

Government 1521
Bureaucratic Politics:
Government, Military,
Social and Economic Organizations

D. Carpenter

Lecture 25:
Authority, Organization and Management in
the Modern Hospital

Announcements

Class Party/Review Session: most likely May 13th, late
afternoon. More to come.

More office hours next week; stay tuned for e-mail
announcements.

Course Evaluations Now Available Online

Harris:
The "Production" Process

Mr. X comes to Dr. A with a fever and a cough. A chest X ray reveals a density. He is hospitalized. Penicillin is administered. Although the fever subsides with this treatment, a repeat X ray shows that the density has not disappeared. A sputum cytological examination is performed and lung cancer is diagnosed. Further studies suggest that the cancer can be removed surgically. An operation is performed. Unfortunately, massive postoperative bleeding occurs. Matched whole blood is administered. Despite this treatment, a cardiac arrest ensues and an emergency resuscitation (code call) is announced. Mr. X is transferred to Intensive Care with chest tubes and a respirator. A special contrast study (angiogram) reveals the site of bleeding. A repeat operation is performed.

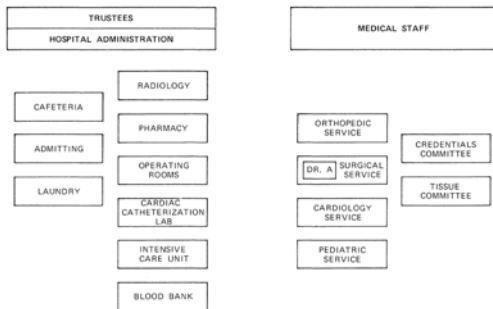
In this story, Mr. X's doctor did not just figure out the correct diagnosis and then apply the appropriate treatment. Instead, Mr. X's hospital care involved a complicated sequence of adaptive responses in the face of uncertainty.

Another Example:
Carpenter Relative at Cancer Treatment Facility

- I. Treatment for deep-tissue sarcoma
 - Chemotherapy + radiotherapy + surgical resection
- II. During surgery, bleeding complication (call in vascular surgeons to repair severed blood vessel)
- III. During recovery, low white blood cell count (admission to hospital, check on immune system, temperature).

□ **The split organization:** To solve these coordination problems, the hospital has developed a characteristic division of labor. This division of labor does not in general depend on the type of hospital ownership (nonprofit, proprietary, government, etc.). The idea is basically this. The firm is made up of an array of specialized suppliers and demanders. On the supply side, certain functionally-oriented departments, such as the pharmacy, operating rooms, and blood bank, stand ready to assemble and deliver a particular input. These inputs are called "ancillary services" and the suppliers are called "ancillary departments." On the demand side, various doctors such as Dr. A decide which patients need which ancillary services and when. Thus, Dr. A recognized the need for sputum cytology and ordered it, and in response the pathology department supplied it. Then Dr. A ordered an operation, and the operating room department made a surgical suite and technicians available. Then postoperatively, an angiogram was ordered and the radiology department performed the service, and so on. The patient care process becomes, in effect, a sequence of spot demands and deliveries.

FIGURE 1
HOSPITAL ORGANIZATION CHART



Hospital (University) as Two Orgs

- I. Large group of professional specialists (physicians) faculty
- II. Supporting infrastructure which provides services “just-in-time,” as needed.

Doctors: Exercise Authority, but also Subject to Authority

Sociologically viewed and interpreted, the behavior of organized medicine represents the reaction of a segment of the older middle class to the process by which it is being shifted and adjusted to the modern urbanized, industrialized society characterized by a high degree of social complexity, integration, division of labor and bureaucratization. To use an analogy, one may say that the Industrial Revolution has finally caught up with medicine, and that the medical practitioner is being brought into the “factory” (the hospital and the whole bureaucratic complexity of the provision of medical care) where he is being subjected to the necessary “labor disciplines.”

Akin to this issue is the conundrum of the power balance between expert and lay authority, what Sir Alfred Zimmern termed “the right relation between knowledge and power.” The hospital trustees and the administrator are, in some sense, lay figures coping with a manifold of expert specialists; they must take many things on faith, must render unto experts the matters that are technical, yet, at the same time, exercise the vigilance of informed citizenship. An administrator vis-à-vis doctors, nurses, social workers, and a range of technicians recapitulates the alignment of, say, the American legislator confronting Pentagon officialdom. Hospital social structure, marked as it is by a peculiar urgency of task and a highly refined division of labor, is a vivid illustration of those power accommodations which are insistently demanded by our thoroughly expert but rootedly populist society.

Why so Much Emphasis on Physical Plant?

Hospitals, like universities, often seem to place an inordinate emphasis on physical plant, on the bricks and glass which embody a viable social organization. Perhaps this is because buildings are a tangible symbol of stability and vigor for institutions which have no "product" in the usual sense; the human being who is educated or healed is not a thing but a process, and it is difficult to point to him as the concrete output of a work pattern. Perhaps, too, the vocations which minister to mind and body are reluctant or inarticulate when they come to speak of their central values. In any case, it is clear that,
