TEACHING HOSPITALS — A THREATENED SPECIES?

A century ago, the Journal of the American Medical Association featured a commentary entitled A plea for hospital reorganization.*

It began:

Let us agree that we are all truly desirous of promoting scientific medicine. How is its development to be accomplished? It seems that the following propositions are axiomatic if the science of medicine is to be truly fostered.

1. The scientific physician or surgeon must have a continuous service in one hospital and in one only.
2. Appointment to the position of visiting physician or surgeon to a great hospital should be dependent on a reputation for accomplished work.
3. In the hospital, preferably on the other side of the hall opposite the hospital wards, there should be laboratories for careful scientific investigation and for carrying forward research regarding the causation and cure of disease.
4. There should be some endowment to pay for brains.

The commentary also drew attention to the great exemplary work of the Johns Hopkins and Ann Arbor hospitals.

Australia has followed these principles and has fostered great hospitals in our cities. But with the current ascendancy of consumer-driven medicine, rationing of funding and the devaluing of excellence, will these ideals persist?

We now have an avalanche of new medical schools jostling for position on the Australian medical scene. Understandably, they are demanding access to first-rate hospitals in order to maintain the traditional nexus between service, research and training. Will they be able to preserve the time-honoured pursuit of excellence in the face of finite funding?

We may well ask whether the rot has not already set in. The current political philosophy has spawned the rationalisation of hospitals and promoted the emergence of polyclinics.

Will these new forces for change threaten even the very existence of first-rate hospitals? Much will depend on the attitude of our profession.
