Every now and then one comes across a book which identifies a knowledge gap simply by virtue of the evidence it delivers to plug that very hiatus. *Humanising Healthcare Reforms* by Gerald A. Arbuckle, PhD, is one such book. Dr Arbuckle is a social anthropologist who graduated from the University of Cambridge and undertook postgraduate studies at the University of Oxford. He has great experience as a consultant for healthcare organisations in the United States, Canada, Ireland and Australia.

In 2011, Dr Arbuckle presented a series of lectures on the theme ‘Healthcare in Chaos: Models in conflict’. These lectures were presented for the Darcy Memorial Lectures at the University of Oxford. They form the basis for this publication.

The purpose of the book is ‘to examine the ever increasing organisational and cultural turmoil in healthcare institutions and to suggest how reforms based on foundational values can be achieved and maintained’. It has achieved its purpose and, as such, is an invaluable resource to those trying to understand the importance of human values that underlay their desire to reform healthcare and its cultures.

It has particular relevance for those working in the not-for-profit sector and has a heavy emphasis on faith-based healthcare. Indeed, this latter emphasis is highlighted in the final chapter. However, it draws strongly on the experience of Dr Arbuckle as a member of an ‘Independent Panel’ appointed by the government of the day to oversee the reform of public hospitals in New South Wales (NSW), Australia. The book, therefore, has particular relevance to the organisations involved in the turmoil of healthcare reform. The Final Report of the Special Commission of Inquiry into Acute Care Services in NSW hospitals describes one such system in turmoil.

The second chapter, entitled ‘Healthcare Models in Conflict’, asks the crucial question ‘what about the patient?’ It describes the residual myth of western healthcare and the tension that exists between the ‘mission’ and the ‘business’ of healthcare. This tension needs to be understood, particularly as the economic rationalist model of healthcare is ‘business dominant’, contrary to its founding myth, ‘the mission’.

The third chapter explains the ‘tribal-like tensions’ between medical and management sub-cultures. It describes three models by way of case study and concludes that ‘the obstacles are so great that collaboration may seem an impossible task’. He adds ‘however, at times, it can and does happen’ and then proceeds to case studies and four lessons that he believes are universally applicable.

In chapter four, the author brings us to the vexed issue of bullying and harassment in healthcare, a truly anthropological perspective. A concise definition and meaning of bullying is followed by examples of the different forms that this behaviour may exhibit. Dr Arbuckle defines bullying and several cultures that promote bullying – seven in all. He concludes with a discussion of ‘values-based: just culture’.

In chapter five, the author defines the difference between management and leadership and makes the case for a particular type of leadership, that of the para-modern leader. He makes a strong case for the principle of ‘re-founding’ and gives several examples including Jean Vanier (Canada), Dame Cecily Saunders (London) and the work of the Clinical Excellence Commission (CEC) in NSW. (This reviewer is the Chief Executive Officer of the CEC.).

In the last two chapters, the author focuses on the cultural processes that are necessary to lead mergers in healthcare and then provides a detailed case study of faith-based healthcare returning to his earlier theme of the tension between ‘the mission’ and the ‘business’.

Each chapter is a study in itself but together make a satisfying whole. Each is illustrated with contemporary case studies that are pertinent and reflect the issues raised in the numerous references provided to each chapter.

Although it has a strong Australian focus, the literature quoted is global and provides a sound evidence base upon which Dr Arbuckle bases his theses. The author does place a
heavy emphasis on value and missions and these themes recur constantly throughout the book, no doubt to the enthusiastic applause of those leaders with a value-based paradigm. Leaders with a more economic rationalist approach could find this challenging.

This book is a refreshing, philosophical, anthropological study of the very practical realities facing leaders in healthcare. We face the harsh reality of an increasingly aged population with more complex diseases and highly sophisticated technical and medicinal remedies. This can induce a growing divide between those countries that can afford lavish expenditure on health and those that cannot.

*Humanising Healthcare Reforms* will be a valuable addition to one’s personal and professional library as a manual on healthcare, healthcare reforms, leadership and effective management. I have already had cause to refer to it on numerous occasions since I first began my read.

Professor Clifford Frederick Hughes
Clinical Excellence Commission, NSW, Australia.