



Why Don't We Introduce Patients Into Healthcare Management?



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"Good morning Mr. Smith. Good to see you, how are you doing? You're looking for a new car? That's good news. We decided that it's going to be a Ford Focus, ST, 2.0 Eco-boost, 184 KW, 6-gear. Let's see in our stock if there is a possibility for you to choose the colour—otherwise it will be a red one."

Does this conversation look strange to you? I hope so. But this is reality in healthcare for patients every day. In healthcare patients get absolutely nothing to say or at least nothing to decide. Yes, they are allowed to sit on an advisory board, and yes every now and then they are tolerated in discussions with the board, but when it comes to making a decision in healthcare the door is closed and the patient has to wait for the decision.

I am not talking about [shared decision making](#), which is the right treatment for this individual patient at this moment. I want to believe that develops in a good direction. It can be improved and has to speed up, but it's good to see that this is getting somewhere. I'm talking about quality of care and the way care is organised. How do you manage a hospital? What concentration of care (looking at cardiovascular and neurologic diseases or cancer) has the best quality for patients and will lower the cost of healthcare dramatically? Why is there a clinician and a financial expert on the board of a hospital and not a patient advocate? We're not stupid. We know how to organise healthcare, because we have a lot of experience and knowledge, because we work in healthcare or at least are for many years involved in healthcare and work as managers in other fields of expertise. We are left outside—I think for a reason.

See Also: [HealthManagement's issue on Patient Power](#)

Patients do not want to be patients, and if they are patients they want as soon as possible to be patients no longer. And with a healthcare system that benefits from as many patients as possible it's obvious that we have to stay out of the decision making process as long as possible. We patient advocates know that healthcare benefits from keeping us as long as possible a patient. This is not meant to be, but it is how the system has evolved. And when treatments mean invoices and income we don't want the patients of the system. I'm convinced that this is not a bad intention, but I am sure that without patient advocates being part of the decision making process this won't stop.

"If about us, not without us". Healthcare exists because we patients exist and therefore we should not only be asked about what we want, we should also decide about all matters in healthcare. Simply for the sake of the patients and their loved ones and for the sake of lower costs in healthcare. I'm convinced and have done

research on this; putting patient advocates in the right position will greatly lower the cost of healthcare.

Is this what we want? I think it is but it depends on your position in the medical-industrial Industry whether you work on this as a solution. Because we all have our dependencies: our income, family, manager, company and so on. But from my own experience I know that when you put all the stakeholders around the table and ask for their real interests we can work on a solution that fits us all. It's about win-win and not about compromises. Working on a compromise means that we are not working on the best quality of life for patients and their loved ones. And healthcare is about the latter.

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