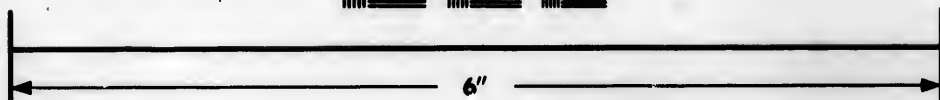
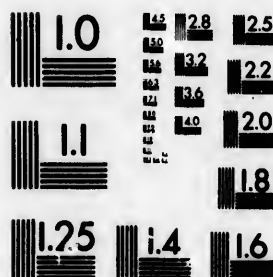


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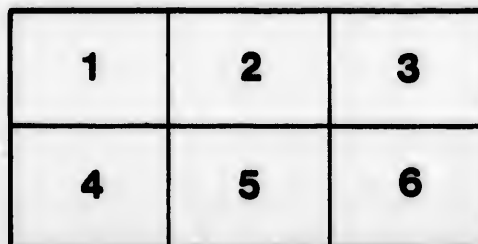
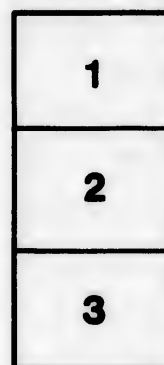
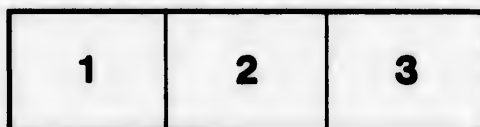
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HOSPITAL ABUSE.

BY

GEO. E. ARMSTRONG, M.D.,

Associate Professor of Clinical Surgery, McGill University ; Surgeon to the Montreal
General Hospital ; Attending Surgeon to the Western Hospital, Montreal ;
Consulting Surgeon to the Protestant Hospital for the Insane, Verdun.

(Reprinted from the Montreal Medical Journal, June, 1898.)

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Hospital abuse is a familiar term in British and American cities, and not unheard on the Continent. A different signification, however, attaches to the term now, than did in the early part of this century. Formerly, the term "hospital abuse," "asylum abuse," "prison abuse," intimated that the treatment in the institutions was unkind, inefficient, unscientific. At present its meaning is altogether changed. The term hospital abuse has come to mean, when applied to the public, the seeking and acceptance of medical treatment from a hospital, by persons who are able but unwilling to pay for the same, and when applied to a hospital, the treatment without any or only a nominal charge, of those who are not fit objects of public charity.

Objection is raised by the giving public—the hospital supporter, that monies donated by them are improperly applied, and by the medical profession, that hospitals, supported by the charitable public, by treating free of charge, people who are able to pay, interfere with their earning a livelihood for themselves and their families, and both classes urge that the result is a lessening of self-respect and a lowering of the moral tone of those patients who are well-to-do.

Hospital abuse is a growing evil and has come to be one of the social questions of our day. The welfare of our profession is being seriously affected by the growing popularity of the out-patient departments of our hospitals. Complaint is made by members of our profession in many large English as well as American cities and the responsibility for the evil put upon Hospital Boards, Hospital Medical Staffs and the public. It is difficult, in fact impossible, to make very definite statements as to the proportion of people attending out-door departments, who are able to pay a moderate fee. One English writer puts it as high as 40 per cent. The New York State Board of Charities for the year 1897, reports as follows: "While statistics are often misleading and deficient, there are good grounds for believing that nearly 50 per cent. of the population of New York City obtains practically free medical treatment. Dr. Wiggan makes the following

¹ Read before the Montreal Medico-Chirurgical Society, May 9th, 1898.

statement in an article published in the Philadelphia Medical Journal, April 23, 1898, that, prior to 1870, the number of applicants for medical and surgical relief bore only the ratio of 1.5 per cent. to the total population, as against the present estimate of 50 per cent. and the number of applicants is increasing every year. In Montreal we are suffering from hospital abuse but to a lesser extent probably than in the large centres in England and in the United States. I am not aware of the existence of any statistics that I can place before you but from conversations had with the members of the different hospital staffs and with general practitioners not connected with hospitals, I am convinced that the evil of hospital abuse is with us, and in very considerable proportions. A physician told me a few weeks ago that he had visited the out-patient department of one of our city hospitals, and to use his own words, "fully half of the women present as patients were better dressed than I could afford to dress my own wife, and there were three fine seal skin jackets in the room." The evil is not limited to the out-patient department alone. In the public wards people are seen who are known to be worth from ten to a hundred thousand dollars.

