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Doctor, Heal Thyself!

*This caselet was written by **Manjul Menon,** IBS Center for Management Research. It was compiled from generalized experience, and is intended to be used as a basis for class discussion rather than to illustrate either effective or ineffective handling of a management situation.*

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The first sign that the hospital employees had noticed the change in Dr. Shekhar was in the exchange of glances between them. Then the talk started. First it was muted, puzzled. Then it was marked by concern, and finally, by alarm.

Dr. Shekhar Ramanathan (Dr. Shekhar) was the Medical Director of The Amman Hospital (TAH) in the industrial town of Tirukakullam. It had been established fifteen years ago by a philanthropist, Velmurugan, whose only son had died in a road accident because of lack of timely medical attention. It functioned at the tertiary level for trauma care and offered care at the secondary level for other major departments.

Dr. Shekhar joined the hospital as a Medical Officer ten years ago. He had established himself as a compassionate, knowledgeable doctor whom patients were soon asking for by name. Despite feelers from big city hospitals, he had stayed on to rise through the hospital hierarchy as Velmurugan increasingly leaned on him for overseeing the hospital.

It started in small ways, as the older man on his daily visits to the hospital, saw the regard in which patients held Dr. Shekhar. Ten years ago, the hospital was 30-bedded and at the secondary level in trauma care. As demand for its services grew, decisions had to be made about expansion – purchase of new equipment, recruitment of new staff both medical and paramedical professionals at different levels and administrative personnel – decisions in which Dr. Shekhar was increasingly involved. Velmurugan was struck by the young doctor's dedication, how he seemed to be able to inspire confidence, even wellness, in his patients and how his colleagues and paramedics seemed to look to him for direction.

The role, which started out informally, was formalized with his appointment as Medical Director three years ago, on the retirement of the former Director. Dr. Shekhar was increasingly involved in administrative duties and with his skills at networking. TAH grew from being a stand-alone hospital to becoming a pioneer of the hub and spoke model in the region. He oversaw the creation of strong links with primary and secondary care centers, the trauma care network spearheaded by an innovative Rapid Response Team (RRT) with ambulances at each of these centers, every 50 – 100 km along the National Highways within the southern part of the state.

Under his leadership the hospital became a recognized centre for Diplomate of National Board (DNB) in several disciplines. His vision in expanding the original mandate for TAH brought him growing recognition and the gratitude of Velmurugan, which was to translate into fierce protectiveness in the dark days to come. The hospital staff at all levels looked up to him and was inspired to build a strong culture of excellence and commitment to the vision.

The number of highly qualified personnel competing to work at the hospital was one indication of the hospital's growing standing in the community and among the medical fraternity. Another was its ability to retain its staff. The hospital was ahead of its times in remunerating its employees, with innovative performance-linked pay and turnover-linked incentives. Currently, it had 150 beds and round-the-clock presence of general surgeons, and prompt access to specialists in emergency medicine, orthopedic surgery, neurosurgery, anesthesiology, radiology, internal medicine and critical care, among others.

Dr. Shekhar had been a quiet man who led as much by example as by suggestion. There was something about him that made people around him want to give of their best. He was, unusually perhaps for a doctor, widely read and able to converse with equal ease on say, the relevance of Shakespeare to management, as on the importance of pre-hospital care in a trauma care system. He could talk with equal felicity to the senior-most surgeon on the staff and to the sanitary worker. He had never been heard to raise his voice above a normal speaking tone. He was known to have a keen eye, encyclopedic knowledge on all aspects of trauma care and an elephantine memory. He rarely had to point out a staff member's mistakes or oversight – his look and perhaps a word did it. The hospital ran on well-oiled wheels, the administrative and clinical protocols were studied and copied by others.

