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"The dogmas of the quiet past," said Abraham Lincoln, "are inadequate to the stormy present. We must think anew. We must act anew."

In tracing the present and future prospects of the Catholic hospital in New Zealand, one can more clearly see the situation in perspective against the backdrop of the past. Therefore it seems best to start this survey with a brief look at the New Zealand hospital system as a whole, embracing the emergence of the private hospitals and locating the Catholic hospitals in their due historical place in this development.

The earliest record of an institution functioning as a hospital was found in Auckland in 1841, when all eligible patients were admitted to the wards regardless of race or status.[1] The Maori patient was given free treatment, while the European contributed to his own medical care. In 1885, an Act of Parliament placed the administration of New Zealand hospitals under the joint responsibility of national and local government, and amendments over the years laid added responsibility on the Minister of Health and his department for ensuring the provision of adequate and efficient hospital services throughout the country. Finally in 1938, came a development of far-reaching consequences that still determines the character of

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hospital care in this country: the introduction of social security legislation in which the state assumed the onus for general medical and welfare services.

After the private hospitals emerged early in this century, their development waxed and waned with the economic fluctuations of the country, although granting of hospital state benefits assisted the private patient to meet a portion of his fees. Recognizing the important part played by private hospitals in the overall provision of hospital beds, the government sanctioned several loan schemes and subsidies to assist them in meeting higher wage and salary costs. Today one in five general hospital beds in New Zealand is provided by private hospitals.

Private Hospitals

The rise and fall of private hospitals has been influenced also by the political scene. Nevertheless a viable private hospital system is firmly established and publicly accepted in New Zealand. The waiting lists for admission to public hospitals have grown, and as a consequence there has been a mushrooming of voluntary health insurance, selling what the private hospital has to offer: choice of surgeon, choice of hospital, and the assurance of admission to hospital on demand. One wonders, however, how long the private sector can continue to admit on demand, because of the two main problems that confront those who offer this service: finding finances for expansion and for replacement of the obsolete, and coping with the constant escalation in running costs.

This is the position in which the Catholic hospital in New Zealand finds itself today. There are ten such hospitals, representing different religious congregations and all situated in major cities. In size they range from 40 to some 200 beds and provide about 20 percent of the private hospital total. In each case, these hospitals are owned and operated by religious communities and offer beds for medical, surgical, geriatric, pediatric, psychiatric and maternity patients.

One of the most vital matters concerning New Zealand hospitals, both state and private and including Catholic institutions, is the question of staffing. In this country, staffing is closely bound up with the system of nursing education.

Nursing Traditions

The preparation of nurses here was based on the English Nightingale tradition, although the schools were placed under the direct control of the hospitals themselves.[2] The beginning of this program dates back to 1884, when New Zealand became the first country in the world to register nurses. However, the apprentice type of training persisted, with the students being employees of the hospital, learning as they worked.

Improvements in education led to the expansion of the universities, teachers' colleges and techni-

cal institutes. It was unfortunate that an opportunity for nursing training to become part of the mainstream of education in the country was lost in 1920. As a result, the system of preparing nurses is outdated. One of the great deterrents in the progress toward a more enlightened system of nursing education has been the tendency of public hospital boards to maintain schools of nursing mainly to meet the service needs of their hospitals. This is indicated by some significant figures — for example, those for March, 1970. At that time, in hospitals where student nurses obtained clinical experience, students formed over 50 percent of the staff and were engaged in by far the greater burden of total patient care. Nurse leadership in New Zealand is now striving effectively to raise the standards of nursing education and to establish demonstration programs in university and colleges of health sciences with full student status.

The first Catholic hospital to open a school of nursing was the Mater Misericordiae Hospital, Auckland, run by the Sisters of Mercy. It obtained approval for this purpose, after intense parliamentary debate, in 1937. Two other such schools were later established but maintained for the training of religious sisters only. The Mater Hospital School has a distinguished record of graduates, both lay and religious, extending to the present day. However, with the imminence of drastic changes in nursing education and the constantly increasing costs of maintenance, including student salaries, it has been decided to withdraw this school in 1973. The Sisters of Mercy do not regard this as a retrograde step. Rather they plan to extend and develop the services they provide, both within the hospital and reaching out to a wider section of the community, to serve the needs of the contemporary world.

