agencies and refers to library standards developed by other associations which have a bearing on library service in state institutions.[9]

The MLA's principal effort in standardization has been in the area of standards for personnel rather than standards for libraries although its requirement for institutional membership (or library having more than 1,000 volumes, regularly receives not less than twenty-five medical or allied scientific serials of good standing, maintains stated regular hours and is in the charge of a qualified attendant) might possibly be construed as a standard.

The following activities of MLA illustrate its concern for the quality of library service in health care institutions:

1. At its 1962 annual meeting a symposium on library standards was presented.[10] Among the participants were representatives of the American Medical Association, the Joint Commission on Accreditation of Hospitals and the National League for Nursing.
2. MLA was represented on the Hospital Library Standards Committee and approved the 1970 standards.[11]
3. MLA issues a checklist addressed to the hospital administrator, listing self-evaluative questions concerning the librarian, the collection and the facilities.[12]

In the area of personnel, MLA has directed its attention to both the professional librarian and the library technician. The history of its certification code[13] has been well covered by Miriam Libbey.[14] Problems posed by the certification program were reviewed by Vilma Proctor at MLA's 1966 annual meeting and in subsequent discussion and correspondence.[15] The code has been under intensive study recently and an Ad Hoc Committee to Develop a New Certification Code has submitted to MLA's board of directors a report which will be considered at MLA's 1972 annual meeting in San Diego.

In the summer of 1967 MLA established an Ad Hoc Committee on Standards for Medical Library Technician Training with responsibility

for (1) defining the position "medical library technician" and analyzing its duties, and (2) developing criteria for medical library technician programs. The committee's report[16] was presented at MLA's sixty-eighth annual meeting in 1969 and endorsed by a mail vote the following year.

Paralleling the activities of library associations during the past several decades, many voluntary health agencies have made significant contributions to better library service in hospitals and other institutions of medical care. In the early days, the hospital accrediting agency was ACS, organized in 1913. Five years later ACS inaugurated its Hospital Standardization Program, a movement to improve the hospital care of the sick and injured. In 1932 ACS published its first list of books recommended for use in the hospital medical library[17] and in its 1940 *Manual of Hospital Standardization* included a minimum standard for the hospital medical library.[18] The five elements covered in the 1940 standards for the hospital medical library were content, housing, personnel, extension facilities and library committee. Although the standards called for "the supervision of a qualified librarian," the sentence which followed–"She shall act as custodian of its contents"–indicated a lack of understanding of the role of a librarian or the qualifications required. It is interesting to note that in each of the five factors, "shall," not "should," was the term used.

When in 1952, the cost and scope of the hospital accreditation program outgrew the administrative capability of any one organization, the JCAH was established with representation from the following organizations: American College of Physicians, American College of Surgeons, American Hospital Association, American Medical Association, and Canadian Medical Association. Eight years later the Canadian organization withdrew and in cooperation with three other Canadian organizations formed the Canadian Council on Hospital Accreditation. On December 6, 1952 the Hospital Standardization Program of ACS was officially conveyed to the JCAH.

In 1953 the JCAH published its first set of standards which included the medical library as a desirable but not essential requirement for accreditation; the standard for the medical library read:

1. Organization. There shall be a medical library directed by a competent medical librarian.
2. Facilities. Books and journals shall be catalogued and shall be readily accessible.

3. Personnel. Personnel shall be provided to assure efficient service to the medical staff.[19]

Two facts became apparent: (1) ACS's "qualified librarian" had become JCAH's "competent librarian" although criteria for judging competency were still lacking, and (2) library service was the physician's prerogative with no provision for service to other hospital staff members.

Three years later the JCAH published a revision of its standards in which the medical library became an essential service. This time the factors for the medical library had increased from three to four, but the librarian, formerly "qualified" or "competent," now became nonexistent:

a. The hospital must maintain a medical reference library according to the needs of the hospital.
b. Facilities should be provided to meet the requirements of the services in the hospital.
c. Basic textbooks and current periodicals should be available and catalogued according to the needs of the hospital.
d. Personnel should be provided to assure efficient service to the medical staff.[20]

In the 1957 edition of the JCAH standards, these requirements remained unchanged. Three years later another edition was published in which the only change was the deletion of "reference" in "medical reference library." Although "needs of the hospital" appeared twice in the statements, the "medical staff" continued to be the only segment of the hospital staff entitled to efficient service. In 1964 and 1965 the standards for hospital accreditation were revised, but the 1960 medical library standard was not altered.

