

by *Stewart Cameron, MD*

The genetic basis of ADMINISTOSIS

"I began to get suspicious when my husband said he was 'empowering the children to form a committee to create a family mission statement.' Then, last week, he told the dog and cat they had to 'pursue opportunities' outside our home because we were 'downsizing.' I decided to seek help from a physician after last night. My husband came to bed and announced that he 'wished to deploy our clinical thrusts in a strategic merger.'"

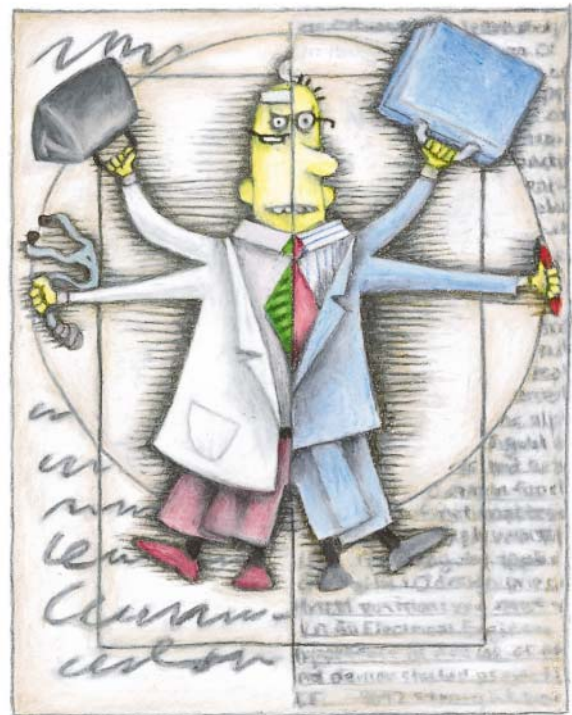
This unfortunate woman was the latest victim of a tragic disease; her physician husband had "gone into administration." The desire on the part of an otherwise normal clinician to assume bureaucratic responsibilities has always been considered a puzzling, and somewhat annoying, personality quirk. There is now sufficient evidence to propose that administrators are in fact genetically determined and are maladaptive homozygotes for an otherwise beneficial genetic mutation.

Diagnosis and natural course of illness

Since it is now apparent that this state represents a true disease, I am proposing that physicians with managerial tendencies be considered to be suffering from administosis. There is one major criterion for diagnosing the syndrome: the fixed delusion that the victim's organizational activities are somehow helpful, a misguided belief that persists in the absence of all validation and despite considerable evidence to the contrary. This state is pathognomonic. There are several minor criteria as well. The tendency to administer should be suspected when someone demonstrates

- an obsessive desire to write and widely distribute their random thoughts (typically called memoranda),
- compulsive use of voice mail (indeed, any doctor who actually uses the "distribution list" function should be considered affected unless proven otherwise),
- the hallucination that computers can make anything better,
- a tendency to associate with other affected people in groups called committees, and
- the desire to force normal people to participate in the activity with them.

All physicians are forced into some aspect of administration early in their careers. Typically they are assigned to hospital committees or managerial posts in their practices.



Most survive using the time-honoured practice of truancy until they learn the art of total absenteeism.¹ However, a small number become enamoured of their administrative duties for reasons previously unexplained. They devote increasing amounts of time to governance to the detriment of their clinical skills (and incomes). In the most advanced stages, physicians suffering from administosis enter the final stages by seeking the elusive MBA.

Historical theories

The condition of clinical administration has been known for millennia. (The term comes from the Latin roots *ad*, meaning toward, *mini*, meaning small or trivial, and *ration*, meaning portion, which literally translates as "working to give everyone something inconsequential.")

Theories about why doctors take up administrative duties have varied through the ages. The ancient Egyptian physician, Amentrouble, believed that administrative jobs should be created to remove ineffective professionals from active duty. "Where a doctor has seen more floods of the Nile than he has teeth, he should stop reducing ruptures

and begin to push papyrus instead,” he wrote. Pharaohs in ancient Egypt were entombed with their chief administrators, as evidenced by the presence of hieroglyphic minutes-of-meeting documents and cuneiform quality-assurance reports found inside several pyramids. Initially it was presumed this practice was a sign of their importance to the deceased king. However several skeletons have recently been found inside the pyramid of Cheops clutching phoney agenda documents. It appears they had been lured inside for disposal, baited by the promise of a special committee meeting.²

We must blame the Greeks for advancing the concept that an administrative position is honourable. Hippocrates wrote, “Where a healer has cauterized a thousand haemorrhoids, it is a bad sign. He should lay down his poker and take up the stylus to better organize the performance of his younger colleagues.” Remember, Hippocrates also thought that the arteries contained air.

