Topic 13: FIRST INTER-AMERICAN HOSPITAL CONVENTION (Havana, 8-9 October 1956)

(Topic proposed by the Government of Cuba)

The Central Executive Committee of the Pan American Medical Confederation, pursuant to decision No 39 of the IV General Assembly held in Bogotá, Colombia, 15-22 October 1955, has agreed to call the Member Associations of the Confederation to designate their official delegates to the "First Inter-American Hospital Convention," scheduled to take place in Havana on 8 and 9 October 1956.

The main purpose of the "Convention," as described in the document distributed by the Central Executive Committee of the Confederation, is to make a study of existing hospital systems in the countries of the Americas, attempting to evaluate the effectiveness of their services and giving special emphasis to aspects that most urgently require complete or partial change, in order to obtain the greatest possible improvement in hospital services.

The agenda prepared for the meeting covers the various facets of the problem which, in the opinion of the organizers of the meeting, warrant examination.

Annexes I, II, and III to the present document contain the official convocation of the meeting, an informational statement, and a provisional agenda, as prepared by the Central Executive Committee of the Pan American Medical Confederation.
FIRST INTER-AMERICAN HOSPITAL CONVENTION

OFFICIAL CONVOCATION

WHEREAS: At the third session of the IV General Assembly of the Pan American Medical Confederation, held in Bogotá, Colombia, on 19 October 1955, the official delegates of the Member Medical Associations attending the meeting unanimously agreed to hold the First Inter-American Hospital Convention.

WHEREAS: At the said session it was agreed to hold the Convention in Havana, Cuba, immediately before the meeting of the 10th General Assembly of the World Medical Association.

WHEREAS: It is incumbent upon the Central Executive Committee to issue to the Medical Associations Members of the Pan American Medical Confederation the official convocation of the First Inter-American Hospital Convention.

THEREFORE:

The Central Executive Committee of the Pan American Medical Confederation, pursuant to decision No 39 of the IV General Assembly held in Bogotá, Colombia, from 15 to 22 October 1955, agrees to call the Member Associations of the Confederation to designate their official delegates to the First Inter-American Hospital Convention, which will take place in the city of Havana, on 8 and 9 October 1956.

In witness whereof, the present OFFICIAL CONVOCATION is issued in the city of Havana, on the twenty-fifth day of January 1956.

Dr. José Angel Bustamante
CHAIRMAN

Dr. Leopoldo E. Araujo
SECRETARY GENERAL
Background

The Central Executive Committee of the Pan American Medical Confederation, pursuant to decision No. 39 of its IV Assembly held in Bogotá, Colombia, in October 1955, has convened the National Medical Associations Members of the Confederation to meet for the First Inter-American Hospital Convention in Havana, on 8 and 9 October 1956.

Considerations

The main purpose of the meeting is to make a study of existing hospital systems in the countries of America, attempting to evaluate the effectiveness of their services and giving special emphasis to aspects which, in our opinion, most urgently require complete or partial change, in order to obtain the greatest possible improvement in hospital services.

A thorough revision must be made of the so-called classic concept of the hospital, in order to arrive at a definition more consonant with what we now understand that institution to be. An essential step will be to free the hospital from the idea that it is a charitable institution, a burden under which it has labored in most countries and which for many years robbed it of professional dignity, leading to the impression that it was a center serving merely to shelter the indigent or the totally destitute. What is worse, this erroneous view has cast doubt on the hospital's ability to give care on a truly technical basis, in pace with the advances of medicine.

We propose, first, to consider the hospital as one of the most important links in the complex chain of services needed for social security and, specifically, as a center forming part of and operating within what the Pan American Sanitary Organization has been describing as "integrated public health."

Aside from the definition of the hospital, which brings into focus the institution's function, the fullest possible attention must be given to the agency responsible for maintaining these institutions on an over-all scale, with a clear statement of the social-economic responsibility of the State as regards the maintenance of such centers -- in other words, the broad field of public hospital services.
It is proposed to establish proper classification of these centers on the basis of such responsibility, which will vary according to the political organization in each country; for example, State, provincial, or municipal hospitals would be defined by these or other appropriate terms.

As a proper basis for classification, the development and scope of the hospital must be considered in the light of the community which that institution serves.

