

Comm. Human Relations
1964 file

THE PRESIDENT'S PAGE

HOSPITAL PRIVILEGES

Who are hospitals for? Are they for the patient? the physician? or, perish the thought, the administrator?

This was the vexing problem posed at a recent joint meeting of the Hospital Liaison Committee of the Academy of Medicine with official representatives from the medical staffs of each of the community hospitals. All were in agreement that there is only one moral ethical answer to this question: Hospitals are for sick people. In determining the admission to an available hospital bed, the criterion should be, solely, not which physician *wants* the bed, but which patient *needs* the bed. The answer should be determined by the particular disease of the patient, not by the dis-ease of the particular physician.

Adhering to this principle, a mutual agreement was adopted by the Academy of Medicine and the Greater Cincinnati Hospital Council. These policies, which have been distributed to each member of both organizations, are as follows:

1. It is the agreed policy of the Academy of Medicine of Cincinnati and the Greater Cincinnati Hospital Council that a patient may select his own physician in an emergency case regardless of such physician's affiliation with the hospital of the patient's choice. Courtesy privileges for the duration of emergency cases only shall be extended to all reputable physicians who are duly licensed. The administrator and the chief of the respective department of such hospital shall determine whether or not the physician is reputable and medically competent to render the type of emergency care required in the particular case at hand.

2. Appointment to the attending staff of a hospital carries with it obligations as well



JOSEPH E. GHORY, M.D.

as recognition on the part of the physician so appointed. Hospitals have an obligation to assist the physician in providing the best health care for his patients.

3. Broad courtesy staff privileges in the community's hospitals provide flexibility in facilities and assures maintenance of the doctor-patient relationship. The joint committee suggests that courtesy staff privileges be broadened as much as possible, consistent with competent medical practice and hospital administration.

4. Since ultimate responsibility for hospital operations rests with the boards of trustees or controlling authorities of the various hospitals, it is the

desire of this joint committee to reaffirm that determination of "competent medical practice and hospital administration" rests with the board of controlling authority in consultation with each hospital's medical staff.

The Hospital Liaison Committee, under the chairmanship of Dr. Edward Woliver, is formulating a method of procedure to follow in all cases of deviation from these policies. Any physician who has a legitimate complaint regarding the admission of a sick patient to a hospital should document this in writing and report it to the Academy of Medicine, where appropriate measures will be pursued.

Since the adoption of these policies one year ago, conflicting opinions on staffing privileges in the various hospitals remains an issue. In the opinion of many, it is impractical for a physician to hold active staff appointments on more than two hospitals, because of the demand made upon his time as a loyal member of the staff. At the same time, courtesy privileges, which give all qualified physicians the right to admit patients to