THE DISAPPEARANCE AND REAPPEARANCE OF TERMINAL MEDICINE

Archipelagic perspectives on mathematics, physics
and perceptible spectra of reality

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Structure of the talk

- Introduction to organization theory
- Some history of palliative medicine
- Describe the historical event I’m interested in explaining
- Outline two hypothesis
- Conclusions and implications

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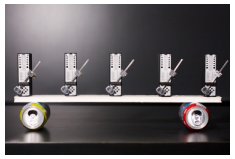
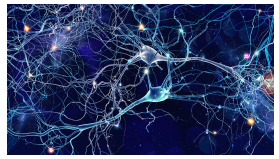
What is Organization Theory?

	Organized Groups	Work-Organizations
Teleonomic Processes *From Gr. Telos: goal, purpose & nomos: law* Global order arrived at from the blind application of local rules *(Winfree 2001, Strogatz 2004, Watts 2002)*	*Ex: Bees, fireflies, Evolution by natural selection, Coupled oscilators*   	
Teleologic Processes *From Gr. Telos: goal, purpose & logos: reason* Global order arrived at through local decisions of governance, reason, or the deliberate application of models *(Weber 2001, Schütz 1999)*	*Ex: Orchestras, synchronized dancing, football teams, pack-hunting*  	*Ex: Administration, governance, garbage sorting, process engineering, management*  

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The History of Hospice and Palliative Care

"Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (Sepúlveda et al. 2002, p.94)

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The Standard Narrative of Palliative Care

4th century:	The establishment of Xenodochia in the roman empire & the work of Saint Fabiola.
11th century:	The establishment of caring houses for ill and dying crusadors to and from the holy land.
14th century:	The knights hospitaliaire of St. John of Jerusalem opened hospices establishments on Rhodos.

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The Standard Narrative of Palliative Care

19th century: L'association des Dames du Calvaire in France
Religious Sisters of Charity in Irland and the UK

Early 20th century: Increasing deaths in hospitals and rising discontent and critique (Jalland 2003, Learner 1970, Kübler-Ross 2009, Becker 1973, Weisman 1972, Ariès 1974, Glaser and Strauss 1965)

1961: Poll on doctor's attitude to terminal care in the Journal of the American Medical Association (Riley 1983)

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The Standard Narrative of Palliative Care

1967: The establishement of St. Christopher's Hospice by Cicely Saunders, the worlds first "modern hospice."

1974: The establishment of Connecticut Hospice by Florance Wald

1975: Opening of Palliative Care Unit at St. Victorias Hospital, Canada

1982: Swedens first Hospice, Bräcke in Gothenburg

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The Standard Narrative of Palliative Care

1987: Palliative medicine became recognized as a speciality by the WHO.

1990: The first definition of palliative care, which in an updated version reads: "Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (Sepúlveda et al. 2002, p.94).

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Amendments to the Standard Narrative (Stolberg 2017)

15th century:	Guy De Chauliac's *Chirurgia Magna,* defines "cura palliativa" as applicable to three classes of cases: (i) when a disease could not be cured, (ii) when a patient didn't want to be cured, or (iii) when the cure would cause worse consequences than doing nothing (as in removing certain forms of tumors).
17th century:	Paulo Zacchia, an Italian physician who said that "[t]he commandment to love one's neighbor […] made it a physician's duty to at least slow down the progression of the disease and to ease the suffering when treating a patient who was incurably ill" (quoted in Stolberg 2017, p. 16).
18-19th century:	**The establishment and proliferation of hospitals**

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Amendments to the Standard Narrative (Stolberg 2017)

The 19th century: The decline of *cura palliative* (or *euthanasia medica*) in medical practice.

…

Why? The historical context points to the establishment of hospitals – bureaucratic work-organizations – as a key driver. But what was it about these establishments that had this effect?

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Hypothesis no. 1

Ecological-institutional theory

(aka. Competitive- and institutional isomorphism)

Competitive isomorphism: Markets exert a sort of environmental pressure → selection for efficiency and profitable business models → similarities accross industries in terms of modes of production and technologies (social and technical).

Institutional isomorphism: Successful organizations establishe legitimacy expectations → legitimacy becomes a factor in the competition on the market → selection towards similarities accross industries in terms of norms, values, and beliefs

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Hypothesis no. 2

Observation (Stolberg 2017): Pre-hospitals, doctors would be dependent on their reputation among clients for their livelyhood.

Suppose a pre-hospital doctor wanted to maximize their career and had the following decision-sets or strategies they could pursue:

(i) Always offer cure

(ii) Either offer cure or exit

(iii) Either offer cure, exit, or symptom relief

Which of these strategies would have the predicted highest pay-off in terms of reputation among clients?

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Hypothesis no. 2

	Patient survives	Patient dies
Curative	Improved reputation	Damaged reputation
No-treatment (no other doctor)	No change	No change
No-treatment (another doctor)	Damaged reputation	No change
Palliative	Improved reputation	No change

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Hypothesis no. 2

Now suppose instead that we consider a hospital employed doctors. Now their salery and esteme is not based on their clients but on their peer-group. So the question becomes instead, assuming the same decision-sets or strategies they could pursue:

Which of these strategies would have the predicted highest pay-off in terms of their reputation among peers?

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Hypothesis no. 2

	Patient survives	Patient dies
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Palliative	No change	No change

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Conclutions and Implications

- What does this mean in relation to increased bureaucratization?
- What does this mean in relation to a welfare state?
- What does this mean in relation to the new public management?

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