

Is there a need to involve doctors in management of health care in Saudi Arabia?

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ABSTRACT

Recently, the role of doctors and managers in health care management has become a hot topic in the newspapers and public magazine in the Kingdom of Saudi Arabia. The aim of this paper is to contribute constructively and scientifically to this topical issue by emphasizing that commonality and interaction between medicine and management dictate more involvement of doctors in management. Although one may argue that doctors are usually not well trained in resources management, scientific evidence supports the need for more involvement of doctors in managing health care system. In addition, government needs to make a strategic shift towards high quality primary and preventive care to enable doctors in management role to maintain essential services and contain cost.

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At the beginning of the twenty-first century, health care faces many challenges leading to both increased costs and expectations.¹ Thus, it is not surprising to see much literature recently on the need for health care reforms to contain costs and maintain service.² However, for any reform to succeed, relationships and interactions between doctors and managers should be optimum.^{3,4} In the Kingdom of Saudi Arabia (KSA) recently, the role of doctors in health care management has been a hot topic in public newspapers and magazines.^{5,6} But, unfortunately, very little scientific work has been carried out on this subject. This paper explores common ground between medicine and management and look into the need for involving doctors effectively in management to face the huge challenges of health care in this new millennium. The aim is to encourage a constructive and scientific debate on this important topic in relation to health care management in KSA

Management in Medicine. In the context of clinical practice, management forms part of the basic structure of the medical consultation and, following diagnosis, seeks to optimize the conditions under which treatment can affect recovery or remission of symptoms. Although doctors speak of 'management of the condition' a substantial component is management of patient's behavior: diet, exercise, sleep, rest and sex are among the dimensions, which may need to be considered. Moreover, in order to optimize patient compliance with recommendations on health-related behavior, an atmosphere of trust must be established and acceptable explanations effectively communicated. Finally, clinical management must address the issue of prognosis and arrange for future supervision.⁷ In short, clinical management must address the complex series of tasks requiring the doctor to assess situations, to mobilize resources (including patient motivation) and to plan ahead.

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Resources management. In complex organizations such as hospitals or health authorities, self-evidently, the infrastructure of people, equipment and facilities require control systems in order to provide continuity of activity. At the most basic level, management (or proper administration) establishes and monitors these systems in order to maintain clinicians' access to resources. However, control systems fail or are subject to unperfected demands, and human ingenuity is needed to preserve continuity; this is the province of despised, but essential, crisis management. Moreover, complex organizations change and develop over time and systems need to adapt. Anticipating change with clear vision and modifying control systems form the strategic part of organizational management.⁸ The task encompasses assessment of complex situations, the mobilization of resources and forward planning. Moreover, although we have spoken of systems, at all levels they involve human beings. Understanding human behavior and motivation are central to effective resource management.

Medicine and management: interaction and conflict. Thus, far clinical and resource management have been considered separately and isolated from the pressures created by external financial constraints and the changing environment of health care. Historically, clinicians, by virtue of their role in defining patient needs, have occupied the ascendant position with managers as their agents in mobilizing the resources required to address need. Moreover, clinicians have adopted the moral high ground, assuming a distinction between their interpersonal, ethical role and the technical, material role of management. However, the challenges and rising cost of health care make this assumption of moral superiority highly questionable. Aging population, a new set of complicated health problem, inflation of medical technology, and consumerism are a few examples of the challenges facing health care and inevitably creating a tide of expectations from it which coincided with financial constraints. Under these circumstances, governments, confronted by a range of competing social priorities, are everywhere fighting to contain costs of their health services.