Now let us try and find out if we can some of the conditions of things which have led up to this unhealthy state.

First, I should say is the increased efficiency, comfort, attractiveness, even luxuriousness, of the modern hospital-ward. Hospital architecture is now almost perfection. The public wards of a modern hospital are warm in winter, cool in summer, well lighted by day and night, perfectly ventilated, the beds are about the best, the food abundant and of excellent quality, and the nursing such as only the wealthy can afford in their own homes. What more could any one desire, except the exclusiveness of a private ward. It is not to be wondered at that people flock to these hospitals, particularly when they are invited to come "without money and without price."

Secondly, the rapid increase of hospitals in number and amount of accommodation. The wealthy and liberal have felt that money given to a hospital, almost any hospital, was well bestowed. The hospital when built and equipped must of course be filled, and but little care has been taken to determine the suitability of applicants for public charity. Hospital managers have apparently taken it for granted that the old time honour and independence of character still obtained, and that the willingness on the part of an applicant to accept free hospital and medical charity was sufficient evidence that they were needy and poor.

Thirdly, the increased number of hospitals has given rise, very

properly and naturally, to a laudable rivalry, each one endeavouring to attain the highest possible standard of efficiency and usefulness. But emulation has not stopped here. Hospitals have become anxious to excel also in the amount of work done, and in the number of patients treated, until there has grown up almost as much competition among them as among physicians for patients to treat.

Fourthly, the advances in medicine and surgery during the past twenty years have increased the expense of medical and surgical treatment. I need only to point out the increased expense of nursing. The perfection of nursing now attained has rendered apparent the want of it when it is not to be had. A physician to-day feels that he cannot do justice to a case of typhoid or pneumonia without a trained nurse. Trained nurses cost more than people of only moderate means can afford, if the illness is at all prolonged. Hence another reason for sending to the hospital. In surgery the same holds true to even a greater extent. For a major operation there are needed proper preparation of room, an anæsthetist, one or two assistants and one or two nurses. Thus it is seen that the dividing line between those who can and those who cannot pay is a moveable line and families who could afford satisfactory treatment in their own homes twenty years ago cannot do so on the same income, to-day.

Fifthly, the spirit of the times in which we live. This is essentially a commercial age. The acquirement of wealth, the love of luxury and display, are the gods worshipped by large classes in the community. People will buy pianos, bicycles and good clothes, who leave their doctor's bill unpaid or go to the hospital for free treatment when sick. And they will unblushingly accept medical charity before any other. True they can put up with many of the necessities of life that are not the most expensive, and equally true that when ill they cannot afford anything but the best medical treatment and the best nursing, but this is not the principle that governs the actions of the class to whom I refer.

Sixthly, the starting of the modern abomination, the private dispensary and hospital, by members of our profession for purely selfish and personal reasons.

Lastly, hospitals dependent upon the public for support, must, to avoid alienating sympathy and subscriptions, sometimes receive into their wards those who are very well able to pay. For instance, a large corporation, a large employer of labour, skilled and unskilled, contributes a handsome annual donation. This corporation naturally expects that their employees when injured or sick shall receive prompt and proper attention. But when one of their foremen, earning per-

haps several thousand dollars a year applies for treatment, the attending staff sometimes feel that the annual donation should not be expected to secure free treatment for one so well able to pay. This foreman very likely is earning more, many times over, than the physician who is expected to minister to his needs. However, if objection is raised, a perfect whirlwind of correspondence is started, to be followed by explanations, and perhaps even apologies. This is not right, and I hold that it is quite within our province to object, and to try to promote views more in harmony with equity and justice to all both physician and patient.

