

POLICY AND TECHNOCRACY IN THE MANAGEMENT OF HEALTH UNITS WITH BEDS

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Abstract

The first decisions regarding the initiation of the decentralization process of the sanitary units with beds in Romania concerned the hospitals in Oradea and several hospitals in Bucharest. Politicians at the time understood that the process of decentralizing hospitals was inevitable. The premises of such a process were quite shaky and uncertain. Discussions on the responsibilities and obligations that will be transferred from the central to the local level were numerous. It was also obvious that the transfer of power at the local level involves the takeover of responsibilities by local politicians. Were they ready for a real local health administration? Is there a need for specialized studies in the medical field for the efficient management of hospital units? How important is the involvement of politics in the administration of hospitals? What is the demarcation line between local politics and the technocracy of medical management?

Key words: centralization, decentralization, health services, hospitals, politics, expertise, management.

INTRODUCTION

Local public administrations are usually composed of representatives of political parties. However, there are exceptions to this rule, namely when the so-called "independents" are elected in these authorities, ie politically unaffiliated persons. Trecerea spitalelor în subordinea administrațiilor locale reprezintă implicit o trecere în subordinea oamenilor politici locali.

In Romania, starting with 2010, the hospitals became subordinated to the county councils, respectively to the local councils. The attributions of hospital management and administration were received both by the local / county councils and by the mayors / presidents of county councils.

How important is the "policy" in the management of sanitary units with beds?

Where and how much should "politics" be involved in local health life, but also what is the line between politics and the technocrats of the medical system?

What is the way of communication and collaboration between the political area and the technocrats of the medical system?

How and where does the need to obtain the support of citizens combine with the obligation to streamline the health system through continuous reform?

MATERIAL AND METHOD

In conducting this study, the main working method is the "analysis method", in addition to this we also use the "comparison method". The data are obtained from official documents issued by the Local Council of Oradea, as well as by the City Hall of Oradea. (dispositions and decisions of the local council of Oradea municipality), of the Ministry of Health-ministerial order.

RESULTS AND DISSCUSIONS

"Politics" is an integral part of the administrative area. Without the involvement of politicians, no decisions can be made that influence the city.

Thus, the fields of activity of zonal interest are administered and managed, respectively: education, health, local finances, social assistance policy, etc.

Most sanitary units with beds in Romania are subordinated to local or county councils. Between the local public administration, here referring to the leading area (ie the local and primary council), there is often an overlap between politics and administration.

The political system in Romania, as well as the way of organizing the territorial administrative units imposes a subordination of the hospitals to some politicians who temporarily fulfill certain administrative management functions.

I. To the question "how important are the politics in the management of the sanitary units with beds?", The answer is clear and without a doubt: very important, unavoidable and dominant.

Although at first glance the three characteristics of the importance of politics seem difficult to digest, they still have positive connotations.

The overlap of the local administrative area (at management level) with local politics, can give rise to two possible scenarios in the management and administration of the sanitary units with beds in a municipality:

-a first scenario would be for people elected or appointed to leadership positions to be enslaved only to party interests and that's it. These are the so-called tricksters, inefficient people in the administration. This variant is to be avoided.

-a second scenario is represented by politicians who have a professional quality, a moral attitude doubled by consistency, which helps them in understanding the medical reality and which determines them in choosing specialists in the field of medical management. In this case, the local politician will work with the technocrats of the medical system, and will obtain excellent results.

The technocratic politician, in the medical area, is represented by the person who carries out his activity in the hospital (doctor or other medical category), but outside working hours he works in the political world, out of the conviction to serve the public interest. The technocracy of the medical system is a form of involvement of medical technicians and scientists in the activity of coordination and decision-making regarding the medical system.

Certainly, the involvement of scientists in the management of hospitals is beneficial to all but directly to the patient.

II. Where and how much should politics be involved in local health life, but also where is the line between politicians and technocrats?

The involvement of politicians in the health field will depend on how they understand this system. If the quality of politician is doubled by professional qualities in hospital management, involvement becomes mandatory, so the one who understands the system evaluates and then makes the informed decision. If the politician has a non-tangent profession with the hospital administration area, then he can take advantage of his position and will choose to collaborate with the technocrats. This situation is ideal, and the performance of the sanitary units with beds will be at a maximum level. The line between local decision-makers and hospital technocrats needs to be well defined. This demarcation must be highlighted by delegating responsibilities in the exercise of hospital management.

Example: the local council and the mayor must delegate the management of medical services at the level of the health unit.

Politicians will not be involved, in any form, in the exercise of hospital management at the hospital level except in the following cases:

1. the existence of power slips at the level of the hospital manager;
2. defective or ignorant exercise of activity management at the level of the health unit;

Also, politicians will provide full support in managing any situations that require the involvement of the mayor / president and the local / county council;

III. What is the way of communication and collaboration between the political area and the technocrats of the medical system?

The local health and well-being policy must focus on the "patient".

Communication between politicians and managers of health facilities with beds must be based on several attributes:

- continuity during the mandate of delegation of attributions / management contract;
- efficiency, respectively the concretization of the results desired by both parties;
- focusing on the "patient";
- honesty on both sides.

The support of the city's citizens must be permanent. Most importantly, the involvement of citizens interested in the health system is manifested by voting. Once every 4 years, citizens elect their politicians to local leadership positions. It should be mentioned that they will manage the health and the hospitals in the cities.

Locals can show up and get involved periodically through verbal and written notifications brought to the attention of policy makers and hospital managers. They have the duty to make decisions to streamline the management and administration of medical services, to improve the conditions in hospitals, to maintain buildings, to equip them with modern equipment, to improve medical staff, etc.

CONCLUSION

The positive results of an efficient, honest, permanent and professional collaboration will be translated into evidence for the benefit of the patient, in providing medical documents corresponding to the needs of patients by doctors with a high professional attire, with state-of-the-art medical devices.

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