Each country, according to its local conditions, stage of development or possibilities, should specify and recommend, within this broad classification, the type of hospital most suited or adaptable to its own particular needs. A general, although flexible, standard can nevertheless be established to serve as a model of what each type of hospital should be.

The hospital, conceived in these terms, is called upon to provide not only overall inpatient care, but also a full range of complementary services, through its dispensary annex, to cover the activities of investigation, diagnosis, and treatment in what might be called "the Outpatient Services of the Hospital-Dispensary."

We do not propose to dwell at length on the question of installations, equipment, etc., which are points that would be covered in such model hospital plans as those referred to above.

A strategic function to which the modern hospital must give the utmost importance is its role in serving as training center for technical personnel engaged in health protection services: physicians, nurses, technical auxiliaries, etc.

Another point that warrants special study is the relationship of the physician to the hospital, in the broadest sense of the term. Just as the university graduate should maintain contact with his Alma Mater throughout his career, so should the physician maintain permanent ties with a hospital center. In this way, reciprocal relations and obligations between the medical profession and the hospital provide a basis for studying and defining the extent of mutual responsibilities, in order to arrive at a set of rules or regulations for determining the minimum number of practicing physicians who should participate in the daily services of the hospital. Their number could be increased, perhaps to an unlimited degree, by the associate physicians connected in some capacity with the hospital's function.

The financial remuneration of the physician for the performance of his hospital duties is a matter difficult to bring under general regulations, and is one that would naturally depend on local conditions in each
country. An attempt could nevertheless be made to establish a standard pattern that could be adapted in each case by associations representing the medical profession: societies, unions, federations, etc.

Technique of the Convention

Along the lines of the above considerations -- which do not pretend to cover all aspects of the complex hospital problem -- we believe it desirable that the Medical Associations, through their representatives, study these or other points, for the purpose of consolidating their views as far as possible, defining and weighing the present status of opinions, and expressing their agreement or disagreement with them. Their wishes and aspirations should be expressed, to the fullest degree, so that we may proceed with clarity and simplicity of method in presenting a concrete and precise agenda for the deliberations of our Convention.

We cannot hope, of course, to achieve overnight a radical transformation in what are often age-old evils. But if we join forces and find a practical and objective formula, we can offer the competent authorities of our respective countries suitable recommendations for raising the standards of our hospitals and urge that they give us the greatest possible collaboration in achieving our purposes.

We wish to offer everything within the power of the medical profession to help to solve this problem. At the same time, we shall be strengthening the hospital services in their public health role, contributing thus toward higher standards of health for our peoples.

Finally, to assist in devising an effective method of work under which comparative studies can be made and conclusions drawn, we offer a selection of topics that warrant special attention.

As stated in the circular letter accompanying the convocation of the Convention, we recommend that the representatives of the Medical Associations discuss the study topics in round-table groups, seminar sessions, or committee meetings, a method that will assure the widest possible publicity of our objectives in Latin American medical circles, and afford all participants an opportunity to express their views and make suggestions. Many of these suggestions, we feel sure, will contribute much to the solution of this complex problem.
CE28/3 (Eng.)
ANNEX III

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TENTATIVE TOPICS FOR THE AGENDA
OF THE FIRST INTER-AMERICAN HOSPITAL CONVENTION

1. Hospital organization in the country:

   Types of hospitals:
   (a) State or national, departmental, municipal, etc.
   (b) General, specialized.

2. Number of beds in relation to population density.

3. Type of technical service provided by hospitals:

   Surgery, general medicine, and specialties.

4. Relations of the hospital with public health services.

5. Sources of the hospital's funds.

6. Hospital services:

   (a) Outpatient services (dispensaries, outpatient clinics, or other terms),
   (b) Preventive medicine services.
   (c) Personnel training: physicians, nurses, technicians, etc.

7. Relations of the medical society with hospital services:

   (a) Participation of the medical society in hospital life.
   (b) Number of physicians in relation to hospital services provided.
   (c) Legal regulation of the relation of hospital services to the physician.
   (d) Participation of the medical society in establishing the physician's salary in the hospital.

8. Aspirations of the national medical society as regards hospital organization.