INTOLERABLE DIFFERENCE

The difference between the university and community hospitals in educational facility and ability, however, is so great as to be *intolerable*, even under present loads in continuing education in the nonuniversity hospital. These community institutions have their ultimate direction residing in the hands of boards and administrations who, in a proper and dedicated fashion, represent the voice of the community in the operation of its medical care facilities. Very few of the medical staffs and educationally oriented physicians in these hospitals have been able to impress upon their boards and administrators the overriding importance of continuing education to the competence and survival of our medical practice system and its hospitals. Some of the blame for this failure to impress directive bodies must reside in the medical staffs, who have not made a coordinated effort to educate and thus produce a change in the attitude and behavior of their boards and administrations.

Similarly, with fault resting in medical staffs as well as directive bodies, nonuniversity teaching hospitals have tended to look upon graduate (intern and resident) education programs as tolerable and interesting because they appear to raise the level of medical care, and because they provide additional hands with which to supply that medical care. However, even in relation to graduate education, it has been difficult to bring boards and administrators to spending patient care income on educational facilities, or to supply within the hospitals physicians whose base purpose is graduate or continuing education as opposed to the delivery of medical care. With the rapidly rising cost of hospitalization, and the clamor this rise has produced, one certainly must have sympathy with our hospital boards and administrators in their reluctance to utilize patient care funds for educational facilities and personnel, even though the dollars spent on education are the best purchase the patient might make. The concept is sufficiently abstract to make direct continuity of purpose and decision difficult to achieve.

PROPOSALS AND PRACTICALITIES

In addition to being the subject of studies and recommendations by various commissions and individuals, our medical care and education system has been exposed to many different proposals in relation to continuing education. One hears of universities with and without walls, nationwide closed circuit television, application of the national educational television network to medicine, two-way radio, television tape, and a host of other novelty approaches. When one digs beneath the veneer, he is forced to the inescapable conclusion that, in spite of all of these proposals and gimmicks, *the only practical place to educate the practicing physician in a continuing and productive manner is in the milieu in which he works, treats his patients, and earns his living*—his hospital. While it is true that in leading a horse to water, one may not force him to drink, the horse is a great deal more likely to drink if the water is under his nose constantly.

While the universities and their medical centers may be the central nervous system om continuing education and of the Regional Medical Programs, there cannot be must doubt that the nonuniversity community hospitals will be the muscle of these programs. No portion of the knowledge produced by the billions of dollars spent in basic research in the last 40 years can be productive until it is in the hands of the individuals who care for the majority of the people of our nation—the physicians of our community hospital medical staffs. The people of our nation—our consumers—in the form of Congress, have spoken in a loud and clear voice.

The basic purpose of the Regional Medical Programs is to translate knowledge into understanding and thence into medical care, in a cooperative, regional, and efficient manner. Thus, the basic and initial form of the activities of the Regional Medical Programs must be reparative education in bringing physicians and other health professionals up to date. This must be followed by continuing education to maintain their competence.

Once education is well under way, attention may be paid to providing the facilities in which the newly understood knowledge, techniques, and skills may be applied in a coordinated manner. It is senseless to build the facilities until the system of education that will assure their proper usage is established and functioning, with the explicit purpose of making the billions of dollars they have spent in research productive in the care of our people.