

# Ability, Charisma, Respect : Not the Preserve of Doctors

*Centre for Health Policy*

*This article is a response to the previous article. In contrast to Dr Kane-Berman, The Centre for Health Policy argues that there is no sound reason why doctors, rather than other people, should be managers of hospitals.*

## Tragedy

Many nursing posts in the public sector are now vacant. In some public hospitals, the mean bed occupancy rate is over 100%. Internationally, a high figure might be 80%. Meanwhile, in the private sector, overtreatment is rife. If these unhappy facts describe what Dr Kane-Berman calls a crisis, we would agree, the South African health care system is in "crisis". On the other hand, things have been as bad for years. Perhaps, then, it's less of a crisis, and more of a tragedy.

As for the tragedy's causes, we would agree that the fragmentation of public health care provision and the underfunding of primary health care have each played a sorry part. If patients are not seen at primary level, then they either come with minor ailments for inappropriately expensive treatment at hospitals, or they wait until their condition has worsened to the extent that expensive treatment has become necessary. Either way, money, which could have been spent on improving the lives of other patients, is wasted.

## Cost Consciousness and Teamwork

We would also agree with Dr Kane-Berman that all health professionals should be trained to consider the costs of what they do. After all, there is only so much to spend in a year on publicly financed health care. If health professionals use resources with happy abandon today, they'll run out tomorrow: it is better to spend carefully today, consider the costs of each decision, and have money to spend tomorrow as well.

We would agree, too, that good teamwork is essential to any institution. Hospitals are no exception - co-operation and goodwill are neces-

sary to ensure that hospitals function smoothly, and make coping with emergencies easier.

## Why Doctors?

That said, Dr Kane-Berman has not provided a rational basis for attributing apparently miraculous management capacities to doctors. There is no reason why doctors should be best at running teams or administering hospitals. It takes the ability and charisma which command respect. These are not the preserve of medics. Nurses, lawyers, pharmacists, accountants: any of these people or others could have what it takes. It depends on the person, not on their profession. Anyway, in the foreseeable future, there are not going to be enough medically qualified administrators to run every hospital. So pinning hopes on their special qualities is whistling in the wind.

## Hospital Autonomy - Good and Bad

*Finally, Dr Kane-Berman proposes that some regulations governing individual public hospitals should be eliminated. This raises a very tricky issue. Clearly, ineffectual paper shuffling is a waste of time and money. Clearly too, increased autonomy can allow hospital managers greater flexibility to adapt their services to local conditions. Moreover, if hospitals are allowed to keep a proportion of any saving, this may give managers an incentive to run a tight ship and encourage greater efficiency. But, on the other hand, control from the provinces - or even the central ministry - can be helpful. It can ensure, for example, that expensive equipment is fairly distributed around the country and that some hospitals don't poach all the best staff. For these reasons, regulation should not simply be abolished for the joy of it. Cutting red-tape can be satisfying. But it may also be destructive.*

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