Modern Hospital Requires Complex Medical Staff

Probably The Least Understood Phase In All Hospital Activity

The role of the Medical Staff in a hospital is probably the least understood phase of hospital activity. Because the primary function of a hospital is the care of the sick and because of the fact that every department, every piece of equipment, every type of personnel in the hospital is there for the sole purpose of the betterment of the patient, it follows that all the rules and regulations governing the Medical Staff in a hospital are primarily directed to the care of the patient and not for the good of the Medical Staff. Many people today feel and sometimes express the opinion that the hospital is the work shop of the doctor and it is provided for his good and benefit. In reality nothing is further from the truth.

Marked advances in Medical Science have been made during the past fifty years and made available to the medical students of Canada through the medium of the very high class Medical Schools which this country has produced. At the close of his technical course, the young doctor is still a long way from his actual contact with the patient.

PUBLIC SAFEGUARDED

Laws of Canada include special clauses to protect the public from exploitation of anyone attempting to treat illness without the proper qualifications. The young graduate must not only be registered in the Province, where he is to practice, but he must also pass a special set of qualifying examinations and become a Licentiate in the Medical Council of Canada.

In order to qualify to practice in any hospital the medical practitioner must make an application to that particular hospital for acceptance on the Medical Staff. This application is screened by a Credentials Committee of the Medical Staff who look over his educational qualifications, his post graduate training, and recommend to the Board that his qualifications are satisfactory for the performance of such and such duties within that hospital. It is the province of the Board of Trustees of any hospital to make appointment to the staff. Staff appointments are made for a term of one year and must be renewed annually.

The standards of requirements for our first class hospital as set up by the American College of Surgeons demand that the Medical Staff be organized, i.e., that they have officers, that they have special by-laws by which they govern the professional standards in the hospital and they are required to hold at least monthly meetings to review the work of the month. At such meetings the professional work of the month is reviewed, and many cases of special interest are brought to the attention of the Medical Staff. Staff members are required to attend at least 70 per cent of these meetings under the penalty of losing staff privileges. Each member of the staff must report to the whole staff the professional care that he has given to any one patient and in the event of deaths within the hospital, adequate cause must be assigned. Special requirements of the Medical By-laws demand that specific cases in the hospital must always have consultations before going to the operating room. Requirements for standardization of hospitals also demand that 15 per cent of deaths in hospital during the year must be autopsied.

WORK REVIEWED

At the annual meeting of the Medical Staff the review of the work of the year is made. Computation of the current death rate, number of surgical deaths, and the deaths in each department are reviewed, and if by any chance these are not in line with similar results obtained in other first-class hospitals and other areas, complete explanation must be made to the Board of Governors and to the visitor from the College of Surgeons. Under such strict regulations the public is protected, and when the College of Surgeons gives its award of recognition to a hospital the public may be assured that the standard of work carried on in that hospital is up to the standard of other similar hospitals.

The average patient who is admitted to the hospital by his own family doctor does not realize the tremendous amount of effort that has gone into that hospital to afford him protection and assure him the best of medical care. The laboratory procedures that are carried out on that patient are carefully scrutinized by the director of laboratories, who is especially trained to interpret such findings. Tissues removed at operation are all sent to pathology department for confirmation of diagnosis. Again, the pathologist who may not be known to the patient has a part in the care and treatment of that patient's illness. If a patients's doctor orders an x-ray, the strict interpretation of that film is once again interpreted by an expert in radiology, who is provided by the hospital for the care of that patient, and whose specialized training gives him extra qualifications to interpret findings and to advise in consultation on the treatment.

When the patient is brought to the operating room, if his condition is of a serious nature, the hospital requires that another doctor's opinion be obtained in many specific instances. Regulations also demand that another competent surgeon be present to assist at the operation, and the anaesthetic be administered under the careful supervision of the Department of Anaesthesia and the director of the department. As it is, the patient who is admitted to the hospital may have had the considered opinion of six or seven doctors of the staff, organized and working together to provide not only an accurate diagnosis but the most modern and up-to-date treatment that is available to that particular patient.

BOARD ADVISED

It is the duty also of the Medical Staff to advise the Board of Governors and the Superintendent on all matters of a technical and professional nature pertaining to the care of the patient. They meet, on occasions, with the Board of Governors to discuss provision of new equipment, in outlining and making provisions for additions to the hospital, and in all ways to aid with their technical knowledge in the provision of the most modern up-to-date hospital care that can be obtained.

The type of staff as outlined above is known as the Active Staff of the hospital. Any doctor who lives in the area may apply for what is known as Courtesy privileges. Any doctor whose credentials indicate that his training is satisfactory may therefore be appointed by the Board to what is known as the Courtesy Staff. Such an appointment entitles him to participation of all the hospital facilities with the exception in certain hospitals where ward service is closed to the Courtesy Staff. A member of the Courtesy Staff is not obligated to take such an active part in the management of the hospital, nor is he obliged to attend Staff meetings and otherwise carry out the duties of the Active Staff with the exception that where he has a case of a death or some other case of unusual interest he may be required to attend the Staff Meeting to explain his line of treatment. Members who do not reside in a Town where a hospital is located may be given privileges of Courtesy Staff. In such cases they must always make provision that some member of the Active Staff is to look after their patients in the event of their not being able to be present. All such regulations are outlined once again in the Standards for approval of a hospital, nd the limitations set down in these regulations are those enforced by the hospital management.

