

RUBBING OUT DOCTORS

Some hospitals in Europe and the United States have prominent displays of the names and photographs of their senior medical staff in their foyers. These doctors' profiles are also to be found on the hospital website. Not only are senior medical staff respected and valued as critical to the hospital's reputation, but it is also recognised that most patients and their families prefer to know something about the doctors providing their care.

Not so long ago, listing senior medical staff in hospital foyers was the rule. Now, walk into most of our leading hospitals and you will have difficulty finding any information about medical staff, and hospital websites are little better in terms of providing this information. This situation is difficult to understand when health administrators and hospital boards continually tell us that their staff are their most valued asset.

So why this rubbing out of doctors? Could it be that the special relationships between patients and their doctors, and their correspondingly high ranking within the community for integrity and trust, give doctors an enviable role in health advocacy? This position in the community may well threaten health bureaucrats and their political masters in developing and implementing policy. One way to reduce this standing is to limit recognition of senior medical staff in hospitals. Some will argue that with team care, this is a good thing, and that doctors should be equal among equals. But who is responsible for the overall quality and development of clinical services; who takes ultimate responsibility when things go wrong? Any failure to recognise this role diminishes the perception of leadership by doctors.

The practice of rubbing out senior hospital staff is part of a "process of progressive emasculation of medical staff in hospital services".* The peculiar thing is that it has been allowed to happen at all.



Martin B Van Der Weyden

* This column is based on: Mahaffey P. Senior doctors must stay part of the picture. *BMJ* 2006; 333: 103.

LETTERS

- A chest wall swelling in a young girl**
213 Parvaiz A Koul, Abdul Wahid, Ghulam N Lone, Tariq A Bhat
- Convulsions associated with an overdose of St John's wort**
213 Dharshi C Karalapillai, Rinaldo Bellomo
- The "therapeutic footprint" of medical, complementary and alternative therapies and a doctor's duty of care**
214 Craig S Hassed, Vicki Kotsirilos, Marie Pirota, Avni Sali
214 Christine R Sanderson, Bogda Koczwara, David C Currow
- The doctor's dilemma**
215 David E Smith
- The demise of professional courtesies: *cui bono?***
215 Max Kamien
- A dangerous truth**
215 Peter C Arnold

162 IN THIS ISSUE

212 IN OTHER JOURNALS

Cover: Micro-nanoprojection patch for vaccine delivery (shown after removal, with interstitial fluid and keratinocytes present). Image courtesy Derek Jenkins and Professor Mark Kendall, Australian Institute for Bioengineering and Nanotechnology (AIBN), University of Queensland.