The hospital field was becoming increasingly aware that a patchwork, piecemeal, annual or biennial revision of accreditation standards was inadequate to meet the hospital's changing needs. Therefore in 1967 the JCAH undertook the colossal project of completely rewriting its standards. To insure relevant and reliable standards and to utilize the expertise in the field, thirty advisory committees were established, one of which was the Medical Library Advisory Committee. The three physicians, one hospital administrator and five librarians who served on this committee met May 16, 1968 under the chairmanship of George Fahlund, a doctor. The first draft of the new standards hammered out in the day-long meeting reflected many of the changes which had occurred in the preceding three decades; even the title, "Professional Li-

brary Service," indicated the change in direction from service only to physicians to service to the professions.

The MLAC reviewed and revised two drafts, suggesting changes and correcting inaccuracies. Finally in October 1969, the JCAH published *Standards for Accreditation of Hospitals Plus Provisional Interpretations* with the statement that the JCAH had approved the principles and standards but that the interpretations remained to be tested. Librarians who had served on the MLAC were disappointed to find that in this document the JCAH had diluted or deleted some of their most significant recommendations. The basic standard reads: "Library services shall be made available to the medical and hospital staff. There shall be books, periodicals and other materials appropriate to meet their needs."[21] The interpretation outlined three areas of service: reference, document delivery, and audiovisual; required an adequate and available basic collection; and recommended that in hospitals providing extensive library service at least one full-time librarian should be employed.

After the field testing and subsequent revisions the standards were published in final form in 1971.[22] The differences between this final statement and the 1969 version were minor and librarians were disheartened to find the same weaknesses and gaps as had appeared in the 1969 version.[11] The most frequent criticism by librarians of the JCAH accreditation program is that the review of the library by the JCAH survey team is too often a perfunctory one and that only rarely does a surveyor examine the library in depth or follow up on information the librarian has provided prior to his visit in the survey questionnaire.[23] In a very real sense the JCAH standards for library service are not standards at all but only guidelines or suggestions.

In 1971, the Accreditation Council for Psychiatric Facilities, a unit of JCAH, published in looseleaf form *Footnotes to the Accreditation Manual for Hospitals*,[24] to be used as a fuller interpretation of the *Manual* when applied to psychiatric facilities. The *Footnotes* suggest appropriate modifications in the professional library standard to meet the needs of a psychiatric institution. Currently in preparation by the Accreditation Council for Psychiatric Facilities and scheduled for 1972 publication is an accreditation manual for psychiatric facilities which is using as a basis *Footnotes* mentioned above and *Standards for Psychiatric Facilities*, published in 1969 by the American Psychiatric Association. APA's standard 35 states: "A professional library shall be maintained according to the needs of the staff. Basic textbooks, current periodicals,

and other materials appropriate to the needs of the facility's professional and technical staff should be readily available."[25] APA mentions the patients' library in its standards but only in discussing activities programs (standard 32), not as an independent standard; in this discussion no mention is made of a "librarian" and to the dismay of librarians the familiar "should" recommendation has eroded to "may": "There may also be a conveniently located patient library."[26] Similar cursory treatment of the patients' library is found on page 63 of APA's *Standards for Psychiatric Facilities Serving Children and Adolescents*[27] where the library again appears only as one of many possible daily activities. On page 66 of this document standard 46 covers the professional library and is similar to standard 35 mentioned above with the exception that "shall" has now become "will." One wonders if the gamut of "shall" to "will" to "should" to "may" ends in oblivion.

Returning to the JCAH after this slight digression into the psychiatric milieu, one finds that in addition to standards for hospitals, the JCAH published accreditation standards for extended care, nursing care and resident care facilities in 1968. The requirement for the reference library reads: "A reference library containing journals and current textbooks on fundamentals of nursing and rehabilitation techniques appropriate to the services offered is desirable and should be readily accessible to the patient/resident care staff. The scope of material beyond this minimum will depend on the specific needs of each facility."[28] The Accreditation Council for Long-Term Care Facilities, another unit of the JCAH, is currently reviewing these 1968 standards and expects to publish a new edition late in 1972.

A third specialized unit of the JCAH is the Accreditation Council for Facilities for the Mentally Retarded which in 1971 published *Standards for Residential Facilities for the Mentally Retarded.* The library service section[29] was developed by a Review Committee for Library Services which met January 6, 1971 under the chairwomanship of Margaret Hannigan. There are ten separate statements covering in great detail the provisions of complete and integrated multi-media information services to both staff and residents. The statements present a curious mixture of "shalls" and "shoulds." They tend to be policy pronouncements rather than standards or criteria, and in length and wealth of detail they surpass any of the JCAH's other standards for libraries or library service.