Direct Involvement

The longer established Catholic hospitals have not attempted to increase their bed-state to any significant degree. The sisters agree that the effectiveness of our apostolate lies in maintaining nursing religious at the bedside. This direct involvement with the patient is thought to have been the greatest feature of our hospitals in the past, and it is imperative that it continue in the future if the sisters are to be effective witnesses of Christ's love to the sick.

Compared with those overseas, our hospitals are generously staffed by religious sisters, though with the present dearth of vocations, some concern for the future is being felt. However, it is recognized that for both religious and lay trained staff, constant efforts are needed to keep abreast of the tremendously complex development of modern nursing skills. In the case where student nurses are being withdrawn, a department of continuing education for registered staff is being strengthened, and back-to-nursing courses are being planned for women wishing to return to their former professional roles. Part-time

employment is coming to be accepted, and stronger emphasis is being given to orientation programs for hospital aides.

What of the range of services our Catholic hospitals offer? Wisely they have not tried to compete in this respect with the state system, where the impressive expenditure of public finance has fostered immense increases in size and in span of specialization. Rather they are striving to improve the depth of service within the hospital and stretching out to reach a more extended sector beyond the walls of their institutions by effective involvement in community health services.

In general, Catholic hospitals cater for general surgery and medicine, with some featuring specialties in particular areas such as coronary care, cardio-thoracic surgery and orthopedics. One hospital operates a cobalt unit with a special clinical section for cancer patients; another concentrates on the development of a paraplegic unit. Yet another specializes in a psychiatric day center and has acceded to the increasing demand by opening a section for longer-stay patients. All Catholic hospitals in the country have departments for geriatrics and terminal care and find in this area an apostolate characteristically Christian and deeply rewarding.

Obstetric Care

At the other end of the scale of life is the touching domain of birth. In the development of obstetric services in New Zealand, the trend has always been away from home confinements to hospital care, and the state has established a hospital service available to all women free of cost. Few private obstetric institutions have survived the difficulties of modern maintenance. There are a comparatively small number, operated by Christian churches and including several Catholic establishments, one of which specifically offers a haven for unmarried mothers. Although the financial burdens are heavy, every effort is being made to maintain these hospitals, in recognition of the need to provide a Christian moral climate in the face of pressures, both overt and subtle, exercised on patients in most other obstetric institutions.

In other ways, too, Catholic hospitals try to meet the needs of life in the wider community. Although they are not able to provide accident and emergency services, they do accept urgent cases for admission. Several, including the Mater Misericordiae Hospital, run a district nursing service, with trained staff visiting and caring for the sick. Patients may include those discharged from hospital and requiring follow-up service or others referred by general practitioners or relatives. There are many facilities available for these nurses should aid of various kinds be required in the patient's home — meals-on-wheels service, for example, and provision of linen, oxygen and all forms of equipment. This is a full-time duty, ranging far over city suburbs, and bringing help and cheer to many in the twi-

light zones of weakness and incapacity.

What can the Catholic hospital of New Zealand expect to do in the future? Let us hope it will maintain at a high level the facilities it now offers, along with the dedicated quality of care that constantly wins a recognition it does not seek. It will surely strive for an expanded and more vigorous participation in community health and it will hope to do this, at least in part, by involvement in community health centers. It will certainly also endeavor to increase its effectiveness in those areas where enlightened Christian devotion is especially needed — in geriatric nursing and in psychiatric care; here the establishment and maintenance of day centers will be a significant contribution to problems with far-reaching ramifications. It is determined to maintain its obstetrical units as a safe refuge for Catholic mothers and to continue to provide and extend family planning services by the method of ovulation detection.

Education Prospects

In the field of education, although modern trends make it inevitable that schools of nursing can no longer be the effective province of the Catholic hospital in this country, our religious sisters will continue to prepare for teaching roles. A representation of religious could well be employed as tutors in future colleges of health sciences under the Department of Education. There is the hope, too, that our larger Catholic institutions, whose standards are recognizably high and whose range of services is considerable, may participate in the provision of clinical teaching for nursing and medical students. Undoubtedly there will be growth in in-service education programs for trained staff and hospital aides, including training of Pacific Island religious to serve in their own national areas of apostolate.

In these ways, and in others that may yet be hidden, the Catholic hospital in New Zealand will seek to foster health and social conditions in keeping with the inalienable dignity of the human person and the integrity of family life. For the sick, its aim is inspired by the word and example of Christ and expressed in the words of the physician: "Sometimes to cure, often to relieve, always to console."

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