TECHNICAL DISCUSSIONS

THE ROLE OF THE MODERN HOSPITAL
IN THE FIELD OF HEALTH

by

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I  INTRODUCTION

After a long history of evolution and development the hospital has become "The Health Centre of the Community"

This new position of the modern hospital in the field of health is now well recognized by any student of hospital administration. Nevertheless, the application of the concept is quite limited. This limitation is the result of resistance to changing traditions rather than of rational conviction.

The hospital has acquired its new position as a consequence of the previously established concept that curative and preventive services in the health programme should be integrated. Medicine should no longer be separated into preventive and curative services. Preventive medicine is by no means confined to the field of public health but it should pervade and inspire all branches of medicine. Indeed, prevention of disease, promotion of good health, diagnosis, treatment and rehabilitation are inseparable aspects of medicine, they have a common purpose and they use a common body of knowledge.

II  COMMUNITY MEDICAL CARE SHOULD BE HOSPITAL-CENTRED

Hospitals are one type of institution created by society to satisfy its medical needs. Their existence implies a need for the service and their growth depends upon the degree of usefulness that can be developed from them.
The primary function of the hospital, the one which has been constant throughout its evolution, is to care for the sick and injured. It is a workshop for the physician. It is through the hospital that all the advances in medical services are made available to him in accordance with the patients' needs.

With the change of concepts and technology of medicine in recent times, the hospital has tended to adapt its activities to the prevailing needs. With the advent of the age of great specialization of modern medical science, increasing specialization of hospital service has followed suit.

Rehabilitation forms part of the restorative function of the general hospital. Rehabilitation programmes have as their objective the removal of physical and mental handicaps as far as possible and the restoration of the individual who has suffered disabling illness or injury to functional activity in the community. Medical rehabilitation forms the spearhead of the total rehabilitative; but the team approach whereby medical and allied workers collaborate with workers of other disciplines - vocational, educational and social - is the best way to obtain the most satisfactory results.

A most significant criterion of medical care of high quality is the degree of emphasis placed upon prevention of disease. Prevention does not only deal with preventing the initial onset or occurrence of disease but also means preventing its continuance or progress when it has already occurred; it means preventing the development or persistence of disability or invalidism, and of dependency, destitution and other undesirable social effects.

Immunization, case finding (periodic health inventories, mass screening programmes, etc.) and health education are frequently conducted in hospital out-patient departments.

Maternal and child health is a field where preventive and curative activities can be largely integrated in the out-patient departments of the hospitals. Pre-school and school health teams can also work in close co-operation with the hospital paediatric and other out-patient clinics.

The hospital is an educational centre. It offers training both to those who serve the patient directly in the hospital, or in the community - physicians, nurses, technical workers and therapists - and to those who serve him indirectly in the hospital administrative complex of business office, purchasing, housekeeping and so forth.
Hospital training for the practice of medicine begins with the medical student in hospitals affiliated to the medical school and continues through internships and residencies. Continuous post-graduate training for practising physicians can also be provided in the hospital in scientific meetings, conferences and seminars. The hospital setting is the suitable environment for specialization.

The training of the nurse has previously been a hospital function and still is to some extent. The community oriented hospital together with other hospitals, educational institutions and public health organizations provides a well rounded programme of training for the professional nurse, whereas auxiliary nursing personnel is still mainly trained in the hospitals and the public health centres.

Training and internships for technical workers in hospital departments, such as medical, X-ray, laboratory, dietetics, physical therapy, etc., are in the province of the general hospital and serve to meet the community needs for health personnel.

The hospital is a centre for medical research. Basic scientific investigation is the function of the research hospital. However, the effectiveness of new diagnostic and therapeutic procedures can be evaluated only through clinical research. The hospital provides the equipment, trained personnel, opportunity of controlled observation, and adequate recording of data which are essential in such research programmes. In addition, the hospital can be a very suitable place for research in medical administration.

Hospitals have also made great contributions in the field of health insurance. No health insurance can operate without the co-operation of hospitals; hospital care being the most important element in patient care.

