

Hospital in the early christian era essay

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The history of hospitals has been shaped by principles in accord with the teachings of Christ and the commandment of fraternal charity. The origin of the institutions of the early Christian era that we now call hospitals, was the hospice and had the explicit duty of carrying out the functions of hospitals. His duty was to help needy brethren in the name of the Christian community. The Christian virtue of hospitality had broad significance, its purpose was to extend various forms of assistance, both individual and collective, and to meet a diversity of needs such as Hospices sheltered travelers, give help to the poor, the sick, the aged, orphans, abandoned children, and widows. Diaconia is the earliest forms of Christian “ hospital” assistance, this is a process where the deacon, collaborating with the presbyter and bishop, had the explicit duty of carrying out the functions of hospitals.

Although permanent charitable institutions were not established until later, the church early concerned herself with collective assistance as such, depending on individuals to perform this task. Since the functions of deacons included, among others, the providing of material aid to all in need (the indigent, the homeless, widows, orphans, etc.), they could not exclude the care of the sick grouped in institutions.

Historians of the diaconia agree in attributing a medical function to deacons; in some instances their duties were those of hospital workers or nurses in the strict sense. The diaconia existed in every city, even . Today hospitals are “ price takers” for nearly 50 percent of their revenues, which is subject to the political whims of the federal and state governments. Hospitals are also required to see, evaluate, and treat virtually any patient who shows up,

solvent or not. Furthermore, physicians were productive because hospitals put a great deal of capital at their disposal.

Yet these hospitals didn't enforce standardized and efficient approaches to the delivery of care. At many hospitals today, doctors still bear only limited economic responsibility for the care decisions they make. Little wonder that it is often they who introduce expensive—and sometimes excessive—nonreimbursable technologies or that hospitals not only suffer from declining margins but are also performing less well than other players in the health care value chain the smaller ones, and very often their names signified that they were hospitals.