

## **ILLNESSES OF THE HEALTH SYSTEM**

The epidemic of burn-out syndromes that has struck the health care systems in many countries is one of the most serious menaces for the health of the population. The "burn-out" syndrome was first described in nursing staff working on oncological wards with high mortality rates. Since then it became obvious that it can be observed in severe or less severe forms in many other health care settings. Typically it strikes staff working in peripheral health care units, primary school teachers, and officials at the distal end of the administrative chain. It is a consequence of a career in which nothing much happens, in which one is not rewarded for excellent work nor punished for errors. The career prospects are usually bleak, the salary poor. Much of the work might be repetitive and those who do it have the feeling that they are forgotten by all higher up and that they are of no value to anyone. A variety of symptoms have been described as being characteristic for the syndrome ranging from a variety of somatic complaints to irritability, depressive mood, excessive fatigue and loss of interest in matters related to work and to other areas of life.

Unfortunately while the burn-out syndrome is becoming more frequent health decision makers remain very reluctant to admit that the problem exists and avoid doing what would be necessary to remove it or prevent it. Sometimes the poor performance of a unit - for example a hospital for people with chronic diseases - is noticed and new staff are added to improve its functioning: this usually leads to very little improvement because of the contagious nature of burn-out that will soon become obvious in the poor performance of new staff who have come to improve the situation. Burn-out can be prevented or removed but this requires additional education of health care workers and their bosses as well as a number of structural changes of the system: the realization that this is so might be among the main reasons for the reticence of decision makers who want to avoid substantive reforms fearing that they might fail and cover them with blame.

A chronic problem of the health care systems particularly in poor countries is the "brain drain", the exodus of trained professionals into countries -

or to institutions in the same country - where salaries are higher and life seems better. In recent years the brain drain has assumed new forms. While previously individuals who wanted to leave the country did so after they have found a position - by contacts with friend or by other means it has now become common to see governments recruit professionals of good quality from the poorer countries. The recruiting governments state that they will provide a decent employment and some security for those who come to their country: what they do not discuss is the harm that can be done to an emerging health system if the best of its leaders are lured away. The governments of the donor countries tolerate this happening knowing that the best way of keeping people at home will be the creation of conditions for their work and life that will be as attractive as the conditions to which the professionals migrate and that for the time being they are unable or not willing to establish such conditions. Meanwhile, one could envisage numerous arrangements that could be formalized in agreements between governments that would help country that recruits and the donor country. Unfortunately this is not happening.

Globalisation has led to an imposition of value systems of the stronger countries to those less powerful. Some of these values have a direct impact on health care. Self-reliance in various areas of one's life, including the care for one's health has been a dominant theme in some of the developed countries, particularly those that have incorporated the ideas of protestant religions into their cultural heritage. In other countries self-reliance was not considered desirable: the member of the society did not strive for interdependence but felt that interdependence offers the best chances for survival and an enjoyable existence. In those countries disease or other miseries were shouldered together. The introduction of the idea of self-reliance goes against this arrangement and places the responsibility after individual. Should individuals fail to look after themselves the responsibility falls on society as a whole, i.e. to the government that is supposed to represent it. For many, particularly the healthy and the strong in the country previously relying on interdependence the principle of self-reliance is attractive because it

liberates them from the myriad of obligations that interdependency implies. Thus, they accept the notion and promote it. The problem resides in the fact that governments in countries in which the members of the population until now coped by relying on one another usually do not have the resources and perhaps not even the intention to help its citizens deal with their problems.

Another sin of many administrators and decision makers in the field of health is that they do not accept the notion that the burden of disease can be reduced by appropriate treatment and other measures but that it is not reduced by transferring the persons who are suffering from a disease to the responsibility of someone else. Thus, one of the tenets of modern health care is that patients should be treated at home (as soon as possible and for as much of the time in disease as possible) and that their family should look after them. This way of proceeding, decision makers say, reduces the cost of treatment and is much better for the patient. While a part of this argument is true - it is on the whole better to treat patients at home and to ensure

that their family looks after them the second part of the argument is demagogical and untrue. The cost of treatment is not diminished by the treatment of patients at homes it is simply hidden by expecting the family or the patient to take on the costs themselves. In addition it is increasingly often difficult to expect that the majority of patients will have a family that has sufficient material resources and moral strength to look after a sick member and to continue living a normal life: in the current situation. Therefore treatment at home must go hand in hand with active and significant financial and other support from the health care system and social services. If these are not forthcoming, discharging patients may well lead to worsening of their condition and significant disruption of their families.

### References

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