Hospital services and activities are not confined within its walls but extend to the community around it. This extension increases the effectiveness of the hospital programme and helps it in fulfilling its total community responsibility. The most important extra-mural hospital activity is the recently developed home care programme. The term "home care" which has become popular during the past fifteen years should be distinguished from the already existing patterns of medical care in the home. Care in the home is usually limited to physician's services and nursing care when available. Rarely does it include the full range of services and the special supplies so often necessary
to meet the total needs of patients. A home care programme, on the other hand is one in which selected homebound patients are provided with a full range of services, which are arranged for and coordinated through one administrative agency, usually a hospital.

The home care programme is suitable for the aged, the chronically sick and the handicapped who do not need or benefit from hospitalization. The provision of medical care to them under the home care programme, besides saving hospital beds for those who need them, is much less expensive. It is also commonly used in training medical students, student nurses and student social workers.

III THE CONCEPT OF THE GENERAL HOSPITAL

The general hospital is now considered, by the majority of authorities in hospital care, the most appropriate setting for provision of medical care to the community. It is the hospital that is organized, equipped and staffed to offer a comprehensive service, both with its out-patient and in-patient services to the majority of patients and diseases.

As we trace the history of hospitals we find that there was little differentiation among them originally. All critical cases were admitted to the hospitals of the past mostly without diagnosis, and they received little treatment. The original hospitals were more to rid the community of the exposed miseries of the sick poor than to provide medical care.

As the communicable nature of certain illnesses was recognized, these cases were isolated in special institutions. Mental diseases were likewise segregated because of their nature. After the discovery of anaesthesia and asepsis many hospital devoted their services primarily to surgery.

As specialization in the field of medicine developed, there was a tendency for specialists to work apart in separate specialized institutions. But more recently there has been increasing recognition of the fact that all these special fields are intimately related to each other and that there is need for cooperation between them. The objective of the physician is the care of the entire individual, the maintenance of his health, and in case of illness the re-establishment of his well being.
By making provision for the care of almost all types of illness in the general hospital, the services of the medical specialists are made more readily available to all patients in accordance with their need. Opportunity will be afforded for development of closer relations between the special fields of medicine, favouring team work and the integration of scientific knowledge, and all favouring good quality medical care.

A comprehensive service of this sort is more useful to the community than the segregation of the different medical services in special hospitals. A general hospital which brings together many medical services is, of necessity, a larger institution. Its size justifies the higher expenditure on specialized facilities, and elaborate equipment. It also justifies employment of high caliber technical and administrative personnel. Personnel, equipment, and facilities are much more adequately utilized, being used by all services together.

In many countries special hospitals are built for the care of special diseases. Examples are: ophthalmic diseases, venereal diseases, cancer, pulmonary tuberculosis, mental diseases, chronic diseases and acute communicable diseases. Building special hospitals for the first three categories should be discouraged without hesitation. Such cases can be well taken care of in special sections of the general hospital. Building special research institutes for such diseases may possibly be justified. It is preferred by many that even these ought to be built as units of large medical centres.

In the case of pulmonary tuberculosis, mental diseases, chronic diseases and acute communicable diseases, a little discussion is needed before making recommendations.

**Pulmonary Tuberculosis**

The main argument against the admission of cases of pulmonary tuberculosis into general hospitals is that tuberculosis is infectious, and psychologically, may not be acceptable in general hospitals. Cross infection in this disease, however, usually results from the continued and intimate exposure that characterizes a household relationship. Furthermore, the closed cases of pulmonary tuberculosis are not infective and advances made in the treatment of this disease, particularly chemotherapy and collapse therapy have made the possibilities of infection even less. Therefore, there is a definite percentage
of cases of pulmonary tuberculosis that can be safely treated in special sections of general hospitals. In addition, improved training of hospital staff in control of hospital infections would favour this possibility. Chronic cases of this disease and those needing surgical treatment may be treated in special hospitals or sanatoria which are better equipped and staffed for the purpose.

General hospitals also can materially assist in campaigns for combating pulmonary tuberculosis by providing routine radiological examination of all patients upon admission.

**Mental Diseases**

The role of the general hospital in mental health and mental illness is:

1. to provide clinics for detection of early cases and their treatment and for the promotion of mental hygiene, and

2. to provide in-patient care for mild conditions which are admitted as such or appear in association with general illness.

The general hospital has many advantages for such mild psychiatric conditions. Patients can be admitted for psychiatric observation without the stigma of being sent to an "asylum". For this reason the patient submits more readily and hence comes under observation earlier, when treatment is most helpful; also proper care can be provided if needed, by other disciplines of the general hospital.

