

Health Care Teams

Dear Editors:

Edmund L. Erde's article, *Notions of Teams and Team Talk in Health Care: Implications for Responsibilities*, published in the October 1981 issue of *LAW, MEDICINE & HEALTH CARE*, calls for jettisoning the team model of relations among health professionals as well as between providers and their patients or clients. This recommendation is based on various factors of "team talk," such as the incompatibility of whistleblowing and team integrity, the way team talk masks intraprofessional rivalries, and the difficulty of achieving and maintaining teams given governmental mandates for employees and employers. Erde concludes that team talk "hide[s] the real need for change in the hospital by suppressing feelings of alienation, or by manipulating people to feel guilty, while the causes of alienation are allowed to continue." Erde calls for a new philosophy of employment that does not pretend equality among the professions.

Erde seems to hold that these critical insights follow upon a conceptual analysis of the meaning of "team" which turns on the extrapolation of uses of the term from outside the context of health care into that context, rather than proceeding from a general definition of the term to an application of it to specific instances of health care organization. The latter move, however, has the advantage of forcing one to look at health care organizations for occurrent instances of the ideal concept, rather than looking for examples of the term's use which, measured by the ideal, appear grotesque, guided by ulterior motives or uninformed ("a significant problem with this [athletic team model] is that the members of the 'team' may not know the rhetoric required of them nor understand the non-democratic basis for the control of the team"). Erde claims that the democratic team model rarely exists; but it does exist in exciting, effective and powerful instances. Is it not better to study empirically such examples of the ideal concept, to learn how such difficult matters as decision-making, responsibility, compensation, communication with patients, professional status, and incompetent practices are

dealt with, than to dismiss the team concept on the grounds of incomplete, distorted or perverted examples? I am quite in sympathy with Erde's and Bell's perception that a new philosophy of employment is needed; and it is clear that the team model is not always appropriate for all employee/employer relations. Nonetheless, sociological studies of classic examples can yield applicable knowledge that may realize a part of that new philosophy.

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