Sri Lanka Legislative Drafting Workshops

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COMMENTS ON RESEARCH REPORT RELATING TO
DEVELOPMENT IN RURAL HEALTH FACILITIES
IN NORTH CENTRAL PROVINCE

In general, you have tried to follow the outline. It would help, however, if you thought through and showed the readers the underlying logic of your argument at every point. This review will briefly consider some detailed aspects of that argument, as well as its logic.

Part I: Introduction: Your 'grabber' paragraph remains quite general. Can you cite a particular incident that sharply illustrates the problem of inadequate rural health facilities in the NCP? In a few sentences, then, you can point out that your bill will focus on that one aspect of the Province's larger health problems, namely, inadequate rural health facilities. By establishing a Provincial Health Board and Divisional Health Committees with open, accountable and participatory decision-making processes, your proposed bill aims to overcome the causes of past failures to provide essential facilities in remote rural areas.

With those brief introductory paragraphs, you might then outline the introductory Part's contents so the reader knows what it covers; but usually the Introduction is brief enough that no great harm occurs if you omit the mini-introduction to the Introductory Part. Your history of past (colonial) government's approach seems to show that it focused primarily on curative facilities in the urban areas, neglecting the poor rural inhabitants, setting a pattern which has persisted; and more recent legislation, purporting to change it, have nevertheless tended to leave rural NCP health facilities behind those in the urban centers. (Note: This reflected a common colonial-post-colonial problem elsewhere).

Your methodology section should emphasize that the next parts of your report, structured by a problem-solving approach, will first describe the NCP rural health plight in more depth, and then, since law can only address problematic behaviours, centre attention on the social actors' behaviours that have perpetuated

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1 You mention ends-means and incrementalism below, seemingly out of context; for this report's purposes, if you include them at all, you probably should put them in a footnote to your brief review of the problem-solving methodology here.
that old pattern. Guided by legislative theory, the following part, III, will provide evidence as to the causes of those problematic behaviours, influenced not only by the inadequacy of the past laws, but a host of interrelated non-legal factors. On that basis, Part IV will show how your bill's detailed measures logically aim to alter or eliminate those causes in order to induce behaviours more likely to meet the health needs of the NCP's rural poor.

Part II: Difficulty. Here you do need a mini-introduction that tells readers the logic of describing the difficulty and whose and what behaviours comprise it; and then outlines the chapter. Then you need far more evidence as to the nature and scope of the difficulty. You probably need to show how rural health facilities do relate to urban facilities, even in a more balanced health care system; can government afford the most advanced technologies in small rural hospitals, or -- given financial constraints -- will their cost require economies of scale that only urban hospitals can provide? (This requires knowledge about those possible costs, as well as available Sri Lankan financial and medical personnel resources). In any event, you need to provide facts about the insufficiency of available facilities, perhaps with a table showing which Divisions now have hospitals and the main facilities they include; and some figures about the numbers of hospital beds, nurses and doctors per rural dweller in each Division (perhaps compared to an international standard for countries with the same per capita income as Sri Lanka; check the World Bank's Annual Development Report statistics). You mention wounded soldiers as an added burden. Can you provide any data on how serious that burden is?

In your part relating to key social actors and their problematic behaviours, you need specify more carefully who does what: For example, in the next Part, III, you emphasize the District Health Officers -- apparently as central to the failure to implement existing legislation relating to rural health facilities -- but in the Difficulty Part you don't mention them. You also mention doctors 'and other medical personnel' on p. 9 of your explanations Part, but leave them out of this section on whose and what behaviours comprise the difficulty. Why?

Indeed, be sure that your statements about the difficulty's characteristics do not contradict each other; at one point, you say a hospital already exists in every division - is that a typo?

If you use the term role occupant, you probably should provide a footnote to tell readers why you use that term to help identify targets of rules in terms of the role they play in the context of the particular social problem of inadequate health facilities.
Don't describe problematic behaviours as the 'lack' of something you think actors should do, but in terms of what the relevant actors (e.g., local authorities, or medical staff) actually do or do not do. In particular, given your concern with implementation under existing legislation, who/what agencies have principle responsibility, and what constitutes their problematic behaviours.

If you could elaborate the who benefits-who suffers section further, it would lay a sounder basis for assessing the social costs and benefits of your proposed solution in Part IV.

You need a mini-conclusion to the Difficulty Part which reminds readers of the serious nature and scope of the difficulty's resource aspects, and that your analysis of whose and what behaviours comprise that difficulty lays the necessary basis for analyzing the causes of those behaviours in the next Part, III. That analysis, in turn, will lead, logically, to the kinds of measures your proposed bill should include to overcome those causes in order to facilitate improved behaviours (the subject of Part IV).

**Part III: Explanations.** This part seems quite weak. Your mini-introduction should tell readers the logic of this Part, and outline its contents. Instead, you repeat a little of the legislative history without showing, logically, how it fits into your explanations for the relevant actors' problematic behaviours.

If you argue the Health Council, Boards and Hospital Committees comprise important actors, why didn't you include them in the Difficulty Part, and describe their behaviours there?

Perhaps you aimed to tell the readers that the existing legislation, the current Rules, prove inadequate because they grant the relevant actors too much discretion; provide decision-making processes that remain unaccountable, non-transparent and non-participatory; and failed to provide adequate conformity-inducing measures to ensure effective implementation. If so, you should tell the readers so, and make sure that you show that the existing rules do prove inadequate in these ways by quoting the relevant passages. Your D. section on non-legal factors seems mainly to repeat aspects of the nature and scope of the difficulty: inadequate rural health facilities in the NCP (see p. 7). On your p. 8, you seem to begin discussing non-legal factors likely to have affected the Provincial Health Director's behaviours. You mention that the bills provide him with the opportunity, but not enough funds (presumably a condition?). Did he have adequate capacity -- the skills and knowledge to plan for facilities? Did he have other sources of funds? Can you explore the reasons for his possible interest -- or lack of it -- more fully? Most important, ca you examine the decision-making processes within which he operates in terms of their transparency,
accountability, and participatory features?

