# Experiences and Aspects of Hospital and Clinic Mergers

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**Olle Larkö, Professor at the Department of Dermatology in Gothenburg, here discusses pros and cons of merging clinics at Sahlgrenska University Hospital.**

There has been much debate recently as to whether clinics and hospitals should be merged into larger units. Many arguments have been raised against mergers and many professionals are upset by this process. Currently, there is discussion about a merger between Lund and Malmö University Hospitals, and the old Karolinska Hospital and Huddinge Hospital recently underwent merger.

I discuss here some of our experiences at Sahlgrenska University Hospital, where merger between former Sahlgrenska Hospital, East Hospital and Mölndal Hospital took place 10 years ago. One of the aims of merger of the hospitals was to save money, but this fact increased the difficulties in the merger process. It is probably easier to make reasonable mergers without taking economic aspect into account. The experiences below are described in a SWOT analysis (where S=strengths, W=weaknesses, O=opportunities, and T=threats).

## Strengths

A larger clinic represents a larger scientific base, thus improving conditions for education and research. In addition, a larger clinic is less vulnerable if some of the staff leave or get ill.

## Weaknesses

Larger clinics and hospitals usually have greater difficulty in communication between units. Also, there may be cultural differences between former hospitals or former clinics. Small units also seem to be more effective in terms of the number of patients treated per doctor.

## Opportunities

Larger clinics and hospitals make it possible to develop research and education more effectively as the knowledge can be disseminated to more people. Consequently, larger clinics usually have higher levels of clinical competence and it may be possible to develop high-level research qualifications. Furthermore, the economic potential of carrying out research is probably better.

## Threats

The service provided to patients in their local geographical area might be reduced, as the travel distance for patients is usually greater. Also, administration may be more complicated. In many clinics today, the professor is no longer head of the clinic, but only the head of the university department. Various difficulties occur with this arrangement and conflicts are not uncommon. The head of the clinic should have a very good scientific background at least. Unfortunately, this is not always the case in Sweden, where doctors with a poor scientific background may lead a university clinic. Although there are exceptions, this is not a good model. If a doctor has been working for many years in a university clinic and has not written a PhD thesis, then he or she is probably not interested or not able to do it. In both instances I think there is a lack of qualification for the position of leader of a university clinic. There are many examples of the neglect of scientific and educational aspects.

## Conclusion

There has been much debate recently about the merger of hospitals and clinics. Most of the time we mainly see criticism in the media; however, my experience is the opposite. Large university hospitals and large university clinics offer a very good base for clinical research and education. They may be described as gigantic scientific workshops, where, if the clinic has good scientific leadership, it is possible to follow large patient materials.