The Commission on Accreditation of Rehabilitation Facilities is sponsored by six organizations: American Hospital Association, Section

on Rehabilitation and Chronic Disease Hospitals; Goodwill Industries of America, Inc.; International Association of Rehabilitation Facilities (representing the merger of Association of Rehabilitation Centers and National Association of Sheltered Workshops and Homebound Programs); National Association of Hearing and Speech Agencies; National Easter Seal Society for Crippled Children and Adults; and National Rehabilitation Association. In November 1971 it published its *Standards Manual for Rehabilitation Facilities* without any mention of a library. Its standard 4.4.2 states that the facility should encourage and support professional growth and development through ready access to professional reference material relevant to the service and to rehabilitation in general. This requirement is interpreted as follows:

> The specification that each service unit should have access to resource material relevant to rehabilitation in general is based on the assumption that each professional staff member will have a personal collection of basic books and periodicals which he has acquired in his professional studies and to which he adds during his professional lifetime. However, beyond this, the facility has a responsibility to provide reference material which is especially pertinent to the program and purposes for the facility, plus such additional general reference material as is appropriate but may be too expensive for the individual staff member to purchase.[30]

This recommendation of primary reliance on personal collections appears to be a giant step backwards, and librarians should express their concern in this matter to CARF. It is hoped that the next edition of CARF standards will identify the professional library as a necessary department in the rehabilitation institution and will further recognize the importance of library service to patients.

The American Medical Association mentions the hospital medical library in its publication *Directory of Approved Internships and Residencies 1971-1972.* For interns:

> It is essential that there be an adequate medical library readily accessible to the house staff. To facilitate its use, the library should be properly supervised. It should contain a useful collection of standard textbooks, monographs, and reference books. In addition. the library must make readily available to the intern staff current issues of representative medical journals covering the major clinical fields. The library need not necessarily contain a large number of textbooks and journals, particularly if other resources are available to it. Such outside facilities, however, should be considered supplementary to, and not a substitute for, the hospital library.[31]

For residents:

> Institutions offering approved residencies should maintain an adequate medical library containing carefully selected, authoritative medical textbooks and monographs, recent editions of the *Index Medicus,* and current medical journals in the various branches of medicine and surgery in which training is being conducted.
>
> The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.
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> The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available for ready reference, whether or not accessory facilities are available.[32]

In these AMA standards, as in so many of the others reviewed in the preparation of this article, the familiar "adequate," "qualified," "readily accessible," and "should" continue to reappear. It is not surprising to find many substandard libraries in teaching hospitals when one considers how inadequate the AMA's "Essentials" statements are.

An innovative approach to standards for hospital libraries was proposed last year by the Academy of Osteopathic Directors of Medical Education. This group developed minimal requirements covering personnel, space, classification and organization, utilization tools, textbooks, discard program, periodicals (current subscriptions and bound volumes), and hours for libraries in osteopathic hospitals approved for intern and/or resident training. In most of the categories two minimums were listed—the recommended minimum and the required minimum; for "classification and organization" and "utilization tools" there was no choice—just a single requirement. The AODME recommendations, submitted to the Committee on Postdoctoral Training of the American Osteopathic Association were adopted in November 1971; copies of the guidelines are available from the association, 212 East Ohio Street, Chicago 60611.

As one of the four member organizations of the JCAH, the AHA supports the JCAH's accreditation program rather than developing any standards independently. In 1969, however, it did publish a "Statement on the Role of the Health Science Library in the Hospital" which merits

mention here. In this statement "service to all" is underscored and libraries are urged to participate in library systems and communications networks. Copies of this statement (S57) are available from AHA, 840 North Lake Shore Drive, Chicago 60611.

So far, this review has made almost no mention of nursing school libraries. In a way, they seem to fit more properly in a discussion of educational institutions rather than health care institutions. However, since diploma programs in nursing are hospital-based, acknowledgment of the efforts of the National League for Nursing to upgrade libraries in nursing schools must be included. In its *Criteria for the Evaluation of Diploma Programs in Nursing* the NLN requires that "the library facilities and resources meet the needs of the students and the faculty."[33] This requirement is amplified in a 1971 publication, *Toward Excellence in Nursing Education,* which refers to the ALA standards[2] as well as to those of NLN. One statement in the 1971 publication refers to the trend of unifying libraries within the hospital: "Some faculties prefer to maintain separate libraries for their schools; others prefer to share a combined library with other groups, having found that the pooling of library resources makes for more extensive and better holdings and a larger and better-qualified library staff."[34] A third NLN publication, *Guide for the Development of Libraries for Schools of Nursing,*[35] offers suggestions on the collection, readers' services, technical services, staffing, library committee, space and equipment, and budget.