The great physician Galen felt that administrators were born, not made. He proposed that the condition was the result of an excess of the humors bile, phlegm and blood because of administrators’ propensity to be simultaneously bilious, phlegmatic and sanguine.

In a landmark 1899 monograph, Freud and colleague³ proposed that administrative tendencies were the result of traumatic toilet training. They theorized that this was responsible for the preoccupation with performing ritualized ceremonial activities such as writing bylaws.

Some observers believe that clinical administrators are able to voluntarily control their activities, and therefore are guilty of a sin against nature. They have proposed that administrators “convert” to “normalcy,” but this approach has proven dangerous.⁴ More knowledgeable authorities accept that these people are indeed suffering from an illness. As Mungbean⁵ wrote, “You have your every fault brought to your attention daily, and your judgement is constantly questioned. It’s kind of like being the parent of teenagers. You become an administrator voluntarily only if you like to get beat up and make less money ... sure, normal people want more of that!”

Despite numerous attempts to free administrators of their own self-destructive tendencies, and to free the planet of administrators, they have persisted to modern times. Why has such an apparently maladaptive subset of the population survived? As I will show, it is because the gene that causes administrative behaviour confers an evolutionary advantage to heterozygotes.

The gene

Our team has discovered the locus of the administrator’s gene, using hospital management as a model for the condition. The isolation technique involved liquidization of tis-

sue samples from several VPs of medicine, hospital chiefs and university department heads (a process that received surprisingly quick approval from our ethics board, who graciously suggested that we frappé a few specimens whole — unfortunately we could not find a blender large enough, although one nursing director offered to start a funding drive to buy one). We used molecular probes on the liquefied sample to look for the “bombastic” gene, which has been shown to be associated with the administosis gene.⁶

Our analysis shows that the administosis gene produces a recurrent translocation involving the ends of 2 acrocentric chromosomes, 14 and 21. In this previously undescribed process, 3 pieces of DNA were repeatedly exchanged in a recurring pattern between the 2 chromosomes.

Because having a single copy of the administrator mutation appears to confer the ability to simultaneously manage several different problems, we proposed the name “the juggle gene.” This skill is highly respected in virtually all cultures, evidenced by the use of expressions “to keep all the balls in the air” and to “juggle one’s responsibilities.” While some manifestations of this ability are frowned upon (e.g., juggling the books), the trait is generally regarded as necessary for professional success. Alas, some people receive 2 copies of the allele, making them compulsive pushers of paper and victims of the administosis syndrome.

Therapy

Because it is genetically based, the state is presently incurable. Those afflicted should be treated with benevolence and reassured that their work is valuable. However, under no circumstances should their delusional plans actually be followed, lest grief befall all concerned. The best we can provide is sympathy to the family members and grief counselling to medical colleagues. There are some online self-help discussion groups devoted to this topic (e.g., alt.admin.recovery), but most of the users are the sort of people who accept advice from total strangers over the Internet.⁷

References

1. The memoranda of Machiavelli, with special emphasis on “while you were out” notes. *Archives R Us* 1995;677:612-7.
2. Callipygous A. *Administration’s place in history*. New York: Colophon Publishers; 1996. p. 145.
3. Freud S, Jurgen Regreth. *Die Anabretentivedummkopfen*. Vienna: Uberallesbuchen; 1899. p. 67.
4. Nutzoi D, B Onkers. Hyper-analysis of 36 meta-analyses of executive voice mail greetings. *Administrivia Ad Infinitum* 1997;46:13356-60.
5. Mungbean R. *The commercialization of morality — from Socrates to Big Soren K’s deontology barn*. Stockholm: House O’ Ethics Publishing; 1998. p. 123.
6. Vapid R. Restriction fragment length polymorphism in bureaucratic twits. *Recreational Genetics* 1997;6:32-67.
7. www.borneveryminute.com/credulous/glaikit.html.

Dr. Stewart Cameron, Chief, Department of Family Medicine at Halifax’s Queen Elizabeth II Health Sciences Centre, took time out from a meeting to write this.