

ON THE CONTRARY **Tony Delamothe**

# Don't take me to your leader

Medicine has suddenly discovered leadership, just as the rest of the world is moving on

If mentions of the word “leadership” in the *BMJ* keep increasing at their current exponential rate, then by 2034 every second journal article will include a reference to the term. Will that be enough?

Or is our average of three mentions a week already enough? Escaping the term has been virtually impossible since the publication of Ara Darzi's final report on reforming the NHS, *High Quality Care for All* (2008). My own employer has played its part, setting up a course with Sweden's Karolinska Institute on leadership for medical educators. This year a couple of the *BMJ* Group Awards saluted the “l” word. A keynote address at last month's International Forum on Quality and Safety in Healthcare provided guidance on “Twenty-first century leadership.” And so on. “The range of courses, fellowships, and other entities linked to leadership in some way is vast,” despaired Douglas Noble in his recent letter to the journal. “What we are going to do with all these leaders in 5-15 years' time is not clear” (*BMJ* 2010;340:c914).

What, indeed? It wasn't always thus. In the blueprints of the NHS's hospital service I can find nothing more exalted than the common or garden consultant. Perhaps this can be attributed to the levelling instincts of its socialist architect, Aneurin Bevan. Whatever the reason, hospital hierarchies in the United Kingdom look very different from those in most other European countries. In the UK, clinical directors may be the first among equals, but usually only for a short time. If they try to lord it over their colleagues they're quickly cut down to size. Compare these arrangements with, say, Germany's, where Herr Professor rules the roost for much of his professional career. Protection and advancement of those he rules over come at the price of filial obedience. Happy the land that has no need of steep hospital hierarchies, as the German playwright Bertolt Brecht might have written.

The notion of leader as omnipotent parent, whose power derives from access to special realms of knowledge and

experience, strikes me as infantilising. Aren't we meant to behave like grown-ups? And I have another objection to the cult of leadership: its natural corollary, followership. Effective leadership happens only when there's effective followership, and I don't warm to followership.

Still, leadership's recent ascendancy in medicine needs an explanation. There must have been problems that some people believed more or better medical leadership would have solved. The two biggest problems I can recall affecting British medicine in recent years are Modernising Medical Careers (MMC) and commissioning by primary care trusts. The MMC debacle has indeed been attributed to failings of medical leadership—but those occurring within the Department of Health, with no amount of medical leadership outside the department likely to have had much effect.

It's unlikely now that anyone will take responsibility for the failure of commissioning (five critical reports this year alone, and counting). But I can't see how a large dose of medical leadership could have avoided, or saved, it. Looking to the immediate future, we are already hearing calls for medical leadership in deciding how efficiency savings should be implemented (*BMJ* 2010;340:c2393). Instead, this could be the moment to appeal directly to the NHS's 1.7 million staff for ideas and support, rather than approaching the usual suspects.

Wanting to be convinced of the benefits of medical leadership I read the supplement on “Fixing Health Care” in last month's *Harvard Business Review*. With “It's time for a revolution—led from within” emblazoned on its cover, I had high hopes. However, no clear message emerged. Thomas H Lee, a Harvard professor of medicine, argued that we needed a new kind of leadership to attack the explosion of new medical knowledge that is going off within a system that is too fragmented and disorganised to absorb it. New leaders



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have to absorb painful messages about the importance of performance, value, and teamwork. Developing teams is described as “a key leadership function for healthcare providers of all types.” By comparison, surgeon Atul Gawande seemed more interested in the possibilities of teams rather than hot shots: “We've celebrated cowboys, but what we need is more pit crews.” Doctors like to imagine that they can be infallible, heroic healers, he said, but “it's teams and, often, great organisations, that make for great care, not just individuals.”

The rest of the world also seems to be falling out of love with the notion of the great leader. One of the most name checked books of recent years has been James Surowiecki's *The Wisdom of Crowds*, which suggests that aggregations of individuals often make better decisions than single individuals alone. So, trying to breathe a cadre of medical leaders into life may be worse than misguided. It may be wrong.

And a topical footnote, as England's premiership football season ends. The economist Stefan Szymanski and sportswriter Simon Kuper argue in their recent book, *Soccernomics*, that players' salaries almost entirely determine football results, with few club managers having any effect on their teams' performances. “Yet the cult of the manager—reminiscent of the cult of miracle-working chief executives in the business world circa 2000—thrives,” Kuper wrote in his *Financial Times* column (16 Jan 2010). Similarly, he wrote, historians had believed in the “Great Man Theory of History”: that great men (Genghis Khan and Napoleon, for example) were responsible for historical change. “Historians binned the notion long ago, and now even business magazines have, but it's sweet to see that the theory has an afterlife in football.” And, for the time being, in medicine, too.

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