Preface

It can be considered widely held that health care models are significantly conditioned by sets of beliefs which are in turn parts of broader philosophical ideas rooted in the culture of the time. Such beliefs may be more or less true, nevertheless they are vitally important in shaping health care models. Henry Mintzberg identified some false sets of beliefs—he calls “health myths”—which in his view are at the basis of the mess we currently face in health care.

It is indeed difficult for any one individual to see the fallacy of such myths, because they are below the surface. Furthermore, because of their invisibility, they are rarely challenged: debate on health care management is mainly focused on managerial-organizational models, as well as on specific techniques and tools, while discussion on ideas is surprisingly poor. We wanted to fill this gap: without informing Mintzberg, we asked a number of academic and practitioners, equally distributed between supporters and critics, to reflect on the “health myths”. We aimed at bringing Mintzberg’s myths to light, being open to any possible outcome: either overcoming them or discovering their “Holy Grail”.

Among the academics, we invited senior and junior scholars from the field of management, accounting and organization studies, enrolled in CERGAS (the Research Centre for Health and Social Services) at Bocconi University of Milan (Patrizio Armeni, Oriana Ciani, Francesca Lecci, Federico Lega, Marco Morelli, Anna Prenestini, Rosanna Tarricone and Alexandra Torbica) and in CIRPA (Interdepartmental Centre for Research in Economics, Management and Law of Public Administrations) at the University of Salerno, a leading university in the South of Italy for research and action-research on public sector management and health care (Carmela Annarumma, Antonio Botti, Giuseppe Festa, Giuseppe Iuliano, Gaetano Matonti, Rocco Palumbo, Gabriella Piscopo, Paolo Tartaglia Polcini, Alessandra Storlazzi, Aurelio Tommassetti, Massimiliano Vesci). We also engaged academics from the University of Chieti-Pescara (Massimo Sargiacomo), the University of Florence (Mario Del Vecchio), the University of Lazio and Cassino (Lorenzo Mercurio), the Polytechnic University of Marche (Luca Del Bene), the Polytechnic University of Milan (Emanuele Lettieri), the University of Naples “Federico II” (Mariavittoria Cicellin, Gianluigi Mangia, Stefano Consiglio),
the University of Naples “Parthenope” (Luigi Moschera), the Second University of Naples (Ettore Cinque, Corrado Cucurullo, Mario Pezzillo Iacono, Marcello Martinez), the University of Rome (Alessio Santoro, Andrea Silenzi), the University of Sannio (Vincenza Esposito), the University of Venice (Salvatore Russo), and the University of Verona (Giuseppe Favretto). In addition, contributors from Switzerland (Stefano Calciolari) which shows a mixed public-private health care system, Sweden (Evert Gummesson), which shows a largely publicly funded and universal health care system, have been invited, as well as from Ireland (Gerardine Doyle) and the United Kingdom (Michael Drummond) which adopt a mainly Beveridgean health model.

Young promising scholars, bringing their fresh vision to inspire the future shapes of the health care system, have joined outstanding scientists, who can bring a long experience and a deep knowledge of the health care system. Among others, Michael Drummond is considered the founder of Health Economic Evaluation and author of several papers published in leading journals of the field, Editor-in-Chief of Value in Health; Evert Gummesson, Emeritus Professor of Service Marketing and Management at the Stockholm Business School, is an international pioneer in the field of service and one of the fathers of leadership in service. Also, we included eminent scientists from other disciplines: Engineering (Cristina Masella), Medicine (Annamaria Colao), and Philosophy (Matteo Motterlini).

We did not want to confine the discussion to the realm of academic conversation, so we also invited practitioners who cope every day with the challenges of increasingly complex health care systems, able to contextualize their reflections by connecting to concrete examples and practical activities. We included professionals and consultants who had experience in health care organizations: Vittorio Bertelè is a clinical pharmacologist, director of the regulatory policy at Mario Negri Institute; Enrico Coscioni, a renowned heart surgeon in Southern Italy, is advisor for the Campania’s Health Systems, among the most problematic regional health services in Italy; Marina Davoli is the scientific director of the Italian National Health Outcome Program and director of the Department of Epidemiology of the Lazio regional health system, another regional health service in deep financial crisis; Chiara Marinacci is fellow of the General Directorate for Health Planning of the Italian Ministry of Health; Maurizio Mauri, a radiologist who was Health Director in some big hospitals in Northern Italy, is now a hospital planner; Joseph Polimeni, after having managed several health care organizations in Central Italy, is currently the State Sub-Commissioner for the financial recovery plan of the Campania Regional Health Service. The consulting industry is represented by Daniela Scaramuccia, who was the Ministry of Health in the Tuscany Region (4.5 million inhabitants), and Alberto Calvo, both affiliates of one of the chief consulting companies operating in the health sector (Value Partners Management Consulting). The pharmaceutical industry is also represented: among the contributors, we invited Maurizio De Cicco, Vice President of Farmindustria, accountable for leading innovation and Agenda talks with the Italian Medicine Agency.
We also invited a general, member of the Italian Airforce (Lt. Gen. Fernando Giancotti), currently Commander of the Air Education and Training Command, who published essays and textbooks on the US Air Force Leadership and a book in Italy widely used for education on leadership and change management.