**Chronic Diseases**

The size of the problem of chronic disease differs from one country to another. In all countries, however, the problem is increasing due to the increase in the life span of the population, resulting from the improvements in health standards.

Patients afflicted with chronic diseases are usually placed in one of three categories:

1. those who need active medical care,

2. those who need nursing care only and for whom there is little hope of rehabilitation, and

3. those whose primary need is domiciliary care and for whom a home environment must be provided.
The general hospital is the proper place for caring for the first category. Nursing homes and special chronic disease institutions are needed for the care of the second category.

Patients with chronic disease may have exacerbations or attacks of ordinary acute illness and therefore the general hospital should be immediately available to them.

Acute Communicable Diseases

Two important factors govern the possibility of providing facilities in the general hospital for the care of acute communicable diseases. These are:

1. the incidence of these diseases in the community;
2. the availability of proper nursing and other techniques to safeguard against cross infection

If the incidence is low and there are adequate techniques against cross infection it may be justified to admit the few cases of acute communicable disease in isolated, properly located sections of the general hospital. Otherwise, it is advisable to construct special hospitals for that purpose. These, however, can be separate units of the large medical centres.

IV HOSPITAL SERVICES SHOULD BE INTEGRATED

Hospitals and medical care programmes should not be developed without regard to each other or without regard to the overall need of the community they serve. We usually find that, on the one hand, in smaller communities, the hospital services are frequently incomplete and inadequate; essential diagnostic and therapeutic facilities are lacking, and the professional services, particularly in special fields of medicine, are not readily available. On the other hand, in the large cities and particularly in the metropolitan areas, there may be some overlapping and unnecessary duplication of services, which could be wasteful of economic resources and professional efforts.

When it is impractical for small hospitals to have all the essential diagnostic and therapeutic equipment, to employ the necessary skilled personnel, or to have readily available the services of specialists in the fields of medicine, the larger hospitals which are better equipped and more effectively staffed can render a more comprehensive service, by extending assistance to the smaller hospitals.
There is always a necessary interval between the discovery of a new or more effective method of diagnosis or therapy and its general application. However, there need not be so long a lag between the established use of such advances by those in the forefront of medical science and their application by the general profession all over. There is a growing conviction that a closer affiliation among hospitals would establish a more direct line of communication between the leaders in the large medical centres and the practising members of the profession in the outlying areas.

To achieve such results there must be an arrangement by which a group of hospitals in a certain region, of different sizes and levels, would develop and maintain relationships with each other. Of necessity, the group would centre around a large, well equipped, and competently staffed teaching hospital. There should be some formalized means for establishing and maintaining the flow of both professional services and patients between the institutions of different sizes, in order to use and integrate effectively all levels of service.

To ensure integration at the administrative level there should also be an arrangement by which conferences and consultations could take place between the governing boards and administrators of these hospitals. This may be done by establishing governmental or voluntary regional organizations.

Through such regional organizations educational and training programmes for benefit of all the Region can be established. In governmental regional organizations the professional staff at the higher levels can also be used in the guidance, the supervision, and the control of those at the lower levels and in evaluating the hospital services provided at these levels with the objective of recommending plans for improving them.

V THE HOSPITAL IS A TOTAL COMMUNITY INSTITUTION

Looking back into the history of hospitals we find that the early hospital was constructed to segregate the sick poor. The rich were treated in their homes. It was there that the doctor found the resources needed for his patients: relatives to provide nursing care, food and shelter.

After the discovery of anaesthesia and asepsis surgery became much safer but it could only be done in an equipped institution. The enlargement of the horizons of medical diagnosis and therapy made the hospital essential for good medical care. Special hospitals were built for paying patients besides the
free hospitals built usually by governments for the poor. Later on both rich and poor were treated in the same institution; the free government hospitals constructed separate private sections and the private voluntary institutions provided accommodation for free care. In some countries, at the present time, the free and paying patients may be admitted to the same section or even to the same room.

Besides their free and paying out-patient clinics hospitals have provided office space for the private practice of the physicians in the community. This provides a closer working arrangement between the medical profession and hospitals than has existed heretofore. Such arrangements are provided as an aid to the distribution of better and more economical medical care to the public.

