

## An obese bureaucracy starves health care

### Medical managers order their café lattes as doctors work a 98-hour week

By SARAH RUSSELL

Visit a hospital cafe between 8.30 and 9am. In the past, the "hospital cafeteria" was deserted at this time - it was too early for practitioners to take a morning tea break. Nowadays, it is filled by women and men (though mostly men) in dark suits on their way to work. These are the hospital managers ordering their café lattes.

For some time, I have been curious about the influx of medical managers to hospitals. I never understood why this managerial class grew while practitioners at the bed-side downsized. As more and more hospital wards were transformed into office spaces, practitioners were forced to manage patients' blood, sputum and vomit with fewer and fewer resources.

In these new offices, managers focus on the economy of

health care, while practitioners in the wards focus on patient care. They even changed the way we talk about health: it is now an "industry" and the dollar, not patient care, is their bottom line.

With the current obsession with the free market, the managers quickly gained power over practitioners and consumers. In fact, hospital managers have effectively silenced practitioners from public debate and often treat consumers as merely numbers.

Hospital management, practitioners and consumers see the world very differently and we rarely have the opportunity to share our views with each other. So it was with some excitement that I accepted an invitation to a meeting with the network's medical managers. Finally I would see these suits in action.

I was among the first to arrive. This gave me time to appreciate the Board Room's

lavish surroundings: the art on the walls, the beautiful flowers in the corner and the sideboard offering fresh coffee and small cakes. Unlike the frenetic pace of the wards, the Board Room exuded genteel tranquillity.

The meeting connoisseurs went straight for the coffee and cakes while those of us in unfamiliar territory sat down quietly. The meeting began with the circulation of papers which were subsequently read to us by the chairperson. A dark suit stood up and poured himself another cup of coffee. Half way through the meeting, the CEO departed; he had another "luncheon" meeting to attend.

It all seemed so ludicrous. While we sat in this luxurious environment drinking our coffee and nibbling our cakes, listening to the chairperson read documents that should have been circulated prior to the meeting, I was mindful of those senior doctors who are nowadays forced to work 98

hour weeks because hospital networks cannot afford locums for sick/study leave. I was also mindful of those wards that are staffed by junior nurses because experienced and knowledgeable nurses are apparently too expensive.

While medical managers sit in these endless meetings making decisions that affect our health care system, where are the practitioners and consumers? It seems that decisions about us are made without us. Take, for example the recent *Health Services Policy Review discussion paper*. Although this document shows a willingness to improve health services for the consumer (in the health care market place, of course), few consumers were actually consulted. Instead, the authors consulted widely among managers before coming up with 33 diverse recommendations.

Given the economic brief and the limited consultative

process, it is rather surprising that one of the recommendations concerns our right to access our health records. Whatever you think about this or any of the other 32 recommendations, it is important that we let the Department of Human Services know that we do care and that we want to be included. Responding to policy discussion papers, such as this, is one of the few democratic mechanisms still available for us to participate in decisions that have implications for our health care system.

Since the release of the discussion paper, medical organisations have taken the media spotlight. The president of the Royal Australasian College of Surgeons, for example, dismissed the entire report by claiming that the authors do not have "a very good understanding of how medicine works" (The Age, 10/4). Is he suggesting that only doctors understand the

contemporary health care system? If so, he may benefit from a visit to the Board Room where he will see that the medical managers have a very good understanding of how our contemporary health care market place works. They, after all, are driving it.

To insert ourselves and our non-economic values back into the debate, we need to participate in the debate. That is why it is so important for a range of practitioners and consumers to respond to the *Health Services Policy Review discussion paper*. Without our contribution, practitioners and consumers will be treated as merely economic units and health care policies will remain focussed on dollars rather than health care.

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