

## Editorial

### Do Doctors Make Good Hospital Administrators?

*The above question has for ages been a subject of debate the world over. Obviously, when it was a question of small dispensaries or surgeries or in times when a hospital was a simple affair to run, a senior practicing doctor would also administer the hospital. The problem began many decades ago in the USA. With increasing complexities and services and a large number of non-medical personnel involved, hospital administration evolved into a full time job. This job if taken up by a physician required the physician to give up his practice or academic activity and to obtain training in administration to meet the demands placed on him. The alternative was to take a non-medical management expert and train him in aspects of hospital management and administration. However, it became clear that it was not possible to be a good practicing physician and a good administrator at the same time . . . one or the other had to give way. Also, most physicians found the job of routine administration demeaning and a negation of their training and priorities with their oath to keep the patient's interest supreme taking a back seat. So, it has slowly come about in a country like USA that the majority of hospitals and medical centers are now run by a cadre of professional non-physician hospital administrators who have a prescribed training and internship period before they start as junior administrators and move up. However, what is remarkable is that the doctors in the hospital still reign supreme and it is to their needs that the administrator responds, as it should be. The U.K. is slowly moving along the lines of USA even though NHS is structured so differently but the bureaucracy required by the NHS makes the need for a separate cadre of hospital administrators even more acute.*

*In Pakistan, the problem and challenges are different. Any service structure very quickly lines up according to the power assigned to each post. This power assignment has usually taken the shape of a salary grade allotted to a job which may or may not be in keeping with the job's importance vis-a-vis the ultimate objective of an institution, i.e., delivery of patient care in case of medical institutions. There are also arguments diametrically opposed to the one given, i.e., a non-medical administrator whatever his grade will never carry the prestige his hospital doctors will due to their direct contact with high and low in the society at large, making effective administration impossible. While these questions and the like will sound peculiar to someone in a western country, they are very relevant to a developing third world country, where there are very few institutions with traditions for balanced functioning and equitable and just distribution of power. A boss in USA does not perpetually worry about his subordinates' subversive and root-cutting activities to the point of paranoia. Neither does a subordinate worry about his rights being violated at the whims and fancies of his superiors. A healthy tradition of trust, until proven unequivocally otherwise, as well as a dependable system of justice to correct any injustice or insubordination truly exists.*

*It may take years. It may take generations. The problem is not that there is no just system or that a ready prescription of doctor-administrator versus a professional administrator is not available. The problem is not that we are backward or that there are many years to wait. Our problem is that we have not taken that first concerted step towards rationalizing our systems and institutions based on justice and spelling our priorities. Let us take that step. Now!.*

Editor.