

COMMENTS

DEFINING "ADMINISTRATION" IN HOSPITALS FOR THE MENTALLY SUBNORMAL

C. GUY MILLMAN

Medical Superintendent, Northgate & District Hospital, Morpeth, Northumberland

McCoull, in his article "In Search of Definition" (1) refers to Lay, Medical, Business, Nursing, and Tri-partite administration and says that the term administration itself needs definition.

Once upon a time, it is said, the clerks in other departments of the Royal Courts of Justice called their colleagues in the Lunacy Department "The Lunatics." This is said to have led to its being re-labelled "Management and Administration Department." (The later change to "Court of Protection" was, of course, due to an oversight about the initial letters of the new name).

This story is quite irrelevant except to remind us of the close association of the concepts "management" and "administration" and the possible confusion between them. So perhaps we need to define "management" also.

According to the Shorter Oxford Dictionary one of the definitions of management is "administrative skill," while to administer can be "to manage . . ."

Perhaps our first need is to see if we can differentiate between these two activities.

Whare (2) is at first not at all helpful, and bluntly says of Administration — "It is the art of management." But he goes on to say "management inevitably has a close connection with planning and policy formulation . . ." while "the planning involved in administration is thought of as consequential and in a sense subordinate to the plan or policy which it is intended to administer."

It may be that the solution to all the difficulties in the hospital service lies in this distinction.

Is the basis of our difficulty our failure to realise that management, with its essential function of "planning and policy formulation," is not only a matter of the drawing up of long-term improvement schemes by Committees meeting at intervals but involves the dynamic organisation of the day to day affairs of the hospital? Without the feed-back of experience gained in the daily practice of this dynamic function there can be no long term planning which will be in accordance with medical needs. Administration should be subordinate — and yet complementary — to the day to day management. Historically, it would seem that those responsible for the care and treatment of the sick in hospital once delegated responsibility for the control of non-medical services to non-medical personnel but the tail has now started to wag the dog.

The present administrative structure in hospitals is so unsatisfactory and has resulted in such ambiguity in the spheres of responsibility that one Regional Hospital Board recently conducted a symposium on the subject. The themes were the question of responsibility "as between one medical man and another," and "as between medical and non-medical staff, together with the relationship of governing bodies to the question."

At this symposium it became clear that the present administrative structure in hospitals was undermining the doctor-patient relationship so much, that, according to one speaker, the patient left hospital "feeling that he had been treated by a committee without a chairman." Although the House Governor of one teaching hospital thought Tri-partite administration was workable, the Chairman of the Medical Advisory Committee of another stated without equivocation that hospitals should be run by doctors. He even thought general hospitals would be run better with a Medical Superintendent to represent his medical colleagues. It was again said that Tri-partite administration is even more unworkable in hospitals for the subnormal where there are at least six departments (McCoull) (1).

Depersonalisation, it was said, had crept upon the hospital service and it was necessary to have medical members on Management Committees to avoid this. Lay members were people with great interest in hospital work and brought a valuable contribution to it but they needed professional guidance.

Many of us have seen the harm to personal relationships that can result from the narrow non-professional attitudes sometimes held by committee members and their lay advisors. If medical members are necessary at committee level to prevent this evil, how else can we avoid the same evils from arising in day to day affairs than by ensuring medical control of day to day management?

In spite of the efforts of the tidy-minded bureaucrats to persuade us that we need the same sort of organisation for the treatment of the mentally subnormal as would be appropriate for the man with pneumonia or a broken leg, there will always be more differences than similarities between the two types of hospital.

Even more than hospitals for the mentally ill our hospitals must be therapeutic communities. Social inadequacy is the most serious aspect of mental subnormality and we need to overcome this by helping our patients to appreciate the interdependence of the services and departments of the community in which they live so that they can learn to become useful members of it and become fit to take their place in the larger community when they leave hospital. Cold blooded training in specific occupations is not enough; the subnormal patient must be trained in the art of citizenship and we must have the whole of the hospital at our disposal as the milieu in which he can begin to learn this. This must be under medical management but whether in the hands of a permanent Medical Superintendent, a periodically appointed Medical Director, or a Medical Staff Committee, is at present a matter for local decision.

It is suggested that the term "administration" should be re-defined so that it applies only to the control of those aspects of the organisation which are complementary to management and are strictly non-medical in the widest sense of the term.

References

1. G. McCoull, *Journal of Mental Subnormality*, I. Part 1, 10, June 1960.
2. Wheare, K. C., *Chamber's Encyclopaedia*, 1950, I.66.