

the NHS Alliance observed that all frontline clinicians may have been neglected in planning and running local services to the point that ‘instead of being in the driving seat, they could get dumped at the roadside.’⁹ And it must in the past have been political correctness which led to the destruction of the doctors’ mess, the only place left where doctors could communicate professionally and – so essentially – in confidence with each other.

Doctors and managers

Managers and doctors certainly share a common goal, and need to work more closely together in planning for their specific needs – a necessary collaboration, all too frequently neglected. Indeed, the critical gap between management and medicine¹⁰ can result in poorer outcomes for patients when care becomes ‘chaotic and unsystematic’. Dame Carol Black has suggested the introduction of a specialty of medical management, which could enhance both expertise and relationships. At present, the shifting sands of middle managers of variable quality who frequently come and go can make it difficult to develop the mutual trust which, as in any relationship, is the key to success, and always damaged by over regulation.¹¹

Redressing the balance

The imbalance of rights and responsibilities needs to be addressed if morale among healthcare professions is to improve. Doctors too require rights, while patients also have responsibilities to follow advice agreed within the partnership

of the consultation. Whilst of course retaining the option to question advice, patients must also consider the rights of doctors who have to care for others. They also need to respect doctors’ skill and expertise; Tallis has suggested that we may need to renegotiate with society as to where expert authority exists.¹² This College’s Working Party on Professionalism, and its Patient Involvement Unit, are perhaps uniquely placed in examining this balance and helping to maintain the doctors’ ‘happiness and usefulness’ in their daily practice.

References

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Erratum

In the July/August 2005 issue of *Clinical Medicine*, there was an error in the CME Haematology paper, ‘Strategies for reducing the exposure to donor blood’, by Mike Murphy, page 337, col 3, para 1.

The following sentence:

‘The incidence of viral transmission of HIV, HBV and HCV is 4.58, 0.41 and 22.09 per million blood donations, respectively’

should have read

‘The incidence of viral transmission of HIV, HBV and HCV is 1 in 4.58, 0.41 and 22.09 million donations, respectively.’