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Health: Lost in bureaucracy and looking for ways out

Ralph Surette

THE CASE I was making last week was that we have possibly the most fouled-up health bureaucracy in the country, and the pressing question is what to do about it. After this week's news, I'm dropping the word "possibly."

A review committee has found that QEII cancer specialist Dr. Michael Goodyear was suspended for minor bureaucratic reasons that had nothing to do with his doctoring, and reinstated him. As if being suspended for nothing wasn't bad enough, it took a catastrophic six years to come to this conclusion. And as if losing a cancer specialist for six years at a time of doctor shortages wasn't bad enough, he now has to be paid for six years of work he didn't do, at a time of grim money shortage.

Meanwhile, management at Valley Regional Hospital in Kentville has declared that everything is fine and getting better in emergency services - "only" one Code Purple this winter. This after the head of emergency services resigned and the unit's 11 ER doctors called for an external review, saying the operation is profoundly flawed.

A doctor in the thick of it tells me the reaction among the doctors is one of "surprise," "dismay" and "disappointment" and that the statement was "a complete contrast to the reality." This winter, "we're under much more stress and pressure than last year, which was more stressful

than the year before … It's dirty pool."

These are not just a couple of malfunctions within a big machine. It's the way the machine works. The thing doesn't pull ahead as one. Instead, every part grinds against every other part. Anyone trying to improve it from inside seems doomed to failure.

A telling passage in the QEII review was that Dr. Goodyear complied with internal protocols if he felt there was "a reasonable basis for doing so, but where there was not a reasonable basis he would search out other ways to get things done." In other words, he got shot down for trying to improve things, like the Kentville ER doctors - a hazard, apparently, for anyone with the nutty presumption that they can make things better.

It's not that the people in the system are incompetent or malicious - no more than in any other bureaucracy, at any rate. The system dictates these conflicts. The Goodyear review stated that another doctor primarily responsible for Dr. Goodyear's suspension had not acted maliciously. If not, then he acted out of what the internal medical/bureaucratic culture expected him to do.

How did it get to this? As battle-scarred doctors, nurses and administrators keep telling me, it began during the crazy-spending, patronage-riddled John Buchanan government (1978-1990), when

hospitals and their administrative systems were built everywhere on the same principle as the infamous "roads to nowhere" (and the Tories accuse the NDP of being big spenders!).

Some of these people, who were in on the committees that were supposed to oversee these decisions, still sound shell-shocked at the rank, backward politics that always won out.

Then the John Savage government took over and tried to fix things by cutting back more or less at random, which made things worse. The thing was out of control and sinking into a demoralization that has since become endemic.

How does this change? The present government, only too obviously, can't. After the million-dollar Corpus Sanchez report last year laid out a plan for reform, Premier Rodney MacDonald, in a showy immediate gesture, accepted all recommendations - then contradictorily announced that no rural ERs would close. Since these expensive rural ERs that should be downgraded to medical clinics, or even nurse-practitioner stations, are a big part of the problem, this was tantamount to saying that nothing will change. Politics still rule.

I'm out of space again and I'm still not to the point: How does it change? But here, in outline, are the upcoming choices in a large sense: The NDP comes to power next election and makes a run at changing both the

political culture and the medical culture and makes one last stab at making public medicare work, recruiting top people from Manitoba and Saskatchewan to do it.

Failing that (or maybe even along with that), the next step is

privatization, and the issue there is whether it's a reasonable European-type mixed system or whether it degenerates into an American-style private insurance system which, I think, would horrify most of us. And

time and money are both short and getting shorter.

I beg your indulgence again: stay tuned; I'll get back to it.

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Ralph Surette is a veteran freelance journalist living in Yarmouth County.

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