

## BREAKING BUREAUCRATIC CHAINS

Critical to our healthcare systems are health departments invested with the power and authority (according to WHO's Health Systems: Improving Performance) "to oversee and guide the working and development of the nation's health actions on the government's behalf." In the current climate of undermined public trust and endemic suspicion of power and authority, these bureaucracies have become the promoters of a culture of accountability and endless audits.

In her BBC 2002 Reith Lectures, A question of trust, the philosopher Onora O'Neill argues that "In theory the new culture of accountability and audit makes professionals and institutions more accountable to the public. . . . But underlying this ostensible aim . . . the real requirements are for accountability to regulators, to departments of government, to funders, to legal standards. The new forms of accountability impose forms of central control — quite often indeed a range of different and mutually inconsistent forms of central control." Professionals find that they are expected to comply with increasingly exacting standards of practice, and must contend with escalating bureaucratic demands for records and reports.

Australian doctors have not escaped these bureaucratic intrusions. The recent Productivity Review of General Practice revealed that governmental red tape has an annual price tag of \$228 million, and GPs may spend up to a day a week attending to bureaucratic requirements. Indeed, the demands of central control are effectively encroaching on consultation time and impeding proper professional practice.

Central planning and control eventually caused the collapse of the former Soviet Union. But sadly, its philosophies and practices are alive and well in our hegemonic health bureaucracies. Has the time not come when [with apologies to Marx and Engels] "Doctors have nothing to lose but their bureaucratic chains. They have a world of professional pride and integrity to regain."

Martin B Van Der Weyden

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