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## Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Editorial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Out of darkness and into enlightenment</td>
<td>P Lees, S H Powis</td>
</tr>
<tr>
<td>13</td>
<td>Commentaries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Future of clinical leadership: saving our greatest intensity for human beings</td>
<td>M Harrison</td>
</tr>
<tr>
<td>16</td>
<td>Future of clinical leadership: the to-do list</td>
<td>J Tweedie, J Dacre</td>
</tr>
<tr>
<td>21</td>
<td>View from the faculty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leaders in healthcare: why you should attend this year’s annual conference</td>
<td>K Armit, P Lees</td>
</tr>
<tr>
<td>22</td>
<td>Moving to the enlightened side: a personal perspective on self-development and motivation</td>
<td>D Caesar</td>
</tr>
<tr>
<td>24</td>
<td>Moving to the enlightened side: a personal journey to a career in medical leadership and management</td>
<td>M Pandit</td>
</tr>
<tr>
<td>26</td>
<td>Leadership saves lives</td>
<td>C Marx</td>
</tr>
<tr>
<td>27</td>
<td>Resilience: not just a brave face: Developing a resilient system to enhance organisational performance</td>
<td>G Sullivan, C Gregson</td>
</tr>
<tr>
<td>29</td>
<td>Original research</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does price labelling result in sustained cost awareness?</td>
<td>T S Banerjee, N Chambers</td>
</tr>
</tbody>
</table>
Future of clinical leadership: saving our greatest intensity for human beings

Marc Harrison

ABSTRACT
Do the qualities that distinguish good doctors always lead to success in the operational space? The few studies that have explored this question suggest they can, though it’s not a guarantee, and there may be a tension. This article looks at the studies and suggests that with the global healthcare landscape changing so rapidly—politically, economically and technologically—introducing physicians to the craft of leadership in the operational space may be more important than ever. It can also be more rewarding than ever, so long as clinicians don’t lose sight of what it is they can uniquely offer as physician leaders. The article concludes that clinicians may be uniquely positioned to connect important points being raised about the healthcare ecosystem back to the reason it exists in the first place: to support caregivers in the sacred act of healing the sick, of preserving human life and human potential. ‘Saving our greatest intensity for human beings’ is ultimately what must distinguish clinical leaders.

I also learnt it’s not enough just to have a medical degree; the more important question was: Are you a good practitioner of your medical craft?’

I’ve heard you were a pretty good intensivist. ‘That happened to be the first thing one paediatrician said to me last October when I was introduced to him as the new CEO of Intermountain Healthcare. His earnest tone suggested he wasn’t trying to flatter me or offer a secondhand assessment of my professional skills. In fact, past experience had taught me that what this doctor really wanted to convey was how much it mattered to him that the new CEO of the place where he’d be dedicating his talents and huge quantities of his time knew what it meant to walk the walk.

Are physicians right to care if enterprise leaders have clinical expertise? Perhaps they are. This wasn’t the first time I’d encountered doctors and nurses, and even non-clinicians with a stake in the game, who seemed convinced there was—or could be—a correlation between a good doctor and a strong leader of a healthcare enterprise. Leadership positions for physicians can happen almost by accident. They did for me. I wasn’t seeking to be more than the best critical care paediatrician I could be when I was asked to become medical director of the paediatric intensive care unit (PICU) at the Cleveland Clinic. That led to other leadership roles including Chief Medical Operations Officer and CEO of Cleveland Clinic Abu Dhabi and finally CEO of Intermountain. Whatever the position, colleagues seemed to fully put their trust in me only when they saw that what mattered to me as a practising critical care paediatrician still mattered when I became responsible for the operations and strategic direction of a hospital or health system.

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