Which was why, the first time he raised his voice, the reaction was one of curiosity. At the first floor nursing station, they raised their heads to locate the disturbance. And were stunned to see Dr. Shekhar berating a ward boy for some small mistake. Over the next few weeks, there were more outbursts and senior staff began to notice that he seemed to be heavy-eyed as if he was sleeping badly. He also seemed to have become a poor listener; he would sometimes interrupt to go back to an earlier part of the conversation as if he had not heard it. He seemed to grow increasingly tired and often rubbed his head absently, as if he was wishing away a headache. He was becoming increasingly short-tempered. He brushed away concerned enquiries abruptly and with barely disguised anger.

Staff at all levels was beginning to notice the change in Dr. Shekhar and to talk. There were murmurs at some arbitrary decisions with regard to staff postings done at Dr. Shekhar's behest. Apparently, he was reversing the delegation of authority that used to be one of the hallmarks of his style. He seemed less trusting and wanted to know the details of decisions that used to be the domain of the HR manager and the Purchase Manager, for instance. In one case, his insistence on calling for fresh tenders delayed the purchase of major supplies that almost caused them to turn away patients.

It seemed a matter of time before crisis occurred. People seemed to walk on tiptoe and hold their breath around him. Talks of trade unionism were in the air.

Velmurugan noticed these changes with concern and then with increasing alarm. However, even he, despite their long and close association, was unable pursue the subject to any great extent. Questions about his health made Dr. Shekhar irritable. Velmurugan's gentle suggestion that his protégé undertake a study tour of leading Western hospitals to understand the latest in trauma care was met with irritation. Velmurugan was forced to think harder, his attempt at suggesting a break having failed.

One day, in one of the private conversations that used to be so delightful, he broached the topic of inducting Dr. Gurumurthy, the senior-most orthopedic surgeon, as Deputy Medical Director to take on hospital administrative responsibilities while Dr. Shekhar concentrated on his brainchild, the trauma care network. Dr. Shekhar became very angry and aggressive. He thrust his face close to the older man and shouted not only that a deputy was unnecessary but made derogatory remarks about the orthopedic surgeon. It was so completely out of character that Velmurugan was not only flabbergasted. He was frightened. The man who looked out of Dr. Shekhar's face was a stranger.

Velmurugan decided that matters were more serious than he supposed. He was also forced to acknowledge that the hospital was beginning to experience the effects of an erratic leadership. The hospital was too well-run for these effects to be immediately apparent, but Velmurugan had a parent's instinct not to know that his baby was falling ill. And he had to take steps to cure it.

Would it call for radical surgery or would the answer lie in rest and recuperation?

His worry and loyalty to the man who had almost taken the place of his dead son, the man who had indeed given him a new lease on life, almost paralyzed him. He had to will himself to talk in confidence to some of the senior doctors. He first approached Dr. Gurumurthy, who was brusque to the point of rudeness: "Dr. Shekhar needs to see a psychiatrist," but agreed to take on administrative responsibilities if required.

Dr. Vincent, Internal Medicine, was more circumspect. He suggested that Dr. Shekhar be made to take a holiday while they understood "the case" more thoroughly. The other two doctors Velmurugan brainstormed with expressed similar views. All three agreed to help run the hospital in addition to their clinical and surgical workload. They also felt that it was a stop-gap solution. The hospital was growing too large not to have a full-time administrator to back up the Medical Director.

Velmurugan came away from these meetings feeling that he could see a way forward. He hoped that all the years Dr. Shekhar had put in to realize their dreams would not have to be an end. The first step he had to take was to put in place a team who would take Dr. Shekhar's place while he got back to being his old self – he turned away from the little voice which asked if that would happen. He brushed a tired hand across his old face.

Questions for Discussion:

1. What leadership style does Dr. Shekhar seem to practice? Comment on the change in his leadership style over time.
2. Discuss what possible decisions Velmurugan could take regarding the future leadership of the hospital. In your opinion, which of these decisions would be fair from Velmurugan's perspective both to his protégé and to the institution he had nurtured. What are the pros and cons of this decision?