



Strength in collaboration

I was disappointed and concerned to note the problems in the provision of public hospital surgical services in Tasmania identified in Greg Harvey's article (Surgical News, Vol.13, No 3, April, Regional News, pages 22-23) and echoed in John Hunn's letter (Surgical News, Vol 13, No 5, June, Letters to the Editor, page 11).

I agree it is very worrying, and inappropriate, that a head of surgery should be appointed to report to a senior nurse, and it would appear from their communications that the public hospital environments in which both Mr Harvey and Professor Hunn work are far from welcoming to senior surgeons. What is not clear is whether the problems they describe are limited to a single hospital (in this case, the Royal Hobart), or state (Tasmania), or are more widespread.

There can be little doubt that recent decades have seen a substantial erosion of medical dominance and autonomy, and a significant increase in the influence of managers over doctors, and that relationships between the two groups have deteriorated, so that the "them and us" attitude of doctors towards "health bureaucrats" has become widespread. However, more recent evidence suggests that, if anything, managers are more alienated and disempowered than doctors, who are protected by their professional status and socialisation.

Arguably this situation will be addressed more effectively by involving doctors more closely in health care administration than by widening the gulf of communication and understanding between the two groups; and it is in the interests of managers to re-engage their senior medical staff and increase their influence on medical practice in public hospitals.

Having become a full-time medical administrator after nearly 30 years of clinical practice as a consultant surgeon, I can report that, at least in Victoria, the situation is not as bad as it seems to be in Hobart. My own hospital remains part of an independent health service with its own Board of Management, which takes the advice of its senior medical staff (including surgeons) very seriously and is committed to the development and expansion of clinical services within the limited budget which is inevitable for a public sector organisation.

The clinical directors of our acute medical divisions, including surgery, internal medicine and obstetrics and gynaecology, are full-time staff specialists who report via me to the CEO, whose door is always open to them as to any other senior medical staff who wish to put their views to him. The contributions of our VMOs to training and research as well as clinical practice are highly valued, and I believe that they appreciate the collegiality that results from their public hospital work. While it would be ridiculous to suggest that our senior doctors and managers never disagree, we usually succeed in resolving our differences in an atmosphere of transparency and free debate.

I cannot claim, and would not wish to, that my own organisation is an exemplar of good practice in its relationships with its senior medical staff, but I do believe that public health care providers in different locations can usually learn a great

Regional News



How do we continue our role in the public system?

I am coming to the end of my term as State Chair of the Tasmanian branch of RACS with mixed feelings. I was surprised to find that I had been on the committee for nine years (I only qualified 10 years ago). I have enjoyed the experience, but my role on the committee has been tempered by a shortage of that precious commodity called time.

As in all states, Tasmania's public health system is in crisis, but it may arguably be in the worst condition. I understand our bed numbers have been halved! So I will take this last opportunity to provide a personal take on a system in crisis. What follows is only my opinion, written to provoke thought and discussion in our surgical community.

I recently saw an advertisement for "Head" of the Department of Surgery at the Royal, brought about by the pending resignation of Bob Linacre. You should talk to Bob some time about his experience in this job and why he has resigned. Part of me looks at that role and thinks it would be a great challenge. But how to juggle a family life, five children all of whom do sport and other activities, a private surgical practice, pro bono work like College roles, and working at a public hospital?

I forget one other thing – self at own time – that gets consumed so easily. What has to give? At the moment self time, family time and College time is lost fast.

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Strength in numbers

"But how to juggle a family life... a private surgical practice, pro bono work like College roles, and working at a public hospital?"

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deal from each other, a process which is bi-directional. I would certainly be happy to discuss these issues further with surgical colleagues in Tasmania and elsewhere in the hope that this might benefit all concerned.

Associate Professor Philip Reasbeck MA MBChir MD (Camb) MRCP FRCS FRACS MBA Grad Dip Law Executive Director of Medical Services Ballarat Health Services

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