

## 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.”<sup>1</sup> Sadly, this claim can be added to the long list of reorganization examples.<sup>2</sup>

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).<sup>3,4</sup> 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.”<sup>5</sup>

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.

Alain Braillon, MD, PhD  
Public Health, University Hospitals  
Amiens, France

### REFERENCES

1. Ziegenfuss JT, Sassani JW. Health administration education for physicians: why? *Am J Med Qual.* 2008;23:5-6.
2. Oxman AD, Sackett DL, Chalmers I, Prescott TE. A surrealistic mega-analysis of reorganization theories. *Healthc Q.* 2006;9:50-54.
3. Tangalos EG, Blomberg RA, Hicks SS, et al. Mayo leadership programs for physicians. *Mayo Clin. Proc.* 1998;73:279-284.
4. US Department of Health and Human Services. Hospital compare. <http://www.hospitalcompare.hhs.gov/>.
5. Parkinson CN. *Parkinson’s Law*, 1st ed. Boston, MA: Houghton Mifflin Company; 1957.