

BOOK REVIEW

RENEGOTIATING HEALTH CARE—RESOLVING CONFLICT TO BUILD COLLABORATION

By Leonard J. Marcus, with Barry C. Dorn, Phyllis B. Kritek,
Velvet G. Miller and Janice B. Wyatt
San Francisco: Jossey-Bass Publishers, 1995, 453 pp.

*Reviewed by Mark R. Dunn**

In the Preface of *Renegotiating Health Care*, lead author Leonard J. Marcus says the book's purpose is "to highlight aspects of negotiation and conflict resolution particularly germane to health care, and to present a model that fits its unique demands and dimensions."¹ He says the book is written primarily for those in the health care field and adds that others who are involved or interested in health care or basic negotiation and conflict resolution may find the book useful. To this end, the book works well. It explicates the terminology and aspects of different types of negotiation and provides an excellent glossary for those who are new to the field. Yet, it fails to provide concrete examples of situations specific to the health care industry where basic knowledge of dispute and conflict resolution would not be enough to carry one through a dispute resolution process. That is, what conflicts occur in health care that are appropriate for new or innovative strategies in negotiation that fail to occur in other fields? The reader never finds out, which is disappointing considering the book's title. As a primer on conflict resolution the book works; what it lacks is definitive information on specific situations in health care that can or do arise, and what strategies for negotiating in these situations work or could work for the negotiator and parties involved in the negotiations.

The first two parts, "Conflict" and "Negotiation," assert that conflict in health care is inevitable, given the conflicting issues and parties (i.e., hospital-insurance company, doctor-nurse, administrative-clinical relations) and objectives of those involved in health care. They describe how to move beyond conflict toward the negotiating table, and spend an entire chapter discussing interest-based negotiation (Chapter 4). Here, the book does give the reader possibilities to consider in the interest of give-and-take solutions. It offers advice on how to appear to give in while really getting what you want and how to step back from a contentious situation and "reframe" the

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¹ LEONARD J. MARCUS ET AL., *RENEGOTIATING HEALTH CARE—RESOLVING CONFLICT TO BUILD COLLABORATION* xi (1995).

conversation to get negotiation back on track when and if it devolves into needless criticism of the opponent or pointless bickering.

Velvet Miller, in Chapter 7, "A Public Health and Health Policy Perspective," pleads that if health care companies were paid to keep business' employees healthy through proactive, pre-illness means, big business would see this as a boon to savings and productivity and all rush to join in. She writes, "Business can be convinced to buy the theme because it saves them money. And business will reward health professionals who succeed in promoting health with their health care business."² How so we are never told, other than a second statement that by effective health maintenance in this new order, "[t]he employer lowers the sick days of employees and their dependents, thereby enhancing productivity while reducing utilization of expensive treatment, thereby lowering costs. It makes good business sense because it makes good health sense."³ It sounds good, but there are probably numerous individuals in the health care industry who think the present system works fine.

The next chapter, "Health Care Management: Balancing Clinical and Business Perspectives," is the most reasonable of the four chapters in Part Three. Janice Wyatt clearly establishes that with the revolution in health care practices and management systems, it is the role of an administrator to coordinate and negotiate among different parties in the system of health care delivery. She does not flinch: "The balancing responsibility performed by health care managers will be far more constructive when others recognize they are part of the equilibrium. Negotiation and conflict resolution training must be built into the preparation of all health care professionals."⁴ It is probably not the best idea to have specialists studying conflict management rather than their specialties, but it is a feasible prospect to at least inform them of what is expected of them, perhaps through continuing education seminars at their institutions.

Chapter 9, "Nursing: Negotiating at an Uneven Table," unfortunately devolves into a litany of stale observations. Generally, it is known that nurses do not get the respect and financial reward that physicians do. She writes, "I have never believed that health care is an industry. I believe it is a human right. The United States is the only 'developed' country where it is not respected as a right. The implicit dehumanization of this premise is actually embarrassing for me. How can the most wealthy nation on the planet justify its refusal to attend to the fundamental right to health?"⁵ That nurses are underpaid and overworked is not new, and they may indeed want to negotiate for better pay and working conditions, and perhaps should.

² *Id.* at 161.

³ *Id.* at 162.

⁴ *Id.* at 205.

⁵ *Id.* at 221.

Yet, no one who goes into nursing does it for financial reward, and to expect an industry and occupation to overhaul itself because it's "not fair" is wishful thinking at best.

Chapter 10, "The Evolving Doctor," presents a fair but somewhat underhanded admission that doctors' roles are changing, professionally and societally. Barry Dorn acknowledges that, in what he terms "the 'bygone' days,"⁶ there was a comfortable system for doctors; many things about it worked and many did not. He acknowledges that change is inevitable for today's doctors, as much as they would like to cling to the bygone days where doctors were essentially entrepreneurs who worked hard, chose their own patients, charged whatever they deemed necessary and lived an affluent lifestyle. Dorn does explicitly state one thing about physicians, and the conflicts in which they are now finding themselves, especially conflicts involving older versus younger physicians: "The bulk of these interpersonal conflicts swirl amid the complicating variables of age, gender, and turf. And they all result in a bottom line of money, power, and control."⁷ It is refreshing to hear such a candid statement, and he even goes on to describe how doctors can evolve in the new health care milieu, even considering the litigious environment in which they work.

The last two parts of the book, "Creating and Resolving Conflict" and "Whole Image Negotiation," are the most instructive for the ADR professional or those interested in priming themselves on the subject. As stated before, there are no new insights into specific negotiation tactics relative to health care, but many examples of the process and those in health care who would be involved in the process are outlined. Chapter 11, "Positional Bargaining," gives the reader the real substance behind dispute resolution. Sometimes conflicts and those involved are not willing to negotiate. This chapter details how to win in the "winner take all" strategy. Marcus acknowledges that the renegotiation of health care is a laudable goal, but when negotiation goes by the wayside, this is how to win. This somewhat undermines the concept of the book, but it is a realistic viewpoint and an admirable admission on his part. In Chapter 12, "Mediation, Arbitration, and Dispute Resolution," he outlines: (1) how and why parties in health care are given to dispute resolution; (2) how to effectively obtain a mediator; (3) how the arbitration process works and (4) why dispute resolution is more advantageous than expensive, time-consuming litigation as it relates to the industry. These chapters demonstrate the realities involved in today's changing health care industry and how all parties involved should be able to work together to continue the evolution to better assist their goal: providing America better health care.

⁶ *Id.* at 237.

⁷ *Id.* at 245.

Part 5, "Whole Image Negotiation," consists of two chapters, "Crafting the Essentials" and "Constructing a Resilient Balance." The reader learns how to position parties for negotiations and to determine what checks and balances should exist in the interest of health care negotiations. The goal is better health care; the process of achieving it necessitates cooperation and organization of better health care delivery from the candy strippers up to the CEOs. Yet, one of the most striking final comments the author makes is at the same time rational and instructive. In the effort to balance all parties interests and reach the goals set forth, the pace of change must be balanced with reality, not fantasy, and the consumers of health care (i.e., the public) must remember that drastic change could be more damaging than no change at all. Renegotiating health care "means that society must be clear and reasonable in what it expects from the health system. It means that people must be reasonable in accepting what they get."⁸

Medicine has progressed fantastically and continues to evolve. *Renegotiating Health Care* offers an instructive primer on the workings of this evolving industry and how negotiation among its parties could result in a better health care system for America. This goal is a process, and the process may be slow. Negotiating progress within health care's evolutionary process is obtainable. And definitely negotiable.

⁸ *Id.* at 298.