



# Attitude, Attitude and Attitude Do Matter In Health Care Management

Nina Bjelogrljic-Laakso\*

Chief Physician, Special Services for the Developmentally Disabled, Pirkanmaa Hospital District, Tampere University Hospital, Finland

\*Corresponding author: Nina Bjelogrljic-Laakso, Chief Physician, Special Services for the Developmentally Disabled, Pirkanmaa Hospital District, Tampere University Hospital, Pitkaniementie 11, 33380 Pitkaniemi, Finland; Tel: [Nina.Bjelogrljic-Laakso \(at\) pshp \(dot\) fi](mailto:Nina.Bjelogrljic-Laakso(at)pshp(dot)fi)

## Abstract

Three most important determinates for a profitable invest on a real estate business are commonly thought to be 'location, location and location'. This makes one to ask what would be the equivalent contributors in health care business. Could 'attitude, attitude and attitude' play such role in health care management, which is largely dependent on health professionals and finance? The undeniable fact is that both our health care costs and chronic neurodevelopmental diseases are continuously on rise. This commentary discusses what it would require from health professionals, authorities and pharmaceutical companies perspective to stop this unfavourable trend.

**Keywords:** Health care management; Pharmaceuticals; Health professionals

## Introduction

Logistics in health care can be irrational from patient's perspective. In clinical settings various routine protocols are meant to reduce a physician's workload, but paradoxically they can result in undesired outcome. Specialized clinics may not have the capacity to manage patient's multifaceted diseases and symptoms belonging to many different medical fields. Patients end running from one door to another before they can expect to obtain what they need. The kinds everyday unfortunate events rise a question of shouldn't the system be changed? Yes, it certainly should, but it would require a change in attitudes of all players in the medical field. Professionals attempt to work for the best of their patients while avoiding to cause harm to them. In spite of these genuine aims, something has gone wrong since the burden of intractable chronic diseases keep increasing already at young age [1-3]. Thus, it is time to seriously think what has gone wrong and why.

## Clinicians and multidisciplinary teams

Multidisciplinary teams have taken more and more significant role in clinical decision making in conservative medicine even though physician is still usually the one, who is responsible of the

final decisions. More experts do have better chances to make the right conclusions in complicated cases than a single doctor working by himself in his office. However, pitfalls are possible. It is easy for any team member to hide behind multi-professional expertise when no solutions can be found. In the worst scenario, solving the problem is on nobody's responsibility and the team keeps repeating itself. Furthermore, the time spent in meetings may "steal" experts' time from patient work. From an educational perspective team work may have deleterious effects on physician's capabilities for independent medical practice when he/she gradually starts to rely more and more onto team's advice. Therefore, self-supervision should become an essential part of multi-professional team-work.

Clinical skills and their maintenance should be placed at the heart of all health care. No lab tests or protocols can overcome "doctor's eyes" and clinical evaluation; i.e. the first hand shake, eye contact and general looks of the patient is extremely informative to an experienced physician. Thorough interview and clinical examination will guide further to make a work hypothesis, which is then confirmed or excluded by ordering appropriate laboratory tests or radiological examinations. This requires that physician has enough time per patient and also importantly that electronic records are functioning normally

**Received date:** 27 November 2020; **Accepted date:** 07 December 2020; **Published date:** 10 December 2020

**Citation:** Bjelogrljic-Laakso N (2020). Attitude, Attitude and Attitude Do Matter In Health Care Management. SunText Rev Med Clin Res 1(3): 119.

**DOI:** <https://doi.org/10.51737/2766-4813.2020.019>

**Copyright:** © 2020 Bjelogrljic-Laakso N. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



(unlike they frequently are). It is also self-evident that each physician needs to update his / her medical knowledge at regular intervals. To conclude, routine protocols, teamwork and electronic records should be set to serve patients' needs, not to make physician's work more difficult and time consuming. Mutual feeling among many physicians is that this evident order of functions importance does not always happen.

### **Multifaceted role of health authorities**

The main task of authorities is to supervise researchers, clinicians and drug companies as neutral experts in order to make it possible for citizens to obtain the best evidence-based treatments available. The core purpose of regulatory institutes is good, but they have failed to prevent the cascade of events leading to not so good situation where we are now. However, it would be unfair to blame authorities alone for increased chronic diseases and health care costs. Most authorities just like health professionals do wish to do their best to promote health.

