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Editorial

Paradoxes of the French health care system

> "You use humanity, whether in your own persona or in the person of any other, always at the same time as an end, never merely as a means"
>
> Emmanuel Kant, 1785

The essential role of healthcare personnel consists of global management of individual patients, which involves simultaneously addressing multiple challenges: treatment, teaching, transmission of knowledge, and mastering technical progress. Healthcare personnel exercise this role in an individualistic universe comprising numerous social mutations, in a context of transformation of the carer-patient relationship. Healthcare personnel are also subject to an increasingly alienating normative system with the need to comply with activity-based costing (allowing them to exist individually independently of the hospital administration).

Healthcare personnel appear to be disoriented, anxious, and tired. They are often faced with various paradoxes that seriously disrupt their working life and oncology is a good illustration of these paradoxes.

Organization of the initial care pathway in head and neck cancer was defined in the 2015 *Société Française d'ORL* (SFORL) guidelines [1]. Some guidelines appear to be contradictory, by proposing personalized medicine, while requiring compliance with the principle of standardization, designed to ensure evidence-based medicine, based on real facts and convincing data.

In parallel, the roles attributed to healthcare personnel are integrated in a context of rationalization of organization, requiring rapid execution combined with maximum cost-effectiveness. It is often difficult to ensure the compatibility of these requirements.

Another paradox is illustrated by the regulatory framework of the cancer diagnosis announcement consultation (measure 40 of the Cancer plan) [2]. This consultation was decided in order to ensure a more humane approach in oncology and to improve patient management right from the diagnosis. The most recent Cancer plan has added a paramedical announcement consultation designed to provide time for discussion and more detailed explanation.

Application of these measures requires specific consultation conditions in accredited oncology centres, involving several different consultations comprising a large number of reformulations. These consultations constitute a source of improvement of quality of care, but are nevertheless difficult to organize for all patients. Many different systems have been proposed, but their sustainability is limited by economic constraints. The time devoted to these consultations, expressed in Full-Time Equivalents (FTE), is often poorly adapted to the reality of clinical practice.

The growing individualism within a fragile and increasingly subdivided community, the technicity, the excessive number of standards requiring a high level of traceability, and coding of medical procedures tend to destabilize healthcare personnel. Fatigue at work is observed in many different places and affects various categories of personnel and is due to multiple causes. Organizational planning has a number of consequences for hospital teams, resulting in a paradox between the quality process designed to ensure safe management and a more distant carer–patient relationship as a result of standardized practices (often reduced to traceability requirements) that are perceived as dehumanizing. This paradox generates frustration, exasperation, fatigue and, in the long term, is damaging to team work. Many healthcare personnel are opposed to a system that focuses their skills on organizational, quality, and safety aspects, removing them from their primary role, that of healthcare at the patient's bedside. These organizational aspects are very different from their initial career choices and commitment. The inability to completely ensure their primary vocation (healthcare is often unfinished or reduced due to lack of time) leads to feelings of guilt.

Healthcare personnel feel that they are no longer listened to, recognized, or respected by patients, families or the hospital hierarchy and many of them develop a burnout syndrome.

The prevention or reduction of burnout can not be ensured by healthcare personnel alone. Measures must be taken by hospital administrations to reinforce medical teams and we need to encourage active participation in healthcare in order to improve the quality of life of healthcare personnel at work, a prerequisite to better quality patient management.

A number of actions can be implemented. The concept of activity poles in hospitals has destroyed the identity of hospital units. Colombat et al. propose a return to unit structures, even artificially, with restoration of room for exchanges [3]. They propose to recreate the internal structures of hospital units for all socioeconomic categories. Regular multidisciplinary meetings must provide the opportunity to discuss and elaborate a life project for the patient. Team support requires debriefing meetings to enable members of staff to express themselves.

In parallel, it is important for teams to be actively involved in the construction of projects. This autonomy of healthcare personnel ensures valorization, adhesion to these jointly constructed projects, and finally improvement of patient management.

Despite these difficulties, healthcare professions are unique and provide a level of satisfaction rarely observed in other fields. Although we need to identify the adverse effects of the modern

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hospital, we must continue to seek or rediscover the meaning of healthcare and always bear in mind that human beings are an end and not a means.

Disclosure of interest

The authors declare that they have no competing interest.

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