

Is the CHPEM a Centralized or Decentralized Economic Model?

By Rob Rennebohm, MD

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When the Children’s Hospital Public Economy Model (CHPEM)¹ is applied to a general economy² is it a centralized or decentralized economic model? Does its implementation result in a “centralized public economy,” in which power, wealth, and decision-making are primarily wielded by central leadership? Or does it result in a “decentralized public economy” composed of a multitude of local public activities that are guided by local leaders of the public economy?

This article explains that the CHPEM is a decentralized model which, however, is guided by a central unifying set of social, philosophical, economic, scientific, medical, and ethical principles.^{3,4}

The network of Public Children’s Hospitals in Canada exemplifies this concept, at least during the “altruistic era.”⁵ What follows is a description of Canada’s children’s hospitals during the “altruistic era:” Each province of Canada has its own provincial children’s hospital (or hospitals). These hospitals are located in major metropolitan population areas and are associated with public medical schools in those same areas. The Province of Alberta, for example, has two provincial public children’s hospital---one in Calgary and another in Edmonton. These are the only two major metropolitan population areas in Alberta. Each hospital is associated with a provincial public, university-based medical school. The province of Ontario has several major metropolitan population areas. A public children’s hospital and a public medical school are present in each of those metropolitan areas. British Columbia has one major metropolitan population area, with one public children’s hospital and one public medical school to serve the people of British Columbia. All of Canada’s children’s hospitals are public, as are the medical schools and universities with which they are affiliated.

Each of the public children’s hospitals in Canada is independent and free to develop its own unique version of excellence. Funding for each hospital comes from the provincial government, but the hospital’s budget and its specific utilization of funds is determined by the altruistic natural leaders of the hospital, who have gained and deserved the trust and appreciation of the provincial governmental leaders. There is no central authority in Ottawa (the capital of the Canadian national government) that dictates how each children’s hospital is to perform or how much funding each is to receive.

[Important Note: It is important to re-emphasize that the above description of children’s hospitals in Canada was definitely true during the “altruistic era” of children’s hospitals but has become less true during the “corporate era,” as those hospitals have become increasingly

corporatized.⁵ In this article, the description of Canada's children's hospitals applies to what they were like during the altruistic era, not the more recent corporate era.]

There is, however, a central unifying set of social, philosophical, economic, scientific, medical, and ethical principles that guides the collaborative network of provincial public children's hospitals in Canada, at least during the "altruistic era." One principle is that they are committed to collaboration and helping each other to achieve optimal performance.⁵ They are committed to the social and economic principles of the CHPEM. They understand and are guided by the foundational pillars³ of the CHPEM model: its positive understanding of human nature;⁶⁻⁸ its understanding of moral incentive vs monetary incentive;⁹ its understanding of the true nature and healthy role of competition;¹⁰ its understanding of "a most precious freedom;"¹¹ its understanding of "altruistic natural leaders;"¹²⁻¹⁴ and, thereby, its commitment to an altruistic approach.¹⁵ They are also committed to the same fundamental principles of science, medicine, and ethics⁴---such as honest, scientifically-sound collection of data; honest analysis and presentation of those data; rigorous, objective, fair peer-review; thorough and honest patient education; and informed consent. They are also committed to healthy dialogue¹⁶ and avoidance of narrow categorization of people's social, economic, and political beliefs.¹⁷ It is commitment to the above principles that provides a central guiding spirit that unifies the individual efforts of each local children's hospital in the loose horizontally collaborative national network of independent local public children's hospitals.

Similarly, the above unifying spirit and principles guide the loose international network of children's hospitals. All have the same mission---to serve children in the most exemplary way possible---each doing so in their own local, creative way.⁵

So, the CHPEM is a decentralized model that is, however, unified and guided by a central set of principles.

Likewise and accordingly, it is possible to envision what a public economy would look like if the principles, experiences, and spirit of the CHPEM were to be implemented throughout the general economy.² That general public economy would be decentralized, but guided by a central set of fundamentally important principles. The general economy would be composed of a vast array of local public efforts ("vast fields of public activity"¹⁸) that are working both individually (independently and uniquely) and collaboratively to meet the needs of the people in an exemplary fashion, to correct the Mean Arrangements of Man,¹⁹ to provide a Most Precious Freedom,¹¹ and to create greater Social Beauty²⁰ that all can enjoy.²¹

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