

*Chicago Medical Society Division
Dr. Hirsch Chairman
Committee*

Report of Committee
on Hospital, Patient
and Staff Integration

*Human Relations
Mayor's Comm*

The following committee report was presented at the regular meeting of the Council of the Chicago Medical Society, June 7, 1960, and is reprinted here exactly as it appeared in the June 25, 1960 issue of the Chicago Medical Society Bulletin.

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Joint Committee on Hospital, Patient and Staff Integration:

Dr. Quentin Young, Chairman, reported for the Committee as follows: The Joint Committee on Hospital, Patient and Staff Integration of the Institute of Medicine and our Society has completed its second year of activity. The members of the Committee are to be commended for their diligence in attendance and serious attention to the important work assigned them. Of special note is the contribution of Dr. Franklin MacLean, Chairman of the Committee on Medical Services for Minority Groups of the Institute of Medicine. Dr. MacLean's President's Address to the Institute in January, entitled "Negroes and Medicine in Chicago," deserves the study of all.

It will be recalled that the Joint Committee was created after the passage of State and local legislation designed to remedy discriminatory hospital practices, after direct expression of concern to us from the Mayor of Chicago regarding staff appointments for Negro physicians. Under the leadership of Doctors Edwin F. Hirsch and Edward Piszczek, the efforts of the first year were devoted to learning all we could about staff and patient integration of minority groups.

We learned that the number of Negro physicians in Chicago is decreasing while the city's Negro population is growing rapidly. There were 228 Negro physicians in Chicago in 1938, and the number has dropped to 210 in 1960. Meanwhile, the Negro population has increased from 280,000 in 1940 to an estimated 800,000 in 1960.

We learned that this is an aging group of physicians with little or no replenishment of deceased or retired colleagues by young physicians. There are fourteen Negro students (five fewer than in 1952) presently enrolled in all five of Chicago's medical schools, which have a total enrollment of 2,140. This stagnation, we are told, was, in large part, due

to the very limited staff appointment opportunities for this group in our community. Twenty, or 9.5 per cent, of Chicago's Negro physicians currently have staff appointments to predominantly white hospitals, an increase of four since 1956. This compares with 70 per cent of the Negro doctors in Brooklyn, 28 per cent in Philadelphia, and 82 per cent in Gary who had such affiliation in 1956.

Twelve, or 18 per cent, of Chicago's 65 accredited predominantly white hospitals have Negro staff physicians at the present time. This compares with 40 per cent of the hospitals in Detroit, 70 per cent in Brooklyn, and 100 per cent in Gary which had Negro doctors on their staffs in 1956.

We learned that in Chicago and other cities staff appointments usually came about through the active efforts of leading white physicians.

Our Committee directed a very comprehensive survey questionnaire to these Chicago Negro physicians. Of those responding, there were 40 or more men now desiring new staff appointments who appeared to be very well qualified by criteria of age, specialty training, board certification, scientific interest and professional accomplishment.

During the immediate past period, the Committee has explored several aspects of the problem. For example, two presidents of hospital staffs accepted our invitation to tell of their experiences with integrated staffs. In both instances, experiences of the staff with new appointees were good, and no unusual problems were encountered.

We were also favored by knowledgeable analyses from representatives of the Hospital Planning Council for Metropolitan Chicago and the hospitals of the Catholic Archdiocese. A recurrent opinion was that physicians, acting through their medical staffs, are usually the decided influence in staff appointments of Negro physicians.

The Committee sought to define the responsibility of the Chicago Medical Society in this situation. It was soon apparent that the problem was not simple. There were clearly many ramifications, including relative shortage of hospital beds, established mores and prejudices of some patients and some physicians; the extremely limited professional contact of Negro and white doctors; and others.

Nevertheless, it was concluded that here is an outstanding

challenge to our organization--in terms of the numbers of humans involved, probably the largest challenge to us on the local scene in recent years.

This challenge extends to many of our basic principles. For example, we are firm proponents of voluntary hospital and medical insurance. Yet, if there is, in effect, limited access to private hospital care of insured families on the basis of race, then our voluntary plans are unable to serve a large group of citizens.

And when these non-indigent citizens ultimately go into public hospitals, there is at once unjustifiable expenditure of public monies, and an unsought extension of charity medicine to patients who want to purchase private care.

Also, we physicians know the indivisibility of the public health under modern urban conditions. The benefits of modern medicine should extend to the whole community, for its own safety and welfare.

Special importance, we feel, must be accorded our responsibility to our colleagues who are Negro. These physicians have achieved their professional education against great obstacles. Character and professional accomplishment and skill should be the measure of a physician's status and not the irrelevant criterion of race.

The Joint Committee recommends that:

1. The Council endorse the resolution approved by the Board of Governors of the Institute of Medicine, "that staff appointments to hospitals are on the basis of credentials and merit, and it supports the principle that prejudicial discrimination has no place in these appointments."
2. The Council, recognizing the limited opportunities of the past, favors staff appointments for Negro physicians who meet the same professional and moral qualifications as are required of white physicians.
3. The Council requests that physicians in the various hospitals explore specific opportunities for staff appointments for Negro applicants who meet the same qualifications as other physicians.
4. The Joint Committee be instructed to assist constructively the achievement of these recommendations.

The members of the Committee submitting the above report are: Doctors Edwin F. Hirsch, Arthur Falls, Maurice Gleason, Robert E. Lee, Alfred Stein, John C. Troxel, Edward Piszczek, Ford Hick, and Quentin Young, Chairman.

A motion was made, seconded and carried to accept the above report as that of progress. The Chairman requested that Dr. Young bring in a report of the Chicago Medical Society Division of the Liaison Committee at the next meeting of the Council.