



Why the Critics of Poor Health Service Delivery Are the Causes of Poor Service Delivery: A Need to Train the Policy-makers

Comment on “Why and How Is Compassion Necessary to Provide Good Quality Healthcare?”

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Abstract

This comment on Professor Fotaki's Editorial agrees with her arguments that training health professionals in more compassionate, caring and ethically sound care will have little value unless the system in which they work changes. It argues that for system change to occur, senior management, government members and civil servants themselves need training so that they learn to understand the effects that their policies have on health professionals. It argues that these people are complicit in the delivery of unethical care, because they impose requirements that contradict health professionals' desire to deliver compassionate and ethical forms of care.

Keywords: Health Ethics, Management, Training, Recognition, Identity

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Professor Fotaki's paper is very welcome. It is a thoughtful and thought-provoking Editorial that points out the problems of, firstly, blaming the individual for a failure of ethical care and, secondly, attempting to remedy that failure through incorporating ethics and morality into training.¹ Professor Fotaki is critical of governmental assumptions that it is the health professional who has gone bad, and she counters that presumption by locating the healthcare professional in a pressurised, uncaring system determined only on the achievement of quantifiable goals. Her argument is that, no matter how good the training or the trainee, returning them to a system that is antipathetic to practitioners' desire to act ethically and compassionately is doomed to failure. But, she continues, it is not only managers and organizations that militate against ethical and compassionate care, it is the overall policy framework in which health professionals, managers, and other staff that is most important. She thus concludes strongly by arguing that government policies on health services should be seen as the locus of unethical behavior – understood as lack of compassion and care – in members of the caring professions. Government policies therefore need to change if health staff are to offer compassionate and ethical care.

Professor Fotaki's Editorial is concerned largely with a discussion of ethics. She draws on Kant, Schopenhauer, Hume, Levinas, and feminist ethics to argue the need for compassion-full ethics. Her paper leads to the question: what would governmental policies that embed compassionate ethics throughout the system look like? But there is a prior question that I will explore in this short response: if it is

'the system' that over-rides inherent proclivities to practise compassionately, how can the agents of that system instil those things it has painstakingly eradicated through its policies that focus on maximising output while minimising input?

I will build on professor Fotaki's recommendations through suggesting that governmental policy-makers must first understand compassionate ethics and embed them within their policy-making practices if health services are to be compassionate and ethical providers of care. That is, before health professionals are sent on training courses designed to induct them into behaving ethically and with compassion, government and executive-level managers should be sent on training courses in which *they* better understand how *their* activities contribute to unethical practices in the far outreaches of the organizations they govern.

This requires understanding that 'government,' or 'organization,' or (in the United Kingdom) National Health Service (NHS), is not some over-arching being with an identity, mind, brain, and body of its own. Rather governments and organizations alike are constructions made possible through interactions between actors – people, technology, places, buildings, and so on.² But at the same time governments and organizations are more than the sum of their parts, so they create an *effect* of themselves as over-arching beings. It is this *effect* that we think of, talk about, remonstrate against, and respond to in our grasping for a sense of self and identity. This effect is 'the' NHS, 'the' university, 'the' government, and so on. This is encapsulated in the words of a middle manager:

“If you're doing your job and delivering on things it's almost like it feels like you get to a certain point and you get a tap

on the shoulder by the organization....It's almost like the organization is taking a view as to when you're ready for that next step every step of the way really. Or it certainly feels like that to me ... it certainly feels like the organization is kind of keeping an eye on me." (Middle manager talking about the implementation of talent management in the NHS)³

This speaker anthropomorphises the NHS – it has an eye that can observe her and a finger that can tap on her shoulder. She is not alone in this: it is a rare person who does not in some way understand the organization s/he works for as having its own, over-arching identity. Furthermore, this fantasised organization has power over us: we must obey its diktats or face losing our jobs. But there is more to its power than the sheer power to deprive us of our means of earning a living, and it is this power, I suggest, that explains why those who govern health service organizations should be sent on training courses to teach them how to respond more ethically to staff. I will use the work of the contemporary philosopher, Judith Butler, to explain this.

Butler's⁴ argument about 'passionate attachment' referenced by professor Fotaki, is concerned with our need for identity and sense of self. Butler draws on Althusser's famous theory of interpellation, in which a police officer calls out 'hey you,' to which we turn and, in turning, come to feel as if we are criminals. She argues that interpellation happens constantly – we are engaged in striving to have identity. We learn from our youngest weeks of life of our fundamental need for this other who gives recognition, the police officer in Althusser's theory, the parent in the Freudian theory that Butler interweaves with Althusser. This is what we are passionately attached to – the need for recognition and thus the sense of identity, of being a living creature, a human being. 'The' organization is one of those actors that can convey recognition and thus identity. What Butler largely ignores but is palpably clear when thinking about unethical practices in health services, is how individual health professionals are faced with competing interpellations. The Health Service, in the guise of 'the' organization or 'the' manager, or 'the' boss, interpellates the nurse, doctor or other staff member through a call that says 'hey you, if you are to be a nurse, or doctor, or other staff member, then you must achieve all these goals and targets.' That is, the nurse, doctor, or other staff member must become a part of a machine, and thus should be unthinking, uncaring, a do-er doing what is necessary to achieve externally imposed goals. The patient, on the other hand, interpellates the nurse, doctor or other staff member through a call that says 'hey you, if you are to be a nurse, or doctor, or other staff member, then you must provide care and cure.' In other words, the patient calls to the nurse, doctor, and other staff members to be human beings

who are compassionate and caring.

The health professional thus faces two totally contradictory commands. To have the identity of doctor, nurse, etc, s/he must be both nonhuman and human; a machine made of metal that has no compassion, and a person made of flesh that feels and emotes.

Now many health professionals are more or less adept at ignoring the tap on the shoulder of 'the organization' and its demands for efficiency and effectiveness at the expense of care. They turn instead to the interpellative call of the patient, who recognises them as the doctor, nurse, carer, and provider of cure that they strive to be. But not all are capable of doing that, or perhaps not for all of the time. When the demands of 'the organization' contradict the needs of the patient, and when the staff member is not strong enough to resist the demands of the organization, then the sorts of unethical behaviours we rightly decry can occur.

This is why I suggest that before sending staff on training courses in how to be more ethical senior management and government representatives should be sent on training courses that help them understand how their policies and practices create a system that can turn good people bad. The system that staff return to after those courses *has* to change, but that cannot happen unless and until those with the power to influence the system itself understand their complicity in turning healthcare professionals who are, by and large, compassionate human beings, into uncaring and over-worked automatons whose compassion has been beaten out of them.

Ethical issues

Not applicable.

Competing interests

Author declares that she has no competing interests.

Author's contribution

NH is the single author of the manuscript.

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