

HOSPITALS AND HUMAN RIGHTS*

Albert W. Snoke, M.D.

The Commission on Human Relations has reprinted Dr. Snoke's letter to the editor of Hospitals, the journal of the American Hospital Association, in the belief that it is an eloquent and timely statement of principle in support of equal rights in hospitals. Dr. Snoke is executive director of Grace-New Haven Community Hospital, New Haven, Conn., and a past president of the American Hospital Association. In recognition of his many contributions to the hospital and health field during the 30 years he has been a part of it, Dr. Snoke has been selected to receive the Association's 1965 Distinguished Service Award.

Dear Sir:

For a long time the position of hospital boards and hospital administrators toward minorities has been a matter of concern to me. Since the passage of the Civil Rights Act of 1964, the whole matter has been brought into sharper focus. The problems and issues are not new, but now they can no longer be ignored nor given only token consideration. Everett Johnson's article in HOSPITALS, J.A.H.A., Nov. 16, 1964, clearly points out some of the difficulties facing the administrator resulting from the interaction of emotion, law, local custom, economics, social change, and individual prejudice.

Hospitals can have no official or institutional policy other than obedience to the law. My concern, however, is with the spirit and philosophy underlying such obedience, rather than with the details of the letter of that law. Since this can only be a personal approach to a highly complex subject, based on my own convictions, I have chosen to present this as an informal communication, which would seem to be a more appropriate form of expression than a formal paper to your Journal.

The administrator of an institution--the hospital--that employs many individuals and is in the business of caring for people in trouble, has responsibilities in many ways no different from other managers. Hospitals are essentially service organizations in which payroll expense forms an unusually high percentage of the cost. They have the same needs for efficient management, for good personnel administration, and for intelligent and constructive compliance with all laws, including the Civil Rights Act of 1964, as do any other industrial organizations.

Hospitals are, however, in a different position from most industries in other ways. There are specialized personnel requirements, in which the color, race, creed, politics, or sex of the individual is of minor significance in contrast to his competence and to the service he can render to the hospital's patients. The patients themselves are predisposed to accept help on the basis of the competence, perceptiveness, or availability of the individual rather than his sex, creed, color, or race.

Reprinted from Hospitals Journal of the American Hospital Association, April 1, 1965.

There has been a long-continued history of timidity on the part of hospitals in general toward the inclusion of Negroes. During the almost 30 years I have served in hospitals, I can recall many instances of nervous, tentative discussions as to whether to employ a Negro graduate nurse who might supervise white aides, to enroll a Negro student nurse, to admit a Negro medical student, or to appoint Negro house officers. The long hours of planning, the many discussions, and the predictions of revolt and antagonism were in startling contrast to the final matter-of-fact acceptance of the fait accompli. These have not been unique experiences. They can be matched by similar experiences in hospitals in all areas of the country, in which major changes in personnel policies or in patient care situations have taken place with negligible adverse complications. Many of these changes took place long before 1964. I have been impressed that the great majority of patients and personnel seem to be a long way ahead of their leadership in willingness to accept such changes.

These instances have strengthened my convictions that, complicated as these problems may be, solutions are not only mandatory in the face of the national legislation, but also are eminently possible. A major key to their solution is the hospital administrator. He has the unique opportunity to provide calm, consistent, and progressive leadership to his board, his personnel, and his medical staff. It is true that this is easier said than done in some parts of the country. However, in spite of local customs and prejudices, in spite of those who refuse to move from the status quo—and their almost as difficult counterparts who demand special privileges because of color rather than competence—the modern hospital administrator can provide factual evaluation, vision, and objectives whereby eventual progress can be made. In some circumstances, this may be heart-breakingly slow. It is tough for an individual to fight a lone battle against his community and his board. In fact, it may be impossible for that individual to be successful. However, the administrator of whom I am really critical is the one who accepts or defends, by specious arguments or compromises, a reactionary status quo without recognizing the inconsistency of such arguments and compromises in view of the historic moral and legal reasons for the very existence of hospitals—to care for the sick individual whatever his social status, condition, or color, and to meet his particular needs with all available skills and resources.

I believe that hospital employment policies and practices should establish without equivocation that employment and promotions are on merit only. The administrator's philosophy—that there should be a policy of nondiscrimination on the basis of race, creed, or color—should go beyond that of merely having such statements written in the hospital's personnel policies. The atmosphere should be such that no one is conscious that there needs to be such a policy.

The same attitude can also apply to medical staff appointments. A hospital board should not abrogate to any outside agency or organization its primary right and responsibility to establish standards of eligibility for appointments to its medical staff on the basis of training, experience, and competence. No hospital should require, as a prerequisite for medical staff privileges, membership in a county medical society that itself denies membership to an individual on the basis of color or any other factor unrelated to professional competence.

Patient care and patient assignment, because of the many nuances of interpersonal relationships, for years have been among the most sensitive of hospital problems. Differences in age, religion, or sex; in degree or types of illness;

in attitude toward radio, television, or cigars--all are of acknowledged importance in patient assignments in multiple-bed accommodations. Differences in the color of patients is thus only an additional variable among the many differences that must all be considered in meeting patient needs. It should not be given undue emphasis by personnel or administration.

I apologize for writing so much. It is difficult to express adequately one's philosophy--or one's beliefs--in as complicated a situation as the one facing us without a laborious monologue. I can conclude only by expressing my personal opinion that we in hospitals and in hospital administration should accept this opportunity to provide leadership by precept and by expressed conviction that there has occurred and is occurring a social revolution in which the Negro is and should be an equal part of our society. Our administrative and employment policies and our patient care policies and programs should be consciously (and hopefully unconsciously) of a nature that is fair, judicious, and nondiscriminatory. We as hospital administrators should be in the position of assuming this leadership in our institutions on humanitarian as well as legal and business grounds, and of being able to defend our position as being progressive and understanding against the zealots and fanatics of all extreme positions. I believe that by so doing, we in hospital administration can make a substantial contribution to our institution, our community, and our nation in general.