Suddenly, at the bottom of p. 8, you mention the provincial council. Logically, how does this fit into your analysis here?

Under 'ideology', you do not discuss the District Health Officers' values and attitudes. Instead, you discuss 'people in the area' and how they might be willing to help implement (presumably) your solution. Logically, how does that fit into your point 5 on p. 9?

Your D. on p. 9, headlined 'Non-legal factors affecting the implementing institutions' behaviours", seems misleading, since you simply again describe aspects of the difficulty (why here, and not in Part II?).

Again, your mini-conclusion should summarize the factors causing the relevant role occupants' behaviours, and reiterate your report's logic: the next part on solutions, will aim to justify the bill's detailed measures by showing that they will logically likely alter or eliminate the causes of the relevant role occupants' problematic behaviours.

Part IV: the solution (your bill):

Once again, rewrite your mini-introduction to tell readers the logic of this Part in spelling out your bill's details and showing how they will overcome the causes of the relevant actors' problematic behaviours, thus inducing them to work more effectively to provide adequate rural health facilities; and then outlining its main contents. Your rejection of existing implementing agencies as an alternative to your proposed bill really belongs in section B under #1., doesn't it?

Your B appropriately considers alternative available solutions (perhaps you could elaborate these further with information relating to foreign law and experience). You probably should explain why you reject existing agencies by elaborating the causes of their failure to implement existing laws in your Explanations Part; as noted above, that section remains skimpy. You should explain the reasons why you hold that private initiatives might not work, either.

In reviewing your preferred solution, that is, your proposed bill, you need to show how your bill's detailed measures will, in fact, change or eliminate the causes of the relevant social actors' problematic behaviours. That is, what will the bill provide in the way of conformity-inducing measures, as well as appropriate transparent, accountable and participatory processes, that will make it likely the PHSB together with the DHSCs will do better than their predecessors. (Note that they, too, will have to deal with the scarcity of financial resources -- so how will they get around that 'condition'? ) Only if you can show, logically, that
they can overcome the causes you (still have to) identify for the earlier implementing agencies’ failures, can you claim a 'reasonable expectation' (p. 16) for greater success.

And you must focus your section F (p. 16), on the likely social and financial costs of your bill's proposed measures vs. their potential benefits more specifically, if possible including some estimates of the costs of staffing etc. Presumably, the DHSCs will use community resources, rather than salaried personnel, as much as possible; but will they have the necessary skills to estimate the costs of providing new facilities, including both hospital space (at appropriate levels of technology), as well as adequate housing for doctors and nurses.

Your conclusion emphasizes that, as the key element, your bill will ensure community participation to achieve adequate rural health facilities. A review of your solution Part IV, however, indicates that you need to provide more details in order to show how the bill will likely achieve this within the constraints imposed by the available resources. Then, in your conclusion, you can emphasize the specific criteria and procedures that make your proposed solution likely to take place.

On the form of your research report.

Above, we have emphasized the importance of showing the logic of your report as structured by using the problem-solving methodology in the context of legislative theory. We have mentioned the role of mini-introductions and mini-conclusions as essential 'signposts' to tell readers about that logic. Here, therefore, we mention only the importance of careful editing of each sentence in your next draft:

Avoid the passive voice: In doing this, you will make a much stronger case in support of your article by helping the readers understand who's behaviours have had what negative social consequences -- and therefore why and how your bill's details must change then. For example, on p. 1 you say, "Health services in the MCP is being confined to urban centres." You would do better to say who, in what historical circumstances, have confined health services in the urban centres: Both the former colonial and, apparently, the post-colonial administrators apparently viewed health services as curative facilities to meet the needs primarily of those who managed the 'modern' urban sector developed. In that historical circumstances, the development medical technology, designed to provide 'cures' for heart disease, cancer, etc. -- that is, diseases likely to persist even when the general level of preventive health care rises -- has required a) a large enough, relatively high income population group to finance the necessary highly complex, very expensive facilities (either through taxes or through private fees); and b) the research and training facilities essential to enable domestic medical personnel to develop those
techniques. Both of these requirements typically exist -- if at all -- not in remote rural communities, but in the historically-shaped urban areas. This poses the health planning problem: How to ensure that, given the constraints imposed by limited financial resources and technological economies of scale, how can Provincial health authorities ensure that the rural poor in remote villages gain more equitable access to advanced curative health facilities.

In other words, by avoiding the passive voice, you will find it necessary to provide more detailed explanations of the reasons, backed by adequate facts, for the present inequitable distribution of curative (as opposed to preventive measures) health facilities, thus laying the basis for helping your readers to understand the underlying requirements of your proposed planning process, the criteria which will clarify the nature and scope of your proposed community planning.

**Place the most important concept at the end of the sentence:** That ensures that your readers will remember the main point you wish to make. Take, for example, the sentence starting on the bottom of p. 1 and carrying over to the top of p. 2: "This is mainly because they don't get sufficient medical care, attention or relief at their village hospitals or peripheral medical centres." That they 'do not get sufficient medical care' seems to constitute the most important concept here; but you leave your readers with some vague notion about village hospitals or peripheral centres. If you turn the sentence around (and eliminate the passive voice; note that you 'there is' comprises a form of 'throat clearing' which you never need anyway), you will help to ensure your readers understand the most important concept: "At their village hospitals or peripheral medical centres, the rural poor do not receive sufficient medical care, attention, or relief."

And so forth. For more details, refer to Manual, Chapters 5 and 6.