



Words versus Action

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PRESIDENT'S CORNER

Words Versus Action



Why do we stumble so often in transforming words into actions? ACCC was initiated to assist and provide a forum for the exchange of ideas between various leaders in cancer programs across the United States. I believe it has succeeded in providing an ongoing, current, and relevant forum for physicians, administrators, and nurses who are responsible for developing integrated and comprehensive cancer programs in their communities. ACCC has provided this forum for the discussion of ideas and exchange of information among membership, which now comprises most of the leaders in community cancer programs. There are many examples within current ACCC membership that bear witness to this partnership of ideas and vision, the tremendous rewards to the program, and, ultimately, what our cancer programs are all about: the patient and family with cancer.

However, I am also struck by the many cancer programs that talk about close interaction and partnership in decision making, but in fact, never deliver on the promise of close communication and trust. In many community and university hospitals, administration talks of close partnership with the medical staff, only to share a small amount of information with their physician partners, and many physician groups deal only with their hospital partners on a superficial basis, viewing their mutual visions of the future as antagonistic instead of complementary.

We are faced with a myriad of complex social and health care issues that threaten our pre-eminent leadership in health care as well as our ability to provide basic levels of service to our citizens. Regardless of how we ultimately solve these issues of health care access

and prioritization of our precious resources, I believe that we are moving toward health systems that are either hospital- or physician-dominated in their administrative organization, governance, and planning. Both models will require new levels of trust and sharing between medical staffs and hospital administration. Without that interaction and cooperation, we all need to be concerned about our ability to address the multiple problems that face us as health care providers.

Recently I had the opportunity to share some of these thoughts with the medical staff and hospital administration of a prominent community hospital that has a well-established cancer program. The physicians told me, "I can't trust the administration; they have their own agenda;" and they went on to describe a long list of broken promises. The hospital administration, including the CEO, said, "The medical staff is too focused and can't see beyond a few months; they are too concerned with their own practices and priorities."

One could reverse these two groups' comments, and they would sound the same! It reminds me of the blind men that felt different areas of an elephant and described the same animal, but from different perspectives, and therefore imagined wholly different beasts! Until we open our eyes, and combine our perspectives, we will continue to fail to cooperate in the absolutely necessary planning and implementation that is required to deliver the best quality care for our patients.

Only a few health systems will provide the leadership and vision which ultimately delivers on the promise of closer working relationships. Because of their acknowledgement of the strengths of a truly multidisciplinary approach to planning and service provision, they will be the ones that do exceedingly well.

ACCC will continue to provide a forum for the exchange of ideas and perspectives to foster the development of these closer alliances. However, the test will ultimately be the translation of these words of cooperation into actions that position our health care systems as leaders in innovation and progressive planning for the 1990s and beyond.

Lloyd K. Everson, M.D.