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EDITORIAL
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Health management in the "Ghetto" of medicine
Professional dominance or scientific misclassification?

In contemporary academic and healthcare systems, the recognition of scientific fields is expected to be grounded in conceptual clarity, methodological rigor, and contribution to real-world problem-solving. However, in practice, the boundaries of scientific recognition are not always determined by these principles alone. Instead, they are often shaped by historical hierarchies, professional cultures, and implicit assumptions about authority and legitimacy within the health sciences.

One field where this tension becomes particularly visible is health management. Despite its well-established role in organizing care delivery, optimizing resource allocation, and supporting evidence-based decision-making, it is not consistently recognized as an autonomous scientific domain. This inconsistency raises a critical question; is this a matter of scientific misclassification, or does it reflect deeper structural dynamics within the healthcare knowledge system?

Professional identity is a central component of individual self-concept, reflecting how individuals perceive their role within a profession.[1] In medicine, professional identity is formed through a long process of education, clinical training, and socialization into the norms, values, and responsibilities of medical practice.[2] Physicians internalize not only clinical expertise but also a sense of authority, responsibility, and professional autonomy.[3] This identity plays a critical role in shaping clinical behavior, decision-making, and interactions within healthcare systems. Importantly, however, professional identity in medicine does not operate solely at the individual level; it also contributes to the collective positioning of the medical profession within the broader healthcare system.

While a strong professional identity is essential for maintaining standards of care and accountability, it may also contribute to the consolidation of professional boundaries. When professional identity becomes overly rigid, it can evolve into "professional ego", shaping perceptions of authority, legitimacy, and relevance.

Within this context, the historically dominant position of medicine may extend beyond clinical practice into the governance and structuring of knowledge. This dynamic has been described by Freidson[4] as medical dominance, whereby the medical profession exerts influence over the organization of healthcare systems, the definition of legitimate knowledge, and the boundaries of other disciplines.

As a result, non-clinical fields, such as health management, health economics, and health policy may be implicitly positioned as secondary or supportive. In some cases, this leads to the effective "ghettoization" of management-related disciplines within the hierarchy of health sciences, where they are treated as peripheral despite their essential role in health system performance.

The marginalization of health management is not merely a symbolic issue but reflects a deeper inconsistency in how scientific relevance is defined. Conceptually, management and evaluation are integral to the functioning of healthcare systems. Methodologically, they employ rigorous analytical frameworks. Practically, they are indispensable for addressing contemporary challenges such as resource constraints, system efficiency, and quality improvement.

Yet, paradoxically, disciplines with clear conceptual alignment to management are sometimes excluded from recognition, while clinically oriented fields whose epistemological foundations differ significantly are accepted as relevant. This asymmetry suggests that scientific coherence is not always the primary criterion guiding academic classification.

The implications of this imbalance extend beyond academia. Modern health systems are increasingly complex and require effective integration of clinical, managerial, and policy perspectives. The marginalization of management sciences risks weakening decision-making processes, limiting system responsiveness, and undermining efforts toward sustainability and efficiency.

From a health policy perspective, failure to recognize the full scope of health management may hinder the development of evidence-informed governance frameworks. As international organizations such as the World Health Organization emphasize, system performance depends not only on clinical excellence but also on leadership, organization, and resource management.

Addressing this issue requires more than administrative adjustment; it demands a re-examination of how scientific relevance is conceptualized. Academic and institutional systems must move beyond historically embedded hierarchies and align their classification criteria with contemporary scientific knowledge.

Recognizing health management as a core scientific field is not simply a matter of disciplinary fairness. It is a prerequisite for ensuring that health systems are equipped to meet current and future challenges. Ultimately, the question is not whether health management belongs within the core of health sciences, but whether academic structures are willing to move beyond "professional ego" and embrace a truly interdisciplinary understanding of healthcare.

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ΠΕΡΙΛΗΨΗ

Διαχείριση της υγείας στο «γκέτο» της Ιατρικής.
Επαγγελματική κυριαρχία ή επιστημονικά εσφαλμένη ταξινόμηση;

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