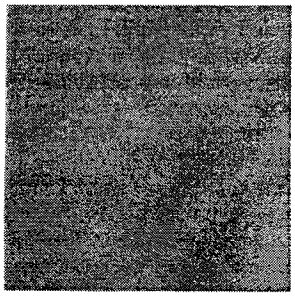
HEALTH CARE ANALYSIS VOL. 2: 362–364 (1994)



Letters

Lack of Balance

Your editorial (Lessons for the East—Lessons for the West, *HCA* 2(2), 85–88) commenting on the papers coming from three East European countries and providing the main feature of your journal has been offensive and has displayed how the editorial 'power' could be abused. Of course, I cannot speak on behalf of the Lithuanian and Bulgarian authors, but they might have the same feelings after reading your straightforward and rather underhand criticism about our (invited) contributions. You use such inappellable sentences as for example: 'by Western academic standards, the pieces are not quite of publishable quality'; 'ideas put forward are mostly left undeveloped'; 'the authors at times seem to lack developed analytical skills'; 'lack of academic expertise'; 'socialist education has not equipped them with the necessary conceptual tools...'. If all these were true then the papers should not have been published. I, myself, have sketched—in the limited time I had—the short picture of our health care system strictly from a moral point of view. Besides having to overcome my limits of English language, I had to stay within the constraints of my expertise which covers neither philosophy nor policy-making. A subsequent demand of this expertise from an author is unfounded.

As far as the actual arguments are concerned there are, indeed, many debatable thoughts the editor has put down. None of us seem to support any 'global market-place' and none of us is unaware of 'social values that are not independent from the values of health services'. However, despite the fact that many Western countries are seeking to reform their health care system, the truth remains that their citizens still receive decent care and these nations are not called sick by anybody. We all know quite well that—as once somebody said not without any authority—that democracy is not perfect either but nothing better has been invented yet. We are aware of the ills of Capitalism, nevertheless it can hardly be denied that its idea of democracy has considerably influenced the ways of how care is delivered, how the resources are allocated, and most importantly how one can be appreciated—in general—purely on the basis of his work and not on his party or religious affiliation and degree of his servitude. In my mind, contrary to your supposition, there is no nation on this earth where the dominant ideology would be 'competitive consumerism'. And when you state that 'a planned health service must have clearly defined goals, the legitimate interests of the system must be delimited, as must the extent to which medicine has a role in the pursuit of health' or when you urge us 'to discover what people value most in life, and then set about planning our health services accordingly' then you must admit that all these can only be realised in a democratic society, the kind without which I cannot see a way out to solve our problems. I have basically claimed that much, no more.

Finally, I object to that attitude which attempts to depict Western scholars as superior to their Eastern counterparts as the editorial frames the question at one point, 'should we not be acting as educators to the East, providing its people with the means to think through where they want to go...?'. You may have picked those authors who could not or did not want to produce a highly comprehensive sociological/philosophical/political analysis of their country's health care system. What we all did was to respond to your appeal and send some modest, perhaps thought provoking, contributions to *Health Care Analysis*, which no doubt, looks to be a useful journal, but it can be improved if you, the editor, not only solicit papers but show a little respect to their authors or politely (or impolitely) refuse their appearance.

Bela Blasszauer
Medical University of Pecs
Hungary

Editor's comment: The editorial *Lessons for the East—Lessons for the West* was, as its title implies, meant to suggest that both Eastern and Western policy-makers face similar conceptual problems as they seek to reform their 'health systems'. Those in the East should heed the failures of the West as well as admire its successes, and those in the West should admit the failures, and should not conspire to reproduce them in post-socialist nations. I regret any offence that may have been caused.

Save our Services

I recently came across these memoranda. My initial thought was that they must be spoofs, but I fear they are

CCC1065-3058/94/040362-03

meant seriously. I then wondered if they might be a suitable target for your *Critique* feature, but I am afraid the documents speak for themselves. Would you consider publishing them as they are? Names have been changed to protect the innocent, of course, but I assure you that they are genuine documents.

