

# Potential in Mission Hospitals

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Because of the increased speed and ease of transportation on this planet, Seventh-day Adventist medical institutions around the world may be on the verge of dramatic improvement. To live up to the potential, however, the church needs to plan in a bold new way to meet the problems that confront its mission hospitals. The problems include the following:

1. There is increasing difficulty in getting reluctant doctors to go to overseas mission fields.
2. For a significant number of institutions that are not economically self-sustaining (usually in developing areas such as Africa), rising costs may make the financial drain too great to be sustained.
3. Often the physician must work inefficiently because of inadequate equipment, maintenance, supplies, and paramedical personnel. Of course this condition has always existed in many hospitals; but today's physicians, who have had very sophisticated training, will not be satisfied with a "bush hospital" practice that was an acceptable challenge thirty years ago.
4. In some institutions, doctors have to devote a major part of their time to hospital administration.
5. Among hospitals there is insufficient logistical liaison on supplies, personnel, and money. At present each overseas hospital is managed by the union mission in that area; the General Conference Medical Department has no administrative authority, and only three men in Washington are available to assist with interhospital communication, planning, and co-operation.

Apparently there is no master plan to answer many basic questions. What, for example, should be the number, size, and location of Adventist medical institutions worldwide ten years from now? What staffing and financing are

feasible? Who should administer and coordinate the development of these institutions? Do the different union mission boards that now manage overseas institutions have long-term plans that are reasonable in relation to the probable future capabilities of the world church?

A master-plan commission should be seriously considered. The church has reached a stage of development where its medical program might expand dramatically, rather than remain unimproved or even deteriorate, as has been the case in some areas during the past decade. Recommendations from such a commission might include:

1. Administering the medical institutions by a fully functioning Medical Department of the General Conference — operating in a way similar to that of the U. S. Army Medical Corps or the Veterans Administration.
2. Calling a moratorium on the establishment of additional institutions until the present ones are operated with greater efficiency.
3. Providing most hospitals with facilities for a team of at least three doctors, rather than having a single doctor try to function alone.
4. Closing some small institutions — a move that might seem wise when viewed in the context of the world program rather than through local eyes.
5. Funding to compensate for depreciation of overseas hospitals.
6. Having medical *administrative* teams constantly on the move, visiting each hospital to improve its administrative efficiency and to decrease the load on its physicians.
7. Increasing preparation for medical personnel who intend to go overseas.
8. Making arrangements with Loma Linda University School of Medicine for (a) the service of medical students in overseas institutions; (b) contracts to provide students economic assistance during schooling in exchange for subsequent mission service; and (c) increased use of short-term mission appointments.

Adventist hospitals throughout the world have been extremely effective in helping mankind, and their influence has been important to the growth of the church. If this work is to achieve its full potential rather than merely to struggle along, long-distance vision into the future is sorely needed. A master plan is surely warranted and urgently needed.

If great imagination is vigorously implemented, optimism is justified.

The information and suggestions in this article stem from communication and conversation with church leaders after a short term of service in a mission hospital in Africa and a tour of medical institutions in the Far Eastern Division Conference of Seventh-day Adventists.