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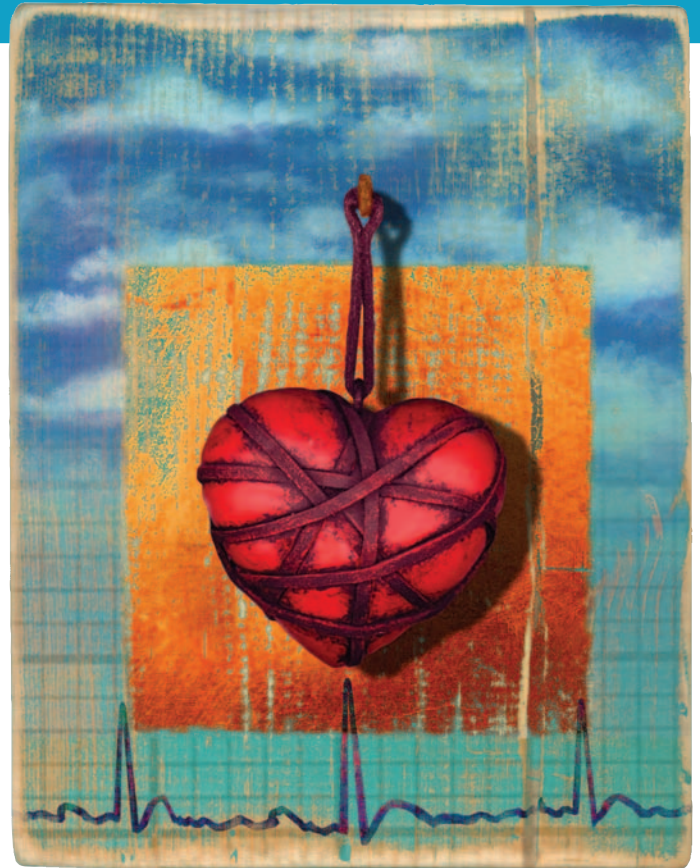
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PLAYERS IN TEAM CARE

On a recent trip to the United States, I was somewhat intrigued by a large mural in McDonald's entitled *The pyramid of success*, giving the essential principles of their corporate culture. Promoting the pursuit of excellence, it defines attributes such as "initiative" and "cooperation". But what particularly caught my eye was "teamwork" — "... an eagerness to sacrifice personal interest and glory for the welfare of all".

Interestingly, these attributes are echoed in modern medicine, where coordinated and collaborative care by multidisciplinary teams is now being advanced as the benchmark, especially in managing the twin burdens of ageing and chronic disease. Indeed, David Lawrence in *From chaos to care* argues that organisations can no longer ignore the pressing need "... to support the integration and coordination of care ... [to] enable patients to receive the best that medicine can offer."^{*} He goes on to say that the nightmare for patients of navigating complex and fragmented health systems should be a thing of the past. Lawrence further postulates that the days of the autonomous craft-based doctor are numbered.

The concept of teamwork is not new. In 1918, a writer in the *BMJ*, reflecting on the advent of medical teamwork in the chaos and carnage of the Great War, urged that it be adopted by the British health system to replace the "unorganised, individual expert, however brilliant".

From the beginning, team players were multidisciplinary experts, but the appointment of the team captain has remained contentious. The Productivity Commission in its recent position paper, *Australia's health workforce*, suggests the solution may lie with the institution of multiskilled workers graduating from a common and condensed health course.

A jack of all trades, master of none — but maybe ideally suited to manage team care.



Martin B Van Der Weyden

*Lawrence D. *From chaos to care: the promise of team-based medicine*. Cambridge, Mass: Perseus, 2002.

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