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## Letter: Ira M. Dushoff, MD to G. Dekle Taylor, MD November 22, 1968

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November 22, 1968

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Jacksonville, Florida 32207

Dear Dekle:

In accordance with your request that I put my thoughts in re Duval Medical Center in black and white, I am sending the following letter to you. The various points discussed below seem rather important to me. Early attention to these points, I feel, would prevent a great deal of unhappiness at a later time.

✓ First, I am convinced that it is essential that all the hospitals in Jacksonville which have anything to do with residency training should have the obligation of running adequate clinics to which indigent patients are assigned on a geographic basis. I am well aware that the bulk of the indigent patient load centers around the Duval Medical Center, St. Luke's, Methodist Hospital complex. However, I feel that any attempt made at geographically assigning the indigent patient to the other hospitals will of necessity take some of the pressure off the over-strained facilities at Duval Medical Center. The other two hospitals in the complex should, in my opinion, also set up an adequately staffed teaching clinic, or be requested to drop out of the JHEP system.

Secondly, I would recommend immediate expansion of the Daniels Unit. It would seem to me that one must establish now the habit of admitting private patients to Duval Medical Center before the new hospital is built. In the past, admissions to the hospital on the private side were limited by the absence of anesthesia. This problem has been largely resolved, and anesthesia is now available, both from an M.D. anesthesiologist and from excellent nurse anesthetists. As a consequence, there are only two problems which exist in the Daniels Unit which prevent many physicians from adequately utilizing the hospital. The first of these has to do with the nurses. The nurses on the Daniels Unit should be the cream of the crop, and in my opinion should not be Civil Service nurses. They should be responsible for their actions, and, if necessary,

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punishable for them by separation from their jobs. In my experience, this is one of the largest problems with the M.D. and patient acceptance of Daniels Unit. The other problem with the Daniels Unit is that there are not sufficient beds. I would strongly recommend expanding the Daniels Unit, even at this late date, by adding a few beds on the OB - GYN floor, as well as by making some beds available on the Pediatric floor.

It is my feeling that unless a consistent pattern of use of Duval Medical Center is established in a number of physicians that the hospital beds will be filled up only by indigent patients who, by mass action, will shut out effectively any private admissions. In other words, the hospital will be twice as large, but the problems will be identical with those currently countered.

In line with the above recommendation referable to the Daniels Unit, I think it imperative that first class physicians be hired on a private basis to deal with the workman's compensation cases and private cases which enter the Emergency Room itself. Intermittent spot checks have demonstrated the large number of patients who legitimately should be assigned to the private service who are admitted to the indigent wards, occupying needed space. In my concept, such patients admitted to the Daniels Unit would in fact extend the residents' training by providing them with the opportunity of working with the private physician on these cases.

✓ Finally, I would urge that all possible channels be investigated between the medical staffs of St. Luke's Hospital, Methodist Hospital and Duval Medical Center, with an eye to consolidating the Quarterly Staff Meetings, as well as the Departmental Meetings. It is my feeling that such a step towards group action on the part of the three hospitals would soon be followed by similar action on the part of the other hospitals in town.

✓ Of all the recommendations listed above, I feel that the recommendation to geographically assign indigent patients to the various hospitals is the most important. Without such a step, I am afraid that there will be no possibility of revamping Duval Medical Center's image or the population which use it. The other suggestions are to the same point, although the last suggestion has more to do with obtaining more physician involvement in the affairs of the three hospitals.

If I can supply you with any further information, please do not hesitate to contact me.

Cordially yours,

  
Ira M. Dushoff, M.D.

IMD:jj