

Letter to the Editor

Give the Sahara Desert to a Health Care Administrator and a Few Weeks Later He Will Have to Import Sand

To the editor:

Ziegenfuss and Sassani claimed that health administration education "would be helpful to clinicians."¹ Sadly, this claim can be added to the long list of redisorganization examples.²

In contrast, education in etymology and logic may be helpful to professors of management.

Clinician means at bedside; the patient needs clinicians who possess sufficient knowledge and clinical skills to make and execute evidence-based decisions—not armchair doctors.

Evidence-based management must be a gospel for administrators, as evidence-based medicine is for clinicians. There is no evidence that programs such as the Mayo Leadership Education Programs for Physicians have positive results for patients (eg, in 2006, 69% of pneumonia patients at Immanuel St. Joseph's Mayo Health System were assessed and given influenza vaccination, whereas the average for all hospitals in Minnesota is 74% to 100% at the top hospitals).^{3,4} Improving health care requires evidence-based decisions.

In hospitals in France there are fewer physicians than workers (for the buildings, gardens, and cars) or managers and clerks. In the United States,

physicians are welcomed . . . in the office. Long ago, Cyril Northcote Parkinson discovered the original sins of bureaucracy: "An official wants to multiply subordinates, not rivals," and "Officials make work for each other."⁵

If the goals for a health system are access, quality, better outcomes, and efficiency, then distraction of the physician workforce from its aims is unlikely to move the system toward better performance.

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