Making cars and making health care: a critical review

Sarah Winch and Amanda Henderson

To the Editor:

It is pleasing to see the acknowledgment by contributors of the fundamental premise that the fragmentation of health care may reduce the quality provided, which is a key argument of our paper. Our aim was to provide space for critical appraisal of 'Lean' and its application to healthcare, by questioning the assumed theoretical basis from which this approach is derived and inquiring about the evidence of the long-term benefits for patient outcomes. We seek to engender discussion and debate rather than provide a systematic review of existing literature. To this end, we think our aim has been achieved.

Returning to the central thesis of our paper, we argue that the notion of quality is rapidly being subsumed by quantity understood as patient throughput and the number of measurable errors. This is reflected in Ben Tovim's focus on process rather than practice⁽¹⁾. We believe that medicine is grounded in the human condition⁽²⁾ and thus ideas of quality must relate to patient experience including harms that are not readily measurable. We acknowledge that healthcare is becoming more and more complex and increasingly requires the exercise of practical wisdom that informs clinical reasoning.⁽³⁾ Individual differences between patients means that each situation has to be considered in its own context.

Recognition of this difference provides the opportunity for some of the richness and satisfaction inherent in medicine.

Finally, medicine and healthcare are far from immune to adopting and repeating the mistakes of other professions and “industries”. It has been suggested that the continued rationalisation of health care such as occurs with ‘lean’ approaches may contribute to the de-professionalization of medicine⁽⁴⁾ over time. In turn this may promote the “McDonaldization” of healthcare,⁽⁵⁾ whereby efficient turnaround becomes the primary goal. We suspect while meeting a need at one level will provide little long term satisfaction for the health care provider or the patient.

References

1. Ben-Tovim D, Dougherty ML, O’Connell TJ, and McGrath KM, Patient journeys: the process of clinical redesign. *Med J Australia* 2008; 188: S14-S17.
2. Pellegrino E D, From medical ethics to a moral philosophy of the professions. In JK Walter & E P. Klein (Eds.) *The story of bioethics*. 2003. Washington: Georgetown University Press.
3. Tonelli M. Integrating evidence into clinical practice an alternative to evidence-based approaches. *J of Eval Clinical Practice* 2006;12, 248–256.
4. Ritzer, G., Walcak, D. (1988), "Rationalisation and deprofessionalisation of physicians", *Social Forces*, Vol. 67 pp.1–22.
5. Ritzer G, *The McDonaldization of society. An investigation into the changing character of contemporary social life*. 1996 Thousand Oaks, Calif. Pine Forge Press.