LEADERSHIP PATTERNS IN HOSPICE MANAGEMENT

Hospice Medical Directors Support Network
“LEADERSHIP IS THE MOST INFLUENTIAL FACTOR IN SHAPING THE CULTURE OF HEALTH CARE.” (WEST AT AL 2015)
HISTORICAL BACKGROUND

Medical Pioneering Visionary Driven

Individualised Structures & processes secondary Daunting
WAS DAME CICELY A LEADER OR A MANAGER?

<table>
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<th>LEADERSHIP</th>
<th>MANAGEMENT</th>
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<td>• do not have delegated authority but obtain their power through other means, such as influence</td>
<td>• legitimate source of power due to the delegated authority</td>
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<td>• focus on group process, information gathering, feedback, and empowering others</td>
<td>• emphasize control, decision making, decision analysis, and results</td>
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<td>• have goals that may or may not reflect those of the organization</td>
<td>• greater formal responsibility and accountability for rationality and control than leaders</td>
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LEADERSHIP NO LONGER ENOUGH
CEO

- Hospice Survival
- Responsible to Trustees
- Balancing Clinical
  - Financial
  - Legal
  - Governance
  - Public demands
- SMT

MD

- Patient care
- Medical Team and training
- GMC
- SMT
- MDT
- NHS partners
- Trustees
- Hospice

PERSPECTIVES
THREE MODELS OF MD HOSPICE LEADERSHIP

- Traditional SMT.
THREE MODELS OF MD HOSPICE LEADERSHIP

• CHANGING SMT

Survival
Commercial
Results driven
Trustee influence
You Doctor We manage

They Just Don't Understand
THREE MODELS OF HOSPICE LEADERSHIP

• CHANGED SMT

No MD
CLINICAL DIRECTOR (NURSE OR AHP)
Medical Lead
Manage the Medical Team

You Doctor We manage, but please do it cheaper, and what’s all this on call GMC stuff anyway? Do we really need Doctors?

UK hospice forced to turn away dying patients

Staff shortage leads St Mary’s in Cumbria to take drastic measures

A hospice has been forced to close its doors to people wishing to spend their final days there because it cannot find a doctor to oversee its service.

It is the first time one of the UK’s 220 hospices has had to turn away those needing end of life care as a result of the shortage of medical staff.
WHAT SHOULD WE NOT DO?

- Turn it into a battle, must think strategically
- Thinking that the old way was immovable, that GMC would not allow such changes, that trustees would see the risks, that people would not let this happen
- Not engage in the management processes and agendas early enough
- Not supporting your CEO when you can
- Not taking opportunities to learn management speak, how to read a financial statement, how to be a manager as well as a leader.
- Try to go to trustees directly.....
WHAT SHOULD WE DO?

- Do what we are good at
- Build networks. Professionals, Trustee, CEO ward rounds
- Logic model what you actually can do and are able to do
- Hanging on too long and not seeing the signs
- Live with divided loyalties. “These changes make me feel unsafe”
THE BIG QUESTION

Can you live with it?

Health

Safety?

Work

Relationships

Family

Finance

Leaving

Family
Why should I be a kind doctor when I have so much to be pissed off about?

dotMD 2019
Dr. Brian Goldman
September 13, 2019
We’re Hard-Wired to be Empathic

- Newborns cry when their mother cries
- **Synchrony**: oxytocin-mediated mimicry of mother and newborn – Client and therapist too
- A cornerstone of emotional intelligence
- Executive function makes empathy a choice
- Empathy keeps us from killing one another
Why an empathy gap in health care?

Culture devalues empathy in favour of smarts

- Little attention in school
- Time pressure
- Technology
- Complexity
- Specialization that leads to fragmented care
‘Us’ and ‘Them’ in medical culture

Paramedics vs ER nurses and physicians?
ER physicians vs internists?
Cardiology vs General Internal Medicine on which specialty will admit the patient with heart failure?
Surgeons vs anesthesiologists?
Residents vs nurses?
Psychiatry vs everyone else?
Male vs female MDs?
White MDs vs MDs from visible minorities
Patients and families vs health professionals?
‘Successful’ psychopaths

- People with psychopathic features minus the prison resume
  - ‘Fearless’ dominance
  - Charismatic and charming with low empathy
- Factors preventing worst impulses
  - Strong executive function
  - High autonomic arousal
  - Supportive parenting

Forest Yeo-Thomas
They walk among us

- Examples: CEOs, politicians in high office, orchestra conductors, scientists, hospital executives and physicians

- How they do it:
  - Flamboyant. Seen as ‘shiny’ objects
  - Charming to would-be donors; crafty at hiding their worst behaviour from influential people
  - Cruel, mean and vindictive to people seen as powerless
How I’ve changed in A & E

- Less sensitive to criticism and less defensive
- Better at asking for help
- Unexpected shows of appreciation for colleagues
- Smile more often at work...especially with patients and families
  - Treasure my encounters with them
The case for kindness

- Intentional meanness hurts the giver as much as the receiver:
  - Increased BP, HR & emotional distress
- Intentional kindness helps the giver as much as the receiver
  - Decreased BP, HR, increased wellbeing
What is wrong with patient-centered care?

Caroline Elton

‘Fascinating and troubling. Read it and weep.’
SUSIE ORBACH

ALSO HUMAN
THE INNER LIVES OF DOCTORS

‘Crucial and timely.’
ATUL GAWANDE, author of Being Mortal

CAROLINE ELTON
The transactions have been timely and technically impeccable. But the relational aspects of care lacked strong leadership and at key moments were characterized by a hesitation to be brave.
Donald Winnicott

He (the baby) is ruthless, treats her as scum, an unpaid servant, a slave.

He is suspicious, refuses her good food, and makes her doubt herself, but eats well with his aunt.
Conclusion:
The finding that burnout and poor wellbeing are both, in the majority of studies reviewed, associated with poorer patient safety has significant implications for policymakers and management teams within healthcare settings. To deliver quality patient care, the care must first and foremost be safe, and the findings from this review suggest that staff wellbeing may play an important role in patient safety. It would seem prudent that healthcare organisations provide a work environment that fosters staff wellbeing and protects against burnout, to subsequently provide a safe service to their patients.
Healthcare Design

Alice Kirby

dotMD
A FESTIVAL OF MEDICAL CURiosity
IN RUSSIA, 30 SQUATS WILL GET YOU A TRAIN TICKET
A doctor in California appeared via video link to tell a patient he was going to die. The man's family is upset.

By Dakin Andone and Artemis Moshtaghian, CNN

More from CNN

A member of an armed group detaining migrants at the border has...
Forces of dehumanization

- Technology
- Reductionism
- Industrialization

MD
PT
Technological determinism

Society's technology determines its social structure and cultural values
My children now assume, in all commercial encounters, whether in a store or online, that if they have to talk to a person, something has _already_ gone wrong.
The SuperHuman Transition

Post-Human

Techno-utopianism
Disease-centered
Relativistic determinism

SuperHuman

Pragmatic optimism
Human-centered
Human agency
What is the future work of a doctor?

Physicians will not be replaced but radically redefined

The SuperHuman charge

Enter the door opened by technology