

How to make medicine work – autocracy or democracy?

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It was Monday morning. I entered the ward and was greeted by the worried look of the concerned daughter of a patient. I was sorry to discover that her mother's health had deteriorated over the weekend from hospital acquired methicillin resistant *staphylococcus aureus* (MRSA) septicaemia. She was 82 years old and, after careful consultation, the doctors had decided that the intensive therapy unit (ITU) was inappropriate for such an elderly patient. Was this the right decision for the individual? We will never know. However, many would argue that it was probably the right decision for society.

Here we have put the spotlight on a potential conflict between the goals of the individual and society as a whole. What are the fundamental objectives of medicine? Politicians and managers lay great emphasis on reducing waiting lists and increasing the numbers of operations performed, and pointing to our improved life expectancy as a triumph. Are these measures important or are quality of life and equity better measures? Although politicians, managers and doctors may have a common goal of care for their patients, the means by which they think it should be achieved often contrast.

'The life so short, the art so long to learn, opportunity fleeting, experience treacherous, judgement difficult.' Hippocrates, widely held to be the father of medicine, observed what we too find today. History has taught us to look back to see the future. This is where we shall now go.

My grandfather and now my father often shake their heads saying, 'It's not like it used to be'. As doctors, they are suitably positioned to comment on the enormous changes wrought in the past hundred years. They allude to an era when medicine was an art conditioned by experience and a doctor's opinion was largely beyond question. In this context, father and grandfather would have had no difficulty treating my elderly patient, not to mention that ITU did not even exist. Yet they marvel at scientific progress that brings hope where previously pastoral care was the only option. They champion the cause of the NHS of which they are justly proud. However, they also see a market-driven bureaucratic service with central political control. I mention guidelines,

even protocols and a need for revalidation. Perhaps these are a response to an increasingly litigious society which sees the law as the answer to their demands for the best for themselves. It is not surprising, therefore, that spiralling costs are rapidly emptying the finite coffers of our treasury.

So, as I sit in my doctor's surgery, I digest the past trying to seek the best for the future. I applaud the virtues of the autocratic model. I am able to offer the best treatment using the latest technology whatever the financial status of the patient. All seems well until I receive a nasty jolt as I note that the unfortunate Ms X is not eligible for *in vitro* fertilization – 'right age but wrong postcode'. The situation is already delicate, making a full explanation of the need for rationing in healthcare resources difficult. We have entered the democratic system.

In the democratic model of healthcare provision, we seek to optimise health for society as a whole. On a global scale, great examples are the eradication of smallpox and shortly of polio through vaccination programmes under the World Health Organization (WHO) directive. At a national level, one of the key factors of the democratic model is its economic component. Core objectives are agreed, standards are set and scarce resources are allocated, leading to an integrated and efficient provision of healthcare. In this way, doctors are protected to a certain degree from litigation and often freed from making difficult decisions regarding healthcare provision, as long as they keep to the standards set by the guidelines. However, an inevitable consequence of central control is that doctors lose the flexibility that allows them to apply their accumulated knowledge and experience especially in the case of non-routine and 'non-text book' cases. Another more subtle erosion of individual decision making is the focus on popular, readily quantifiable fields to the detriment of care for those with chronic illness and the elderly. The latter are especially vulnerable, having seen an erosion of their wealth as state pensions and pension funds decline, simultaneous with a society whose younger generation see them as someone else's problem. As all developed nations are seeing a dramatic rise in the elderly, the current situation will be accentuated and needs urgent action.

We live in a democratic society which regards good health as a basic right. Can the medical profession deliver it? Our professional autonomy, perhaps the very essence of our work is being questioned? Many would say rightly so. We have lived far too behind a façade of educational superiority giving the impression of stuffy haughtiness that is at best antiquated and at worst dangerous. Of late, the profession has encouraged clinical audit, introduced revalidation and appraisal, and welcomes the opinion of independent bodies such as the National Institute of Clinical Excellence. The Royal Colleges foster a close relationship with our political colleagues to develop political and economic freedom through initiatives such as foundation trusts.

We can meet the challenges which lie ahead because we can give a lead in the use of new technologies and at the same time care for all in a society in which inequalities are still in abundance. Our attitude shows undivided attention to the individual, while our vision is for the health of society. The concerns of a mother awaiting the immunisation of her baby with the measles-mumps-rubella (MMR) vaccine are understandable, despite a welter of scientific evidence in support of the safety of the combined vaccine. It is our duty to encourage clinical research, find the answers to these problems and vocalise them to politicians and the public. In this fashion we can continue to take the lead as the public desires while maintaining professional freedom supported by trust.

As I conclude, I see an interconnected web of issues in this noble work of medicine. We have been shown two opposing models. I find a structure created and imposed by a democratic process while protecting the flexibility to be ourselves, and yet to be human as embodied in an autocratic model. All of us have to enter into this debate singing a tune that is a harmony of these two antitheses.