

GUIDING PRINCIPLES FOR THE MANAGEMENT OF ST. LUKE HOSPITAL

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The Council of Nicea declared compulsory the opening of hospitals as a Christian duty (1). Christ was called "iatrôs" because he healed the sick. The Saints followed in Christ's footsteps. Nineteen centuries ago Paul the Apostle was shipwrecked at Malta, and healed the aged father of Publius. This event has been recorded in the Acts of the Apostles by Luke the Evangelist, who had studied medicine and was with Paul at Malta. To Luke is dedicated Malta's main hospital. As a teaching hospital, St. Luke Hospital is the continuation of the Sacra Infermeria, which was founded in Valletta by the Knights Hospitallers of St. John of Jerusalem, successors to the Crusaders. The Island's most ancient hospital is Santo Spirito, continuation of the Ospedale San Francesco, which, tradition says, was founded by Francis of Assisi when he was on his way to the Near East. (2) Catholic Malta is proud of this Christian heritage. It runs its hospitals on Catholic principles. The spiritual welfare of the patients is cared for as well as their bodily needs. Catholic ethics are observed.

One must not form the impression that in the early centuries hospitals were established only by Christians. Egyptian temples and aesculapian temples in Greece and Rome had much which flavoured of hospital care. Hospitals were established in Buddhist India and Ceylon as well as in China (3) After A.D. 750 Islam opened hospitals on a large scale. They admitted every patient who needed hospital care, with no re-

ference to colour, creed, sex, or social status (4). Care of the sick has been practiced wherever humanitarian feelings have developed. Care of the sick is a Christian duty because it is humanitarian. We are bound to help patients irrespective of race, creed, social status, opinions, merits or shortcomings. We are bound to take care of their bodies, their welfare and their comfort and to respect their personality. No one should be allowed to bring pressure on patients to make them change opinion or to force them to act against their opinion. Political factions and political interference should be banned from hospitals. Politics should have no weight in hospital administration or in the selection or promotion of the staff.

For many centuries hospitals were more places of refuge for the needy than centres of skilled medical care. Hospital growth was hampered by improper nursing and poverty of knowledge on the arts of scientific diagnosis and treatment; hospital care provided opportunities for the spread of infection, and hospital fever or gangrene were common. Hospitals occupied a low position in public esteem. They were looked down upon as places for the segregation of those that were a danger or an inconvenience to others, as lunatics, the sick poor, the infectious. Not until Louis Pasteur, Joseph Lister, Florence Nightingale brought their epoch-making contributions did hospitals begin to come to their own. Increased comfort at hospital, new drugs, modern techniques are attracting the patients to our hospitals

in increasing numbers. Deep-rooted prejudice against hospitalisation is rapidly dying down also at Malta, but our public still lacks complete confidence in our hospitals. The growing efficiency of our staff is at times outdone by faulty organisation or by insufficient equipment. This is particularly dangerous because our public is exposed to intensive, at times disloyal, medico-commercial propaganda originating from neighbouring countries. Our doctor-patient relationship is disturbed and at times seriously harmed, with great detriment to patients.

Public confidence in our hospitals cannot be maintained unless the staff is supplied with better means to do the job and is better organised. The problem of equipment is wedded to the economic potentialities of the hospital (and of the Island), as well as to the degree of specialisation which these economic potentialities and the size of the Island's population allow. Yet much improvement can take place if there is a rational approach to the problem with a comprehensive and coordinated effort and with care to direct the Hospital's expenses to what is necessary and really useful. There is also urgent need for the establishment or development of services to cover such fields as Biochemistry, Physical Medicine, Dietetics. More liaison between the Hospital's units is necessary. Means must be devised to encourage more members of the nursing staff to reach state Registration Standards. Understaffing will have to be corrected. It produces not only frustration, but often-times it causes unnecessary prolongation of a patient's stay at hospital, with deprivation of the benefits of hospitalisation to others. Efforts are necessary to ensure fairness of terms of appointment, conditions of work and remuneration. No degree of exploitation and no measure of bullying into obedience can ever replace contentment in

preserving efficiency, honesty and discipline.

St. Luke Hospital is at the centre of our medical and health services. It absorbs the best brains of the professions and takes a lion's share of effort and expense. As a centre of skilled care the hospital is self-contained, but cannot close itself within its walls. Hospitalisation should be conceived as a stage of the process of healing, as a temporary step in the rehabilitation of the diseased to a life outside hospital as full as possible. A closer understanding and collaboration must exist between hospital and general practice in the towns and villages. Furthermore hospitalisation should be resorted to only if the patient cannot be treated at home, where environment is generally more congenial to his personality; but the hospital should within limits be ready to supply such services as may be required for domiciliary treatment. The general practitioner, not the skilled specialist, must remain the backbone of the profession; but more collaboration between hospital and general practice is required, especially for the after-treatment and follow up of cases that are discharged from hospital. These considerations should apply also to the almoner's service, which is urgently required. The almoner's help should facilitate not only a patient's entry and stay at hospital, but should also extend to the period of convalescence or rehabilitation of the patient, and in collaboration with other social workers should cover the long period of a patient's adaptation in case of incurable disablement.

To St. Luke Hospital are attached Medical, Dental and Nursing Schools that train students up to registration standards. Medical students leave the hospital soon after graduation or after a period of internship. Many go abroad and widen their experience in foreign hospitals and schools; but those who

remain to practice their profession at Malta very rarely return to St. Luke Hospital for post-graduate experience. Yet the material offered by St. Luke Hospital is as abundant, varied, and interesting as in any foreign hospital. With some effort it could be presented in a most attractive form to post-graduates. One would not envisage refresher courses of dull lecturing, but would suggest part or full-time temporary employment of practitioners with the hospital for periods of, say, two weeks per year to refresh and deepen their knowledge by bringing them in close contact with cases while doing supervised work. During the rest of the year practitioners would be encouraged to follow the treatment of such cases as may be referred to hospital by them. No effort should be spared to recall back to the practitioner's attention that the Hospital is not only a centre of care but a centre of teaching.

Last but certainly not least, is the important fact that the medical school attached to St. Luke Hospital forms part of the University of Malta. Hence many members of the medical staff are bound to enrich Academic life by carrying out research projects and supervising research work in their units. For this purpose the University has set-up a Medical Research Fund and has taken steps to facilitate research projects by providing accommodation to research workers in the new building that will soon be constructed for the Medical School on a site close to the Hospital. But frustration is in store unless the hospital is reorganised to sup-

port research. First and foremost it is necessary to start urgently a Records Office where case records can be filed and preserved. At present these records are dispersed all over the hospital. Many are not filed, and those that are filed are not classified properly. Some may be lost; others are difficult to trace or to obtain; the majority are not sufficiently informative because housemen are not stimulated to enter detailed and complete notes when they have found from experience that the record would not be serving much use. The Registrar service is very limited in number and in scope and is practically restricted to serve only a few wards. Hospital statistical data are impossible or difficult to obtain. Any experienced reader will appreciate that apart from research a reform in this direction is necessary to raise the efficiency of the resident staff, to provide statistical guidance to the consultants and to the management Committee, to facilitate teaching, and to benefit such patients who need readmission or follow up.

Does this sound utopian to some at Malta? It is a dynamic programme which can and would be made a reality given tenacity, patience, determination and time.

References

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