Organized in 1879, the United Hospital Fund of New York is America's oldest federated charity. Since the early 1940s the UHF has been encouraging hospitals to provide library service to patients, especially where the service is established and maintained by volunteers. Its *Essentials for Patients' Libraries,*[36] primarily a guide for the volunteer, covers all aspects of library organization and management in a simple, readable style. In 1957 the UHF published a report of its Committee on Hospital Library Architecture, *Planning the Hospital Library,*[37] which recommended that the nursing school and the medical library of a hospital be combined as a single strong department. Although many hospital and library administrators now accept this sensible proposal, a surprising amount of resistance to it is still found.

Turning from voluntary health agencies to governmental agencies, we find the medical library cited in the Social Security Administration regulations concerning a hospital's participation in Medicare. In the June 1967 regulations the medical library standard reads: "The hospital maintains a medical library according to the needs of the hospital."[38]

The entire set of *Conditions of Participation* is in the process of revision; according to advance information received from SSA, it is likely that in the next edition the library will be subsumed in a broader grouping entitled "staff development" and that the term "medical library" will be expanded to "medical, paramedical and administrative library."

The contributions of the Veterans Administration to improved library service are too well known to require lengthy exposition here. An early report on standards of performance[39] merits special note, however, since it is one of the few time studies in hospital libraries recorded in the literature; this article provides good insight into how standards evolve. The VA librarian's *vade mecum* is a manual entitled *Medical and General Reference Library Staff*[40] which covers policies, procedures and standards. In the area of library achitecture, the VA has developed planning criteria[41] adaptable for any hospital's use; for each unit in the library (i.e., office, staff library, etc.) several alternative formulas are offered, depending on type and size of the facility. The degree of specificity and quantification as found in these criteria is unique in the literature on hospital libraries.

Inquiries to the army, navy, and air force concerning standards for libraries in U.S. military hospitals elicited the following responses. The Office of the Surgeon General of the Department of the Air Force cited the four-page section on medical libraries in "Air Force Manual AFM 168-4" (November 1971) in which guidelines are suggested for administrative organization, selection, accounting, cataloging and control, and relationships with the National Library of Medicine and the MLA. The medical librarian of the Joint Medical Library, Offices of the Surgeons General U.S. Army/U.S. Air Force, cited XIII, "Medical Libraries," in Army Regulations AR40-2 dated 1965 (guidelines similar to those in the Air Force manual), and Army Regulation 735-17 dated October 10, 1966 (property accountability of library books). A staff assistant in the Bureau of Medicine and Surgery of the Department of the Navy replied that he was "unable to provide any information on established standards for library service in naval hospitals." This enigmatic statement might be interpreted in any of several ways: standards do not exist; standards exist but are confidential; or the writer did not know whether standards exist.

Impetus for improved library service in hospitals has come in recent years from Regional Medical Programs established under Public Law 89-239 to combat heart disease, cancer, stroke and related diseases. Be-

cause the inadequacy of hospitals' libraries hamstrung RMP efforts to promote continuing education for health personnel, many RMP's have established advisory committees which have inaugurated projects such as workshops, publications, consultation service and core lists. Two of the RMP advisory groups have developed standards—one for the library itself and the other for the person in charge of the library. "Suggested Minimum Guidelines for Connecticut Health Science Libraries" was developed by the Connecticut Regional Medical Program's Technical Advisory Committee on Library Services and presents recommendations in four columns based on hospital bed size. "Suggested Minimum Guidelines" is available from the Connecticut RMP, 272 George Street, New Haven 06510. A standard for library personnel was developed by the Illinois Regional Medical Program's Committee for Regional Library Services. Entitled "Minimum Competencies for Person in Charge of Hospital Library Services,"[42] the guidelines list eight functions which must be performed if reference, document delivery and audiovisual service are to be available.

In May 1969, Marjorie Greenfield, director of the Library of the Hospital of the University of Pennsylvania, was invited by the executive director of her hospital to suggest criteria for libraries in hospitals for consideration by the Commonwealth of Pennsylvania in revising its hospital licensure regulations. A group of four librarians and a physician worked with Greenfield to develop a comprehensive set of proposed requirements for professional libraries in hospitals.[43] These criteria make provision for variations according to bed size and place great emphasis on professional staff to organize, administer, and operate the hospital's library.

