

Sense and Sensibilities

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There are many aspects relating to our profession that lead to varying degrees of inner and outer conflict. These have to be looked at objectively, rationalised and managed appropriately so that they inflict the least possible damage to us, to those around us and particularly to the individuals whose wellbeing is our avowed quest.

A particular source of concern results from the 'should and could' mismatch. What we deliver on a personal level to our patients (and to the profession as a whole) is limited only by the extent to which we allow our vocational and ethical principles to guide us. What we can actually offer our patients in terms of treatment is often dictated by those who, at different levels, are responsible for financing and administering the health service of the country. It is the extent of the discrepancy which exists between these two aspects that dictates the level of comfort or otherwise that we feel in our daily practice.

We can start by feeling encouraged with the basic qualities without which any medical service would be severely disadvantaged. We can be proud of the dedication, professionalism, capabilities and sense of purpose of the medical, paramedical and administrative staff who are involved in the delivery of our health service at every level. With these ingredients in place it would seem a relatively easy task to actually provide a prime quality service. This we manage to do with varying degrees of difficulty and success. One of the major obstacles to reach any aspired goal is the apparent inability that exists in nurturing and maintaining the positive qualities just mentioned. These characteristics run the risk of being eroded completely unless responsibility and accountability are linked to authority at different levels.

Those of us who accept the burden of responsibility and accountability for the service we deliver have to be given the authority required to actually deliver it to the standards we are taught and trained to expect. The term authority in this context simply means that the considerations and opinions of those who actually deliver a service have to be taken on board and acted upon by those whose duty it is to finance and administer it. An absence of this process will inevitably erode the confidence one

has in the system. Furthermore, the particular contentment or discomfort felt with the level of service finally delivered will doubtless have a bearing on individuals, their performance and the determination and pride they inject into their work.

Those involved in the actual delivery of health care are taught and trained not only to provide a level of care that is of the highest quality but are also bound to keep up to date with the ongoing developments in the profession. Medicine is a subject that is increasingly expanding in leaps and bounds both in the pharmacological and technical areas and this invariably has significant cost implications that cause great problems with departments of finance in every country that boasts a national health service.

We depend entirely on a system that is based on a National Health Care system established in the 50's which bound governments of the day to provide 'health care for all'. It is implicit in this tenet that the standard of health care delivery has to be based on valid and accepted contemporary practices in the field of Medicine. Until the early 70's our system allowed for means testing of individuals dictating the level of contribution for the delivery of the service which was itself subsidised at source. Those whose earnings were below a certain ceiling were exempt from any payment whatsoever. The system was then changed to supply a free service to all and this placed a level of responsibility on subsequent governments which although as a principle was proudly proclaimed as one deserving of a crown of laurel, in practice turned out to be nothing short of a financial mill stone as the years (and the practice of medicine) progressed.

The crux of the problem lies in the 'should and could' disparity mentioned earlier. The profession is taught first to deliver the best and the most up to date service with financial constraints coming as a resulting consideration. Departments of finance use financial considerations first to dictate the level of service they consider possible. Thus the medical profession knows what it 'should' be delivering which is sometimes different to what it actually 'could' do by a system seemingly unable or unprepared to share in its priorities.

Cost containment and cost cutting are the main tools used to tailor any service. While we all understand that excesses have to be contained and superfluous items abandoned none of us feel that this should be at the expense of the level of care expected or given. In reality, cost containment usually makes it difficult to advance the standards of care and cost cutting does nothing

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but diminish them. It would be refreshing if the medical profession would be allowed to work with the Departments of Health as well as Finance to agree on areas of cost improvement but at the same time allowing the standard of medicine to move forward at a mutually acceptable pace.

There are a number of burning issues that have resulted in considerable distress to all by remaining unresolved and it is difficult to understand their chronic and continued apparent disregard. It is a policy that is as short sighted as it is dangerous not to maintain the required staffing levels necessary to sustain our health service. Not even attempting to replace staff who have left the service on either a temporary or permanent basis is a recipe for unfair hardship to both staff and patients alike. Allowing essential items of stock to run low or to actually deplete gives the health service as a whole an undeservedly bad reputation. Not taking into account the decades-long financial package for medical staff is now showing its inevitable consequence with individuals considering leaving the islands for countries with far better conditions and prospects. The waste of investment in teaching and training let alone human resources beggars belief and gives credence, perhaps unfairly,

to accusations of short-sightedness. The principle of acknowledging the assistance individual private health plans give to an overstretched national service has not as yet been put into practice let alone encouraged in the same way private retirement plans have.

These are but a few of the number of longstanding problems that have been hitherto flagged on countless occasions by those of us at the front line of the health service. The absence so far of any sensible or tangible response has a profoundly discouraging effect that undermines so many positive qualities that are present in abundance. Solutions in the delivery of an effective health service have to be found by a convergence of minds and principles of all those involved in health care delivery. The 'us versus them' mentality that is often engendered between those who deliver and those who administer, at varying levels, does nothing but make progress extremely difficult if not impossible to achieve. It is not beyond the realms of possibility to marry the practice of good medicine with particular fiscal principles that are meant to sustain it. This goes a long way in allowing for the continuation and inevitable evolutionary process that the health of any nation requires.