Regulatory agencies hire experts from different medical fields in order to have as wide understanding and expertise as possible to be able to fulfil all its duties. On surface, everything looks fine, but there are problematic caveats that may weaken authorities' independence whether they realize it themselves or not. There are several reasons for this. Firstly, the longer an expert works for a regulatory agency the further away he may drift from his own expertise and at the same time he becomes more and more dependent on the information coming from authorities themselves. Secondly, it is difficult to find experts without any conflicts of interest. This problem is usually acknowledged in a commendable way in medicines agencies; experts are required to inform all their conflicts of interests, but this practice does not necessarily eliminate the core problem of not having qualified experts without any personal connections with drug companies. Regulatory agencies do their best to keep their neutrality in order to succeed in their important task in between health professionals and drug companies. However, only when the above-mentioned potential weaknesses are acknowledged, can our inevitably somewhat biased regulatory system be improved to serve citizens as neutrally as possible. Open discussions and transparency in decision making are essential pedals to this path.

### **Aims of Pharmaceutical Companies**

Patients need efficient and safe medicines, which means that drug development is costly and intensive process. Of all compounds investigated for use in humans, only a small fraction is eventually approved following preclinical development, clinical trials and safety monitoring. This long process is subject to a variety of laws and regulations the numbers of both of whose has had an increasing trend along time. While trying to keep up with emerging regulations pharmaceutical industry has attracted praise

and controversy as being one of the most profitable and influential players in today's existence. People working for pharmaceutical companies do most likely wish to promote health just like any other worker in the health care. Many, however, may be too involved and/or financially tied to their work to see the bigger picture, which may not always be idealistic. Thus, as with the above discussed routine protocols, multidisciplinary team work and health regulations, also pharmaceutical industry's core purpose is good but the outcome may, however, be unfavourable. In order to improve efficacy and tolerability of medicines pharmaceutical industry has shifted its research focus during the past decade toward personalized medicine aiming to find biomarkers, which would help in clinical decision-making [4]. This reform has been a natural continuum to advances in neuroscience, but it does have one weakness; the translation of research findings into clinical practice has been challenging [5,6]. In other words, biomarkers cannot be translated into clinical practice without a pertinent case-by-case knowledge on drug response and adverse reactions. This is of uttermost importance particularly when treating patients with complex neuropsychiatric disorders [7]. To make the best out of emerging scientific data health professionals' role and possibilities to follow and record clinical efficacy and tolerability of patients' pharmacotherapy should be emphasized [8]. This might ease also the somewhat troubled relationship between Big Pharma and clinicians.

### **Conclusive Remarks**

The complex relation between medical treatments and pharmaceutical industry is and most likely will be subject to heated disputes until used for constructive new developments. The choice is ours. 'Attitude, attitude and attitude' belongs certainly to one of the key elements that all parties need to adopt if we wish to improve the quality of the public health care and perhaps, also to cut the costs. Idealistically that would mean more careful clinical consideration at each step, less routine protocols and more transparent communication between clinicians, health authorities and representatives of pharmaceutical industry while keeping in mind Hippocratic oath "Premium non nocere" (first do no harm).

### **References**

1. Fombonne E. Is there an epidemic of autism. *Pediatrics*. 2001; 107: 411-412.
2. Lai MC, Lombardo MV, Cohen SB. Autism. *Lancet*. 2014; 383: 986-910.
3. Jin M, An Q, Wang L. Chronic conditions in adolescents. *Exp Ther Med*. 2017; 14: 478-482.



4. Wong EH, Fox JC, Ng MY, Lee CM. Toward personalized medicine in the neuropsychiatric field. *Int Review Neurobiol.* 2011; 101: 329-349.
5. Crews KR, Hicks JK, Pui CH, Relling MV, Evans WE. Pharmacogenomics and individualized medicine: translating science into practice. *Clinical Pharmacol Therapeutics.* 2012; 92: 467-475.
6. Evrard A, Mbatchi L. Genetic polymorphisms of drug metabolizing enzymes and transporters: the long way from bench to bedside. *Current Topics Med Chemistry.* 2012; 2: 1720-1729.
7. Bjelogrljic-Laakso N, Aaltonen S, Dorn T, Arvio M. Need for special units for the management of neuropsychiatric disorders in people with intellectual disabilities. *Acta Psychiatr Scand.* 2014; 130: 77-79.
8. Bjelogrljic-Laakso N. Clinician's perspective to a personalized pharmacotherapy of patients with intellectual disabilities and autism spectrum disorder. *Dosis.* 2020.