In countries with state-funded health care systems, governments undertake to make the necessary resources available based on demographic and institutional criteria rather than individual doctor-patient consultations. The assumption being that overall this will reflect the total cost of professional activity and doctors, in return for security of employment and income, undertake to ration utilization of resources. Practically this assumption remains far from reality for 2 main reasons. Firstly, formula-based funding does not reflect actual cost of individual doctor-patient encounters; secondly, doctors have sought and usually obtained a large measure of autonomy in their clinical practice. Moreover, the environment of government-funded health care

encourages doctors to use all resources to provide care while it holds managers responsible for cost containment. In these circumstances, it is not surprising to have conflicts between clinicians who must identify individual needs and managers who control the resources of an institution or a population. In fact, it has been noticed that trust between clinicians and managers had decreased dramatically over the last few years mainly due to the above-mentioned reasons.⁹ For government to reduce costs and maintain essential health care services they need to encourage trust between clinicians and managers and make strategic shifts in the management of health care.

Trust and strategic shifts. Trust has been defined as "the willingness to rely on others under conditions of risk and the expectation that others' behavior is predictable and beneficial" such willingness and expectations are likely to increase when one group has confidence that their interests are supported by the other groups".⁹ Currently, the interaction between clinicians and managers in health care systems is often disorderly and potentially hostile, which demonstrates the mutual suspicion, blaming and lack of a corporate ethos. The different background of teaching and training of doctors and managers perpetuates such situation. While some of this, reflects a process of adjustment to new realities and might be expected to diminish over time, in a large part it stems from intractable differences in perspective. Unfortunately, time is not on our side; the need for health care reforms in KSA to contain costs and maintaining the services is pressing. To do so timely, doctors have to be involved more in the management to avoid mental barriers and to enhance trust and harmony between managers and doctors. By definition⁹ trust is more likely to take place rapidly when both managers and clinicians belong to the same professional group with similar background. Moreover, health service reforms in the United Kingdom, New Zealand and Australia, tell us by involving doctors in the management, their enthusiasm for work will increase even in the presence of resource constraints.^{3,4}

Although it can be argued that doctors are usually not well trained in resources management, the fact is that governments cannot reform without sympathetic and participative professionals on the ground. When doctors are involved actively in setting and implementing required change, antagonism would be minimized, if not eliminated, and trust increased. Moreover, doctors in management role will ensure that patients' care is provided and supervised by staff with appropriate skills, experience and training; healthy community is strived for; and appraisal system for providers of care are established and maintained.

Involving doctors more in management will certainly have a positive impact on patients, doctors and to the community. However, for government to face the challenges of health care with the pressure of financial constraints, it has to make a strategic shift

towards managing a higher proportion of clinical problems in low-cost primary care; and altering the balance from curative to preventive care, including the individuals' role in adopting a healthier lifestyle.

Primary and preventive care. Maintaining health and preventing disease are the basis of all medicine and health care. However, the expensive "sick care", perpetuated by super specialities and high-tech medicine, seems to divert medicine from its original goal. Sound primary care is not only striving for fulfilling the original goal of medicine but also proved to be the key for cost-effective health care system. Unfortunately, governments still hesitant to invest properly in establishing high quality primary care services particularly in developing countries. When we consider common health problems in KSA, it is clear that primary and preventive care can play a major role in decreasing their prevalence and complications and consequently reducing cost of health care dramatically. Prevention of diabetes mellitus and its complications is a good example of how primary and preventive care can contribute to cost-effective system.

Doctors in management role must remember the old golden role in medicine: "prevention better than cure" and that it is still valid and indeed more appreciated now than ever before. They must do something to implement this role in practice instead of repeating it in vacuum. The usual explanation heard for not adopting strong strategy for high quality primary and preventive care in KSA is that specialist centers of excellence are more attractive publicly and politically. Certainly specialized centers is very much needed and KSA is well recognized in this field but it is worth remembering that maintaining these centers of excellence depends heavily upon sound primary and preventive care. Moreover, with medical insurance coming it would be hard to justify high claims of

minor problems managed at secondary and tertiary care.

In conclusion, for any health care reforms to succeed in containing cost while maintaining services, doctors need to be involved in management. This need is supported by published research as well as the nature of management in medicine and health care. For government to make the best use of doctors in management, it should adopt strong strategy for primary and preventive care.

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