Hospitals make their diagnostic and therapeutic services readily available to the members of the local medical profession as well as to the members of their medical staff in the care of their private patients. Also, diagnostic clinics and consultation services are established in many hospitals in the interest of both the general practitioners of the community and their patients. In so doing hospitals are contributing a great deal in raising the quality of medical care in the total community.

In a number of countries special hospitals are built for the care of different sectors of the community. Besides the free governmental and the private paying hospitals there are hospitals for government employees, for industrial and business workers, for professional and labour unions, for school children, etc. The possible justification for this may be that responsibility for providing medical care for each sector rests on a different agency or organization. If medical care of all these special hospitals and also that of both the free governmental and the paying voluntary hospitals are of good quality there seems to be no actual merit in this dissociation. Dissipation of efforts and waste of resources may result. That is why in other countries, and especially where social principles are adopted and where the total responsibility for the health of the whole nation is vested in the government, the unified hospital system of the country serves the community as a whole with no specialization or segregation.
VI  THE HOSPITAL AND THE HEALTH DEPARTMENT SHOULD BE COORDINATED

Hospitals and public health agencies have contributed materially to the better and longer life of the population. The two have much in common; but there has been little conscious effort to coordinate their activities. The sharp separation of medicine into preventive and curative programmes has been the greatest influence separating the health department from the hospital.

The need for change in these concepts has become increasingly evident as knowledge concerning the prevention of disease has advanced and as the appreciation of close cooperation between the fields of public health and curative medicine has grown.

Hospitals and health departments should find close cooperation easy because the same types of personnel: doctors, nurses, social workers, technicians, etc., work in both. The basic training of these personnel is the same and this must help in creating close relationships between them after they have started their careers either in hospitals or in health departments.

Many of the facilities and equipment used by hospitals or health departments are similar. For example, both need laboratory facilities and X-ray equipment. Their cooperation therefore prevents duplication.

The control of tuberculosis and venereal diseases affords numerous opportunities for joint action by hospitals and health departments. Tuberculosis and venereal disease clinics belong properly to the general hospital. Routine chest X-ray as well as serological tests for syphilis ought to be undertaken by all hospitals. The hospital out-patient department is the logical place to continue the treatment and take over the follow up of ambulant tuberculin patients. By diagnosing and treating venereal diseases the hospital assumes an essential role in the health department venereal disease control programme.

Conducting maternal and child health clinics separate from hospitals prevents both hospitals and health departments from operating at their maximum effectiveness in the protection of maternal and child health. This necessitates a break in the continuity of service. It would be preferable if these clinics were conducted at the hospital with full cooperation between the health department and the attending physician. Continuous care of the mother and child could be achieved more readily and their records would be complete.
While the health department is able to conduct immunization against acute communicable diseases and educational programmes on a mass community basis, hospitalization of cases, especially at the beginning of epidemics, is an essential element in controlling outbreaks.

Health education is an integral part of a community health programme and the hospital is a very suitable environment for conducting such a programme. The cooperation of the health department is expected in planning hospital health education programmes appropriate to the needs of patients, their families and their community.

For all the previous reasons it is strongly recommended that wherever circumstances permit, there should be joint housing of hospitals and health departments. Furthermore there are many other advantages to the public, the health department and the hospital that can be derived from this joint housing. A single health and medical centre means greater convenience and continuity of service for the public. The pooling of resources enables the community to obtain more adequate facilities and better trained personnel than it could otherwise afford.

The hospital achieves greater prestige as the community centre for all health and medical activities, it is able to recruit more competent staff by virtue of its increased financial strength and can therefore offer more comprehensive and effective service.

The health officer benefits professionally from more intimate association with physicians engaged in clinical medicine. His health programmes receive impetus from the increased knowledge and interest in public health gained by the practising physicians, interns and nurses.

Apart from those methods and procedures belonging purely to the domain of public administration, medical administration, public health administration and hospital administration have in theory and practice much in common, and as the public health officer and the hospital administrator are, in their respective fields, fully responsible for applying these principles and supervising and guiding the work of all their staff, it has become common practice in a number of countries to provide joint post-graduate training for them, at least in certain fields. This gives them each an understanding of the others' work, and their respective responsibilities and also promotes the efficiency of their services. In turn this common training helps to further the objective of ultimately providing combined Hospital and Health Department Units.
References


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