Finally, we decided to invite key actors in the Italian health care arena, who are in a position to look at the broader system: Francesco Bevere, after having performed as a senior manager in different health care organizations operating both in the North and the South of Italy, and as head of the Health Planning Directorate of the Italian Ministry of Health, is currently the Director in chief of the National Health Agency (the consulting body for the Health Ministry); Renato Botti, after long experience as a senior manager of both for-profit and not-for-profit organizations, is now the chair of the Directorate of Health Planning of the Ministry of Health; Silvio Garattini is one of the most prestigious researchers in the field of pharmacology: in 1963 he founded the Mario Negri Institute, a not-for-profit research institute that is well known in the international scientific community; he was principal investigator of hundreds of studies in this field and was member of several national, European and international committees and regulatory agencies; Walter Ricciardi, Professor of Public Health, is member of the External Advisory Board to the WHO European Regional Director for the development of the European Health Policy, member of the National Committee for the evaluation of the Italian National Health Service, President of the Italian Higher Institute of Health; Maria Grazia Sampietro has long managerial experience in health and social services and is currently the Director in Chief of the Welfare Directorate of INPS (the Italian National Institute for Social Security); Umberto Veronesi is an outstanding oncologist surgeon who developed in late 1970 an innovative and less aggressive approach to breast cancer. He has also top management experience as director of the Italian Cancer Institute based in Milan: in 1982 he founded in Milan the private European Institute for Oncology (IEO). Last but not least, Umberto Veronesi was the Ministry of Health of the Italian Government from April 2000 to June 2001.

We selected the contributors in order to maximize the diversity of perspectives: different cultural backgrounds; different geographical areas; both academic and practitioners (sometimes the two cooperating in the same contribution); senior and junior positions.

A common element to all contributors is having encountered, at a certain point of their professional path, Mintzberg’s provocations: some of them participated as discussants to the conferences organized in 2007 and 2010 at the University of Salerno. Others have been mentioning Mintzberg on other occasions, assuming different positions: from those who have been struck on the road to Damascus and fell in love with Mintzberg’s theses, to those who were severely critical.

The outcome of this joint effort is presented in the second section of the volume, after an introductory section which includes an outline of health myths, as originally
proposed by Henry Mintzberg, a historical analysis of their consolidation over the centuries, as elaborated by the two editors of the volume, as well as an overview of the comments proposed by the invited contributors. In the third section we build on the common points to provide the foundation of a rich, higher order reflection on the current changes and challenges in the health care arena. We conclude our trip into the complexity of health care management with no definitive answers but many questions.

As editors, we are extremely grateful to all the authors for having managed their contributions according to the requested terms and modalities. Academics are busy running their laboratories and classes; moreover, they are rewarded for producing science, rather than for reflecting on such production. Practitioners are also very busy running their organizations. Nevertheless, all the invited authors have unsparingly offered their time and intellectual energy by contributing to our editorial project. We also thank the practitioners and academics missing from the volume who could have legitimately participated in it. In some cases, a collaboration by them was sought but for one reason or another did not occur. In particular we thank Dr. Fulvio Moirano and Profs. Maria Aristigueta, Luca Anselmi and Simone Lazzini, who kindly welcomed our invitation, but could not complete the work. Although the issues involved have been covered by other contributions, we regret having lost the richness of their specific views.

We sought to avoid any possible influence on the content of the contributions (this attempt would anyway have been self-defeating), therefore we provided very poor indications: we just invited the contributors to comment on Mintzberg’s article “Managing the myths of health care” (unfortunately, Mintzberg’s complete manuscript was not yet available), focusing in particular on one of the myths, and adopting a fluid, discursive approach, without technicalities or specialized language. In some cases, we assisted the authors to elucidate and enlarge upon what they intuitively wanted to contribute. We have learned a lot along the way, so this collaboration has been one of the most rewarding aspects of editing the book.

Coordinating over 60 contributors has indeed been a huge enterprise, and our warmest thanks go to Dr. Rocco Palumbo, a promising young research fellow who unsparingly supported our efforts and put the contributions together.

Finally, our deep thanks to Henry Mintzberg, who inspired our editorial project, in that he tore the veil which constitutes at the same time a shroud and a shield disguising the true reality of health care management. We had the pleasure of meeting him personally, so we had the privilege of knowing him not only as scientist, but also as person. He came to the University of Salerno the first time in 2007, to illustrate his challenging arguments, and we still have a vivid memory of that day. He arrived on time, with a backpack on his shoulders and checked shirt. Moved by the reverent homages from deferent academic and institutional authorities, and the endless standing ovation and round of applause from an overcrowded hall, he felt he should put on a jacket and tie. With his humble smile and his willingness to learn, he was able to floor even the impeccable Chancellor, Prof. Raimondo Pasquino. Before an attentive audience, the Canadian “guru” started to
illustrate with disarming simplicity his view on managing health care, highlighting the unescapable conundrums of management and crumbling the intellectual framework of health care management orthodoxy. To us, Henry Mintzberg appeared himself as a conundrum: a complex and provokingly simple scientist, a humble and refined speaker, an irreverent and respectful scholar, a generous teacher and an eager learner.

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