The Administrator of the hospital acts as liaison between the Medical Staff and the Board of Governors. It is the duty of the Administrator to appoint one or more members to the Board, and although this is not a general practice, in this Province it has been the custom for many years. The advantage of this system is that it is more easy to present to the Board of Governors the wishes and interpretations of the care to be given, when such interpretation is done by a member of the staff.

In the Charlottetown Hospital, which has had the approval of the College of Surgeons for many years, this general set-up as outlined above has been in operation and the beautiful building being opened today is the result of the harmonious efforts of the Medical Staff and the Board of Governors and all those concerned in running the hospital.

MEDICAL STAFF—left to right seated, Dr. G. L. Smith, Dr. J. D. MacGuigan, Dr. W. J. P. MacMillan, Chief of Staff, Dr. W. H. Soper, Dr. J. P. Sweeney; standing, Dr. W. L. MacDonald, Dr. Harold Shaw, Dr. C. A. Coady, Dr. Leonard Farmer, Dr. J. A. MacMillan, Dr. J. H. Maloney, Dr. J. P. Lantz.

VOICES THANKS

(Continued from page 1)

The surroundings are cheerful and above all, for the sick, the spirit of charity and Divine love penetrates every ward and room of the Institution; guaranteeing rest and comfort to the patient during treatment.

The Provincial Command of the Canadian Legion tenders its sincerest congratulations to those responsible for the completion of this beautiful addition to the City Hospital. The deepest gratitude of all Veterans will ever be yours and you may rest assured that you will ever receive the praise and support of our organization.

PEDIATRICS DEPT.

(Continued from page 1)

the Peter Bent Brigham Hospital and associated Boston Hospitals where, under Doctor Walters, she did further study in this particular line of work. At the completion of the new Pavilion and the inauguration of the Central Supply in what was the second floor of the old building, Sister M. Patricia will be in charge of this important new department.

Sister John Baptist, R.N., who graduated from the Charlottetown Hospital has held various posts of importance in the hospital during the past ten years. Her experience in the Social Service Department was a great help to her when she had to continue Child Welfare work during her years as Superior of St. Vincent's Orphanage. She was Administrator of the Hospital from 1937-1942. She did post graduate work in hospital administration at St. Louis University and when the Western Hospital opened she became the first Administrator of the Western Hospital. Sister John Baptist rejoined the staff of the Charlottetown Hospital as night supervisor in 1948, a post which she has held ever since.

Miss Mae King, R.N. Miss King's name has been on the lips of every patient that has ever been admitted to the Charlottetown Hospital during the last twenty-five years. For many years she was in charge of the Obstetrical Department. Since the reorganization she has taken over the duties of supervisor on the Men's floor. Miss King's long and faithful service makes her one of the most qualified floor supervisors in the Province.

Miss Winona MacDonald, R.N., is a graduate of the Charlottetown Hospital in 1946, and has been assistant supervisor since her graduation and is employed on the Men's floor.

SOCIAL PROBLEMS

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shall have to render to God who gave it to us."

Today the Catholic Social Welfare Bureau which stems directly from the original Social Welfare movement of the hospital, is supervised by an alert Board of Directors, fourteen in number who dispense an annual budget of $10,000.00 With two Field Secretaries, graduates in Social Service Welfare, from Toronto University, this Bureau handles an amazing number of welfare problems indigent to our Province. Broadly speaking Welfare problems may be summarized as: Family Welfare, Child Welfare, Unmarried mothers, Nursing service.

During the year 1949 the Bureau handled a case load of 330 who were in need of service of one kind or another.

The insecurity of family life is indicated by the thirty-one separation cases with which the Bureau dealt during the past year. Alcoholism and the resulting inadequate control of children, and, eventually, juvenile delinquency are major problems which bring a large number of people to the Bureau in search of alleviation of their miseries.

Allied to family welfare, of course is child welfare. During the year boarding home care was arranged for 47 children.

Bearing in mind that the placement of a child in a foster home is a grave responsibility particularly in the case of a long period of boarding house care or adoption, the Bureau is keenly interested in all such children who have not the blessing of proper care in their own home, and therefore tries to do everything possible to assist the Provincial Department of Health and Welfare in the placement of these children.

During the year assistance was given to forty-three (43) unmarried mothers. Child placing agencies in all provinces are doubling their efforts to make known and to make available their services to the mother who has decided that adoption is the best plan for her child. While some may suggest that this has a tendency to promote illegitimacy it must be borne in mind that the child of an unmarried mother is a human person who must be treated as having all the rights of any other soul and whose welfare is at stake in many cases.

The Nursing services of the Bureau is headed by a graduate nurse who also assists at the Children's Clinic with Dr. Coady a member of the Hospital Medical Staff.

When we consider that over 200 sick visits, 184 supervision calls on infants and some 400 special treatments were given during the year it is quite evident this is an important phase of the Social Welfare Work.

From the above it may be seen that the misconception of "grocery orders" and "relief" that many people had as regards the term Social Welfare does not apply to this broad and far-reaching work done by the Catholic Social Welfare Bureau for the alleviation of misery and suffering among the less fortunate of our fellow citizens.

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