In 1969 the Libraries in Hospitals Sub-Section of the International Federation of Library Associations issued "IFLA Standards for Libraries in Hospitals,"[44] which had been in preparation since 1965. Representatives of twenty-one countries provided information and statistical data which served as the basis for this document. Areas covered include professional guidance, formation of a group for hospital librarians, accommodation, training of staff, bookstock, finance, extension activities, equipment and standards. The primary emphasis in this publication is on service to patients. The Libraries in Hospitals Sub-Section is currently working on a standards statement for inclusion in the IFLA Public Libraries Section's standards for public libraries which will cover library service to readers in hospitals, in old people's homes, in correctional institutions and to the housebound. According to Jean

Clarke,[45] secretary of the Libraries in Hospitals Sub-Section, the final draft should be ready for presentation to IFLA's General Council in Budapest in August 1972.

In 1965 the Library Association (London), published *Hospital Libraries: Recommended Standards for Libraries in Hospitals,*[46] a sixteen-page document covering general library service for patients and staff, medical libraries in a regional board area, the hospital's medical library and libraries in nurse training schools. A working party is presently revising these 1965 standards.[47]

The Department of Health and Social Security of Great Britain issued *Library Services in Hospitals,* an April 1970 memorandum giving guidance on the provision and organization of library services at hospitals for both staff and patients.[48] The permissiveness of the document which evoked comment from at least two sources[49] is well illustrated in paragraph 2 of the memorandum: "The Department does not wish to lay down any particular pattern of library services and the method of organisation that is adopted will naturally depend on local circumstances and choice."

This memorandum refers in paragraph 18 to the Public Libraries and Museums Act of 1964 which stipulates that local authorities have a duty to provide free library service to all who live or work within their boundaries. This role of the public libraries in the development of hospital library services was explored in depth by John Pemberton;[50] his report of administrative and financial problems which arise when different types of authority negotiate reminds one of similar problems encountered in the United States when hospital-public library cooperation has been attempted.

Library Services in Hospitals applies only to England and Wales. Work is in progress to produce a Scottish equivalent.[51] In 1969 the Scottish Hospital Centre published *Libraries in Hospitals* by Antonia Bunch and Eileen Cumming.[52] A Nuffield Provincial Hospitals Trust grant had enabled the centre to undertake a survey of libraries in Scottish hospitals on which the review was based. This study frequently cites standards from four British and two U.S. sources and measures library services in Scottish hospitals against these criteria. The report provides a detailed analysis of the survey findings, offers an exhaustive listing of references, and might well serve as an exemplar for future hospital library researchers. The report of a working party on Scottish public library standards was issued by the Scottish Education Department in 1969. Paragraphs 76-79 of the report relate to library service to

staff and to patients; emphasis is on the latter since in Scotland service to staff is primarily the responsibility of the hospital authority.[53]

Paralleling the NLN's efforts to improve libraries in schools of nursing cited earlier, the Royal College of Nursing and the National Council of Nurses of the United Kingdom have published *A Library Guide for Schools of Nursing*.[54] Canadian counterparts of the British and U.S. standards are found in *Guide to Hospital Accreditation*[55] and *Criteria for the Evaluation of Diploma Programs in Nursing*.[56] The status and standards of hospital libraries in Belgium, Czechoslovakia, Denmark, Finland, West Germany, Irish Republic, Italy, Northern Ireland, Norway, Sweden, Switzerland and Wales are reported in Appendix II of *Libraries in Hospitals*.[57] Russia seems to be ahead of other countries in recognizing the value of a library; M. Nefedčenko reports that in 1962, by a decree of the USSR Ministry of Health, the post of librarian became a standard post on the staff of hospitals of 300 beds or more. The last sentence of Nefedčenko's article on hospital libraries in the Union of Soviet Socialist Republics indicates, however, that the Russians along with the rest of the library/hospital world are looking for standards: "Our next task will be to define what the requirements should be for these hospital libraries."[58]

What does the future hold for library service in hospitals? Educated guesses have been made by Brodman,[59] Gartland[60] and Johnson.[61] The overriding issues of the 1970s—costs, availability and quality of medical care and of health manpower—will surely change health care institutions as we know them today. A nationally known expert on hospital administration has defined the hospital of the future "simply as an organization. In other words, it no longer will be seen as a beautiful structure on a hill; it will be simply a matter of arrangement. In many instances, it will be the delivery of medical care by different types of individuals from different locations within a city."[62] When this happens the library will no longer be seen as that crowded room on the second floor next to the doctors' lounge. Its very existence will depend on its being flexible enough and resilient enough to adapt positively and creatively to the inevitable changes in its parent institution. This creative change will be the exciting challenge for the librarian of the future.

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