

**Editorial**

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**LEADERSHIP IN HEALTH CARE****Dr. Jyoti Bikash Saha**MGM Medical College, Kishanganj, Bihar  
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Traditionally, doctors were always selected and trained to be the lone Ranger, practicing in splendid isolation, accountable only to their patients and conscience. The picture has changed dramatically in the past few years with the widespread introduction of health insurance, corporate hospitals and managed care. Leadership in medical care has never been more important that it is today. Notwithstanding the expansion of corporate medicine, almost daily we hear of the disastrous breakdown of many of these health care systems. Even a cursory analysis shows that poor leadership in addition to poor management, is the cause. The medical community still does not understand the essential role of the medical leadership is not particularly inclined to get involved and is certainly not willing to surrender authority to any level of organization.

Leadership defines what the future should look like, aligns people with that vision and inspires them to make it a reality, despite obstacles, leadership is not charisma, nor is it

the same as management, though both may contribute to leadership. Management and leadership have to distinct roles to play and both are essential to the success of any enterprise. Management entails dealing with the organization and ensuring that things run smoothly, that everyday problems are dealt with, and that the organization as a whole performs in a steady and sustained manner. Leadership, on the other hand, required dealing with change, often unanticipated, whether it comes from external forces, such as changes in government policy or internal forces, such as the development of new technology or systems requiring new knowledge and expertise.

John Kotter of the Harvard Business School defines leadership in terms of what leaders do they cope with change, set a direction, and align people to pursue that new direction and motivate people in the past the criteria for leadership were based on quantitative measures and in particular, a physician's or surgeon's personal achievement. Nowadays, doctors in

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leadership roles should be equipped with professional skills, besides having the capacity to re-design and implement improvement in health care that have been developed and applied in several settings. They may need to be able to see services from the patient's point of view, streamline care by eliminating unnecessary steps and match demand for services with capacity. These qualitative measures of leadership are based on the ability to learn and help others succeed, attributes which are more difficult to assess and bench mark than the quantitative criteria.

Leadership is a key part of the professional work of doctors, regardless of their specialty and the setting. All doctors are already required to cultivate leadership qualities, as laid out of in the *General Medical Council's*

*Publication, Good Medical Practice and Management for Doctors*. While the primary focus of doctors is on their professional practice, all doctors work within systems and organization. It is a vitally important fact that doctors have a direct and far-reaching impact on the experience of patients and their medical outcomes. Thus doctors have a legal duty that is broader than that of any other health professionals and their role within the healthcare service is intrinsically one of leadership. They have a responsibility to contribute to be effective running of the organization in which they work and to its future directions. Therefore, the development of leadership competence needs to be an integral part of a doctor's training and learning.

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