Burdensome Bureaucratic Style

World-wide, there is a shortage of doctors, nurses and other healthcare professionals, but not of health bureaucrats. Armed with the mantra of evidence-based healthcare, efficiency and performance monitoring, our health bureaucracy is burgeoning.

In the United Kingdom, Whitehall’s public servants police the NHS. Through bodies such as the Commission for Health Improvement and the Modernization Agency, they scrutinise performance on service targets and oversee inspection regimes and national standards. And, the system is clogged with policy documents, frameworks, guidelines and memoranda.

In Australia, we are served by eight health departments, but, additionally, there are veritable hives of bureaucrats in Area Health Services, hospitals and primary healthcare. Management is booming! Roger Kilham, of Access Economics, noted that the projected expenditure for health administration from 2003–2004 to 2005–2006 will increase by 17% to an estimated $5.5 billion in the federal sector alone!

But what is it exactly that these public servants do? Throughout their jurisdictions they roll out reams of red tape. As our healthcare think-tanks, they produce a perpetual parade of health strategies, priorities, action plans, guidelines, discussion papers and so on. These tomes are overly long, verbose, increasingly arcane, and roll out long lists of recommendations.

What is the reason for this ponderous bureaucratic style? Could it be that the lack of brevity, clarity and plain speaking is designed to ensure that these tomes are not accessible, and therefore not read?

After all, as Franklin D Roosevelt once observed: “Are you under the impression that I read these memoranda of yours? I can’t even lift them.”

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