Now, I think it will be evident to one and all that the blame for the evil of hospital abuse must be divided. It rests not wholly on the hospitals, nor on the medical staffs of the hospitals, nor on the public. It is an outgrowth of the conditions under which we exist. How can it best be remedied? The medical profession takes great credit to itself for the existence of our beautiful and efficient hospitals, and rightly so. It naturally follows then that we are responsible, chiefly for the evil, concerning which we hear such loud complaints. As physicians, as citizens, we should stand united in trying to arrest this growing evil which is demoralizing in its tendencies and inimical to the welfare of our profession.

It will be quite evident to any one at all familiar with the workings of hospitals, that no one hospital can act successfully alone, in combatting this evil. There must be concerted action. If an applicant refused treatment at one out-patient department can get the same at another out-patient department without any inconvenient questions being asked, no lessening of hospital abuse will be likely to ensue.

The suggestion of the London Charity Organization Society as outlined by Sir William Broadbent, is worthy of consideration. The proposal in a word, is the formation of a Central Hospital Board. The Board to be composed of representatives of the Management and of the Medical Board of each hospital, together with a few general practitioners who are not connected with any hospital. A Board formed on these lines would be thoroughly representative. It would bring together the three great classes concerned, the hospitals, the hospital medical staffs and the general practitioners. It would probably be well to have the representatives of the latter class selected from districts. Each man would naturally be familiar in a general way with the population of his district, their earning power and their ability to get constant employment, etc.

The formation of such a Board would remove any feeling that might otherwise arise. It would do away with any misapprehension

on the part of the public, that the action of the Board was prompted by practitioners or hospital staffs at enmity with hospital work. This is very important. Such a Board could employ an inquiry officer, who could inquire into the circumstances of any cases referred to him, and report to the Central Hospital Board.

I do not think that any one would desire that the first aid to the injured should be interfered with. Our ambulances do a good and highly appreciated work in rescuing accident cases and people prostrated by heat, or suffering from poisoning, and bringing them quickly to the various hospitals where appropriate treatment is immediately available. But after the first aid is rendered those able to pay should be referred to the personal or family physician.

In regard to nursing, which is an expensive luxury—or more truly, an expensive necessity in many cases, and one of the factors contributing to the increase of hospital abuse, the establishment of the district nursing by the Victorian Order of Nurses and by others will be most helpful. In this way the aid of the trained nurse can be obtained once a day or oftener, to give a bath, assist at a surgical dressing, or to instruct willing home helpers in the care of the sick.

One other point and I will close. I cannot but feel that hospitals should confine their ministrations to the poor. I believe there is no dispensary that does as much harm as the one that collects 5 cents or 10 cents from each patient. The pauperizing influence of that method in my opinion exceeds by far the out and out free dispensary. In hospitals, the acceptance of 50 cents a day from a patient for what costs over \$1.00 makes a patient feel that he is under no obligation to any one, either the hospital or the medical attendant, that he has a right to what he gets because he pays for it, and that he is perfectly at liberty to return on any future occasion for treatment on the same terms.

In my opinion it would be better if the hospital ministered to the needs of those who could not pay anything and to no other. Private enterprise may be trusted to see that those who can pay are not allowed to suffer.

It is the pay patient and the private ward patients that set the fashion, and popularize the hospitals. Once the hospitals are popularized, as soon as it becomes "the correct thing" to go to the hospital when ill, the next step is naturally and easily taken, viz., to get there as cheaply as possible.

I have tried gentlemen, to put this question before you in a true, broad and generous way, and I hope that in any discussion which may follow, general broad principles only will be dealt with. It is a very

complicated question. There are many different interests to be considered, and only by avoiding anything that might give offence to any one of those interests can good be got out of this evening's deliberation. Our society is very representative. It is made up of members of hospital managing committees, hospital medical boards and general practitioners. None of us wish harm to our hospitals, and none of us wish to put any obstacle in the way of their efficient working. Let us strive together to evolve some scheme that will root out the tares without injuring the wheat.