Memorandum One: Brighton Health Care NHS Trust—Elimination of Sellotape Culture

Aims

As part of the drive to improve the environment in which patients are treated, there is now an urgent need to accelerate the elimination of the use of excessive notices across the Trust, and to eradicate those which are sellotaped to walls and doors.

It is therefore proposed that a Task Force be established to take this in hand with a target date for completion of the work of 31 July 1994.

Key Elements

- Rolling programme of inspection visits to be published
- Inspection team will review the need for notices, signs, boards and posters

  then
  - Complete checklist
  - Make recommendations
  - Educate/train staff
- Signs and notices to be standardised
- Production process to be standardised with publication of general guidance, cost of lamination, etc
- Ensure effective management of notices/signs

Accountable Director— *E*, Director of Facilities
Lead Manager *D*, Head of Communications
Team *A*
B
C
F

Chief Executive
May 1994

Memorandum Two: Brighton Health Care NHS Trust—Putting Patients' Interests First

From: SOS Team
To: General Managers, Heads of Department
cc: Chairman
Chief Executive
Executive Directors
Non-executive Directors
Date: 10 May 1994

SOS

We are writing to ask for your help in cleaning up Brighton Health Care's environment.

As you know, the Board is most anxious to improve the appearance of all public areas of the hospitals, from wards and consulting rooms to corridors, reception and waiting areas, for the benefit of patients and staff alike.

As the attached paper going to the Board meeting this week explains, it wants to 'eliminate the sellotape culture'.

To help us do this, we are fortunate to have secured the services of *A*. *A* works in the nursing and quality directorate of the South Thames Regional Office and has been seconded to us for around three months, at no cost to us.

She will be project officer of a 'short, sharp shock' initiative which we are calling *Stamp out Sellotape* or *SOS* for short.

Behind her, *A* has a sounding board—a small team of people each of whom has particular skills to contribute. They are *B*, assistant director of quality, *C*, head of estates, *D*, head of communications, and *E*, director of facilities.

Despite its fierce title, SOS aims to help, not harass. We want to find out what problems people have in achieving and maintaining an attractive, welcoming, professional-looking environment. Then, together, we want to arrive at permanent, workable solutions to those problems.

We have a 'challenging' (as they say) deadline on this as we must complete the main thrust of the work by 31 July.

We are still putting the finishing touches to the SOS action plan, but in outline it will work like this.

1. *A* will do a quick recce of as many different areas of Brighton Health Care as she can get to in the next week. The aim is to find those areas—probably six in the first batch—which would benefit most from some help and where people are receptive to the idea and willing to work with us.

   (Then she goes on holiday for two weeks—prebooked—lest anyone should think she's jumped ship.)
2. We will then ask staff in the six areas to do an audit of their problems, either on their own or in consultation with the SOS team.
3. Staff from each of the areas will discuss their findings with the SOS team. Together we will

   — agree what needs to be done in each area, and
   — agree how to fix it.

   Each area will be asked to choose from among their staff an individual who will in future be responsible for site management—of what goes on noticeboards, walls, doors, equipment etc. The level of seniority of this person is not important; their commitment is.

4. In some cases we may recommend that new noticeboards are bought or signs commissioned for a particular area. (The budgetary implications of this are being discussed at the moment.)
5. Then the area staff and the team will work together to put in place the new look for that area.

During the project we will be working to produce standard guidelines which can be adapted and posted in each area, which explain the 'rules' governing notices etc and which identify the on-site SOS manager and her/his role.

We will also be producing clear advice on what is, and is not, acceptable, how to set about getting signs and notices made up in future, who can help you and how, the principles of good noticeboard management and so on. More information on this will follow in due course.

A is obviously on new territory here which will help her take a 'fresh eyes' approach to the task. But given the short timescale, it also means, of course, that she will need lots of help in finding her way around, making the right contacts, and learning who does what. She, and we, would very much appreciate any time and help people can give her.

Can we ask you to pass this information to relevant staff.

Name and address supplied

Health Care Analysis invites letters on any subject within its Aims and Scope, and especially welcomes responses to original papers and articles. Letters should be submitted to the Editor (facsimile copies will be accepted), and should not exceed 500 words. The Editor reserves the right to edit submissions, and to use representative excerpts.