

Medicine and management: will we ever cross the divide?

Sir,

I read with interest the review by Patel et al titled 'Medicine and management: crossing the divide' (vol 71(10), 2010, p. 576). I really enjoyed reading about the historical developments of management in NHS and the key concept of lean thinking.

The authors rightly point out that historical sidelining of doctor-managers has contributed to worsening of hospitals' performance indicators. Perhaps realizing this, the NHS top brass and the current government are now encouraging active participation of doctors in managing their organizations. The major thrust in promoting doctors in leadership and management positions is reflected in documents including *The Coalition: Our Programme for Government* (Cabinet Office, 2010) and the white paper *Equity and Excellence: Liberating the NHS* (Department of Health, 2010).

Traditionally, doctors have been reluctant to take on management roles for a variety of reasons such as lack of aptitude, inadequate training, role ambiguity, conflicts with colleagues and perceived lack of reward (Griffiths and Readhead, 2006). Medical training does not prepare doctors to take on management responsibilities. However, initiatives such as the inclusion of the medical leadership competency framework in undergraduate and higher training cur-

ricula, are likely to equip future doctors with the right management skills and competencies.

The authors have incorporated two different themes in the article, which makes the article appear one of two halves. Garelick and Fagin (2005) discussed issues such as politics and power struggles, mistrust, interdependency and ways to integrate the two opposing professions of medicine and management in more detail.

Finally, in the interest of best patient care and an efficient health system, both professions must establish a symbiotic relationship instead of working at cross purposes. There is an urgent need for clearly defined roles, responsibilities, career pathways and support systems for medical managers. It will be interesting to see how the role of doctor-manager unfolds in future and how doctors stand up to these new challenges.

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Department of Health (2010) *Equity and Excellence: Liberating the NHS*. Department of Health, London (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353 accessed 22 December 2010)

Garelick A, Fagin L (2005) The doctor-manager relationship. *Adv Psychiatr Treat* 11: 241–50

Griffiths H, Readhead E (2006) Medical managers in psychiatry - vital to the future. *The Psychiatrist* 30: 201–3

'A number of useful pneumonics have been developed such as the commonly used TIPS/AEIOU' (Roberts et al, 1990). The misnomer even appeared in the title of that article.

'One can easily remember these bands with a simple mnemonic: "Diet TAB"' (Loskota, 2005).

'The HEADS mnemonic is a useful aide memoire to adopt in daily clinical practice.' (McDonagh et al, 2000).

Still, far be it from me to correct my seniors when they commit this egregious error (my friends are less fortunate); that would just be arrogant. So instead, I'm articulating my concerns here.

Mnemonic is derived from the Greek word *mnēmonikós* ('of memory'). In fact, the mythical Greek god of memory was called Mnemosyne (pronounced nee-mos-uh-nee). Incidentally, Mnemosyne copulated with Zeus for nine consecutive nights, bearing the nine Muses who were the goddesses of the arts.

When I do correct people, and spell it out for them, there's often the scoffing response 'mnemonic? What a stupid word!', yet it shares its etymology with some well-known words that do not attract the same derision. For example, what word do we use to describe the group of medical conditions that can affect one's ability to remember? Amnesia! And there is also the word 'amnesty' whereby past offences are – literally speaking – no longer remembered?

So, mnemonic is something to remember. Next time your colleague tells you that he or she knows a helpful mnemonic, you can politely advise this colleague to the contrary, and we can abolish this curse from the medical world and beyond.

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McDonagh JE, Southwood TR, Ryder CA (2000) Bridging the gap in rheumatology. *Ann Rheum Dis* 59(2): 86–93

Roberts JR, Wason S, Siegel E (1990) Pneumonic for diagnosis of acute mental status change. *Ann Emerg Med* 19(2): 221–2

Something to remember...

Sir,

What do we call those funny artificial words that we use to help us to remember lists? You know, like SOCRATES which is taught at medical school as a guide to eliciting a good history of pain from a patient (Site, Onset, Character etc). What are they called again? A 'pneumonic' did you say? Wrong! What you meant was the

noun 'mnemonic' (pronounced ni-mon-ik) rather than the adjective that pertains to the lungs (pronounced nyoo-mon-ik) as in pneumonic plague.

Whether in lectures, on the wards or elsewhere, I have barely ever heard the word pronounced correctly. Although this mispronunciation is completely benign, it really gets under my skin. It's a blight that pervades every echelon of the medical world. Need proof? Try these examples from respectable medical publications: