

APPENDIX D

*Introductory Statement of the Commission on Hospital Care**

The attention of the entire nation has been focused upon the need for adequate preventive and curative health services for all the people. At no other time has so much emphasis been placed upon the role of good physical and mental health in the welfare and development of the nation.

Education in matters of health is begun with infants and developed in organized courses of instruction throughout elementary school, high school, and college years. It is continued, for the adult, with discussions of health problems and explanations of new scientific discoveries in books, magazines, newspapers, and movies, and on the radio. Through education, a demand has been created for more and better services for the maintenance of health, the prevention of disease, and the cure of illness. The public is evidencing an ever-increasing awareness of the importance of good health and is voicing its desire that health services be made more generally available.

We have boasted of our fine institutions, of the number of hospital beds per unit of population, and of the high standards of hospital care that exist in the United States. Yet both physical facilities and the arrangements under which they operate leave much to be desired. Many of our hospitals are old and outmoded. Some are housed in makeshift adaptations of buildings designed for other purposes. In many urban communities, there is wasteful duplication of facilities created and continued by special interests, individual ambitions, and prejudices. There are many regions in the United States in which hospital care is quite inadequate. It is wholly lacking in some rural areas.

Emphasis has been placed on the care of certain special types of illness, but there is a partial, sometimes even a total, disregard for the needs of persons suffering from other diseases. Advances in medical science have made it possible to prevent many diseases and to increase materially the efficiency of diagnosis and treatment of many acute illnesses. However, there has been little increase in our knowledge concerning the prevention and treatment of chronic diseases and of mental illness. In general, there has been gross negligence in providing for the care of patients afflicted with these conditions.

The principle of public responsibility for hospital care of the indigent

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has been generally accepted, but in many instances public funds have not been sufficient to meet the cost of such service. While progress toward solving the problem of financing hospital care for people of the middle income group has been made, much remains to be done.

We frequently refer to our splendid system of hospitals, whereas actually there is none. Governmental units, church bodies, philanthropists, industries, and individuals have participated in the construction of hospital facilities. The diversity of background and objectives of the sponsoring interests has resulted in widely disparate patterns of organization, administration, and control of hospitals. There is very little coordination. In some instances, there even may be competition. Because of the rapid development and the nature of hospital service and the independence of the sponsoring agencies, we find disorganized, unrelated, and oftentimes overlapping patterns of hospital care. Critics describe them as uneconomic and ineffective. Patrons admit there is room for improvement.

In most states, anyone can establish the most meager facility for the bed care of the sick and call it a hospital. There is little supervision of the establishment, the organization, or the quality of care in our hospitals. A few states have passed legislation designed to raise the quality of care. Professional organizations have established standards with which hospitals may voluntarily conform. These efforts at improving the quality of service have had a wholesome influence. But the supervision of hospitals has been very largely extralegal in that each institution has been permitted to rest its case with the public it serves. For the most part, the current program of supervision has not resulted in effective controls, particularly in the case of the many very small institutions, because public judgments usually are based upon incomplete information or misunderstanding of the elements which contribute to a high quality of hospital care.

Many of the deficiencies in our hospital program have resulted from our inability to keep pace with the rapid development of medical science. The progress of medicine has changed the concept of the hospital from that of a domiciliary type of institution providing bed and nursing care to that of a complex, scientific organization capable of providing all the adjunct services necessary to assist the physician in the diagnosis and treatment of illness.

The contingencies of world-wide economic depression and war during the past fifteen years have throttled the growth of hospitals. Hospitals are now on the threshold of a period of development which will mark the beginning of a new era in the advancement of human welfare. The base of their financial support must be broadened, their services strengthened, and their availability extended to all people so that a complete and systematic service will be the heritage of the new generation.

The haphazard development of hospital service of the past should not be extended to the future. The public must be made aware of and must assume its responsibility for the development and support of adequate hospital care on a community-wide basis. The expansion and development of individual institutions must be in accord with an over-all planned program for the community. There is some evidence of a future dispersal of the population prompted by the recent war experiences with area bombing. Planning bodies should anticipate this movement of people from large urban centers to rural and suburban communities in hospital construction programs. Direct benefit will accrue to both hospitals and public through organized effort in the intelligent planning of hospital care. If planning groups, consisting of the representatives of the hospitals, the professions, and the public, fail to take full advantage of their opportunity to realign hospital care to match the needs and demands of the public, they will contribute to the bankruptcy of voluntary effort in the hospital field. Intelligent planning now will provide hospitals with an opportunity for future growth—growth in effectiveness, service, and public appreciation.

The hospital situation never is static. Constant improvement in the methods of treatment of illness, together with the continuous development of new technical equipment and advances in medical science, dictates the need for alertness and vigilance in the hospital field. Ceaseless study is necessary to coordinate the development of an economic and effective hospital program with advances in medicine and public demand. Coordination of study among the various health service groups is prerequisite to a full understanding of the intricate problems involved.