

CONFLICT BETWEEN DOCTORS AND POLITICIANS

As the federal election campaign winds down, it seems appropriate to reflect on the inherent tension between the competing positions and interests of doctors and politicians. We have been regaled with the health policies of both major political parties and now must ask ourselves what constitutes “moving forward” on the one hand, and how we define the notion of a “common goal” on the other.


Despite the rhetoric, both parties' policies are embedded in differing philosophies and ideology, with the common thread being budgetary constraint. Comprehensive health policies with attendant costings have not been detailed; rather we have witnessed a tug-of-war, as politicians attempt to demolish key elements of the alternative health policies on offer.

During the campaign our clinical colleges have been mostly silent, but the federal Australian Medical Association (AMA) released a comprehensive game plan: *Key health issues for the 2010 federal election*. It provided a smorgasbord of AMA positions on key elements across the health care system. Whether anything will come of this remains to be seen, but it raises the concept of the conflict of attitudes between politicians and doctors to challenges in health care.

Iona Heath, a London general practitioner and regular *BMJ* columnist, recently explored this paradox.* She notes that the most immediate explanation for the conflict concerns the prime drivers of politicians and doctors. The former are focused on re-election and the electoral cycle and want short-term, uncomplicated proposals — bureaucracy and industry are backroom players. On the other hand, clinicians must focus on the ill and provide continuity of care in the long term.

In short, Heath says: “Politicians like order and predictability because they make the processes of government easier, but clinicians learn rapidly that health care is never predictable and that bureaucracy and business distort the transactions of care.”

So how can we lessen the conflict between politicians and doctors? For starters, there must be a commitment to genuine dialogue, which respects the legitimacy of their differing and conflicting attitudes.



Martin B Van Der Weyden

* Heath I. Conflict between clinicians and politicians — and what to do about it. *BMJ* 2010; 340: c2214.

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(Med J Aust 2010; 193: 161-166)

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