

MEDICAL CENTER, PAST AND FUTURE (Originally published April 1972)

In October 1969 a *Bulletin* editorial predicted that sooner or later the Medical Center and its staff would "come face to face with reality." It then identified the major issue underlying hospital problems as one of control. It observed that a hospital grown to the size of Medical Center was no longer a "county hospital" and that long range plans should be made to develop a strong administrative authority. It also felt that no large hospital could be run for the convenience of physicians and implied that the granting of special consideration and privilege to individual staff members was detrimental to efficiency and only undermined administrative authority.

In the past year, many of the Medical Center's problems have come to a head, in the pathology department, in the nursing service, in the personnel department and in the emergency room. The public airing of charges and countercharges in the local newspapers has magnified the turmoil. Unfortunately, in spite of exposure—some of it intelligent criticism, some of it needless journalistic sensationalism with a tinge of bias—the basic problems remain unchanged. And, if past performance is any guide, the same reliance on patchwork remedies is likely to continue.

The situation at Medical Center has always been complicated by the great difficulty of having to function in three capacities:

- 1) as a municipal hospital charged with providing the community's indigent care
- 2) as a private hospital caring for private patients, and
- 3) as an educational institution engaged in a training and teaching program.

In the past, because of its role in indigent care, it has been involved necessarily with city and county commissions, which have never allocated to it sufficient funds to provide this care. Much of this chronic annual deficit was made up through income derived from its radiology and pathology departments and from its private beds, directly and indirectly from the pocketbooks of its paying patients. In the past also, it depended on the voluntary, free services of its private attending staff, which, by working in its clinics, operating rooms and medical wards, eased the financial burden. In recent years, the development of a university-connected teaching program, a much expanded house staff and five new, full time department heads has greatly increased its operating budget and need for funds. In recent years also, however, the establishment of federal government programs for financing medical care has made available a tremendous and untold amount of money for hospital operation. Whether or not the allocation of more local municipal funds (always inadequate in the past) is needed now cannot possibly be

known until an accurate accounting of hospital income and expense is made available.

The modern trend in communities this size is that as additional private hospital beds are created and new specialty hospitals develop, the municipal institution becomes more and more a center for indigent and semi-indigent government-aid medical care. There is no reason to believe that the trend in Columbus will vary significantly from this pattern. Nevertheless, even without private care except in its specialized departmental facilities, the importance of the Medical Center will continue to grow, especially as a regional center and teaching institution. The physical facilities here are outstanding in comparison to most community hospitals. Its rapidly developing teaching program, its house staff and its full-time department heads are not only excellent but also exceptionally so. There is much here to be proud of.

The situation has changed considerably since the days of Dr. J.A. Thrash's administration when both the hospital and its problems were smaller and no federal money for medical care was offered. Because of his unusual personality and ability, along with his local and statewide political influence, Dr. Thrash was able to administer with absolute authority and control. His death in 1962 created a power vacuum, which resulted in the fragmentation and dissipation of authority between his successors, the board of managers, the city commissioners and the medical staff. Today's problems arise directly from this fragmentation of authority and loss of functional control.

Until this confusion is eliminated and strong control reestablished, all that can be hoped for is that the Medical Center will somehow muddle through. Its problems are not insoluble. With intelligent and long-range planning by a competent nonpolitical hospital authority, a more active board of managers, a strong and efficient administration, the elimination of special privilege and an accurate budgetary accounting, many future headaches could be avoided and its establishment as a true regional medical complex would be assured.