La profession médicale : VERS UN NOUVEAU CONTRAT SOCIAL

Summary and Discussion Guide

HAVE YOUR SAY ON THIS ISSUE!
Send us your comments and thoughts.

For QMA members: Share your comments on the news feed on **www.petalmd.com**

For all physicians: Send comments to **consultation@amq.ca**

You will find the discussion paper on the website: **www.amq.ca**

QMA
Doctors IN ACTION

February 2015

BACKGROUND

The medical profession has always benefited from a great deal of sympathy and respect from the population in general and the other professions. However, major changes in the environment in recent years have resulted in a profound shift in the role of health care professionals, including physicians. Some controversial events have also generated media coverage that has contributed to undermining the image of the medical profession in the eyes of the general public.

The social responsibility of physicians is taking on increasing prominence in the debates surrounding the future of the medical profession. Physicians enjoy high social status and control the standards and skills that give access to the profession. In return, the other side of this social contract means that physicians have the responsibility to deliver good service for their patients and society in general.

The Québec Medical Association feels that the current context is ripe for taking an in-depth, fundamental look at the future of the medical profession and its relationship with society as a whole. In short, how should we and can we shape the social contract between the medical profession and society?

THE SOCIAL CONTRACT

Several authors, namely Paul Starr, Sylvia Cruess and Richard Cruess, hypothesize that the changes in the medical environment have altered modern professional dynamics. In particular, the terms of the social contract have evolved. This contract, which tends to be implicit, assumes an agreement between the medical community and society. Like any official agreement, it confers rights and obligations on the various parties. Although the concept of the social contract can be applied to society in general, it is also possible to understand the terms at a more individual level. Thus, the terms of this moral commitment apply at the level of the medical community–society relationship, as well as the physician–patient relationship. They are the same obligations and the same privileges that guide the provision of care and services, regardless of the relationship level considered.

THE EXPECTATIONS OF THE MEDICAL PROFESSION

Authors Cruess and Cruess elaborate more on this concept of privilege. Interested in getting a comprehensive portrait of the situation, these researchers conducted a review of the privileges granted to physicians.

Clinical autonomy

The complexity and diversity of the situations that physicians face require considerable clinical autonomy. Clinical judgment must therefore be made free of any obligations or constraints that could restrict the physician-patient relationship.

Trust

Trust is the foundation of a professional relationship. Traditional mechanisms such as codes of ethics, medical degrees, ongoing training and moral commitment aim to guarantee the high standards of the medical services provided and to maintain a high level of patient trust in physicians.

Monopoly

The concept of a monopoly is central to the medical profession. Recognized as a legal right, the practice of medicine is governed by strict rules. It is necessary for physicians to maintain this "professional restriction" to guarantee the high standards of medical practice.

Social status and rewards

The medical community believes that the commitment and devotion to patients should be rewarded with fair and equitable compensation.

Self-regulation

Self-regulation is one of the tenets of the high standards of medical practice. In this respect, many authors believe that, for the well-being of patients, physicians must remain independent from, yet still accountable to, the influence of the State, institutions and organizations within which they operate.

Functioning of the health care system

A variety of professional groups exist within the health care organizations. This network of relationships calls for strong links between all the partners in order to guarantee integrated care and services for patients. Now more than ever before, physicians are being asked to take on this major challenge. This implies that the medical community is invited to share its skills and opinions in order to develop organizational management strategies that favour the patient's experience.

SOCIETAL EXPECTATIONS

The population's expectations of the medical community are not well-defined by legal provisions or official regulations, but rather by general moral commitments.

Nevertheless, they are very important. The review of the literature by Cruess and Cruess suggests that there are seven main categories of societal expectations.

Availability of the healer

The practice of medicine is linked to society's primary expectation that the professionals are available. Because of the determining roles played by the physician (healer and professional), availability is almost sacred. Individuals want proper medical care that respects their confidentiality and dignity, but also within reasonable wait times.

Latest clinical competence

Physicians are health professionals who have the latest expertise, clinical judgment and skills, and who work with their patients. Patients are key players who want to be an integral member of the physician-patient relationship. However, they expect their physicians to be sufficiently qualified, trained and ethically responsible to participate in the process.

Altruism

The practice of medicine is focused on one essential virtue: the interests of the patient. Because of the privileges granted to it, the medical community must transcend its own interests and earn the public's esteem. Altruism must always come before the physician's personal interests.

Morality and integrity

The trust of the public is a key element in the social contract; any action that contributes to eroding this trust is a threat for the medical profession as a whole.

Promotion of the public good

Society expects the medical community to address and publicly defend the interests of patients. The medical community must have a mission other than the practice of medicine as it has been pursued historically.

Transparency

Society no longer allows the professions to operate in a closed manner. More so than ever, the medical community must be open in order to build the foundations of medical practice with all the stakeholders in society. The recent public debate on medical aid in dying illustrates this paradigm shift.

Accountability

As integral members of society, physicians must reconcile their interests and professional needs according to the resources available, and always in the interests of the patient. The growing tensions resulting from this situation cannot be ignored. Physicians must be transparent due to the public nature of the health care and services system in which they operate.

POINTS OF TENSION

Society has always recognized medicine as a distinct, trustworthy profession because of the reputation of its education, the commitment of its members to the population, its high standards of practice, the affirmed moral and ethical values within the community and the strength of its professionalism. Nevertheless, various events in recent years have undermined this trust. A few points of tension responsible for this situation are summarized below.

Accessibility

Among society's expectations from the medical community, accessibility is without question at the top of the list of the population's concerns.

If the access problems persist, they could result in the adoption of mechanisms by the State to regulate or control professional practice. The government's tabling of Bill 20 in the fall of 2014 is a prime example.

Morality and Integrity

Because of the privileges granted to the medical community, society assumes that physicians will demonstrate morality and integrity in performing their duties, as well as in their personal lives. However, some significant events, such as financial compensation received for services not rendered, or operating rooms used by physicians for private interests, can contribute to eroding the public's trust in members of the profession. While the large majority of physicians practise their profession without reproach, some engage in non-professional behaviour. In short, the perception held by part of the population could lead to doubts about medical altruism.

Duties and Responsibilities

Historically, the medical community was fully involved in clinical governance. Over the years, interests evolved and physicians stepped back from managing health care organizations. Although many efforts have been made in the past few years to support or reaffirm strong medical leadership within health care and services organizations, governance is now the responsibility of managers, even in some clinics.

Inspired by practices in the private sector, reformists attempt to measure, standardize and optimize performance in medical practice. To do this, they rethink and renew control mechanisms; traditional accountability models today no longer appear to be enough to guarantee high standards in the practice of medicine. In short, peer control, which was once legitimized by knowledge, standards of practice, moral values and reputation, is no longer considered valid for ensuring the efficiency of members of the medical community. Because members have been withdrawing from clinical governance, the medical community could see a decrease in its clinical autonomy and ability to self-regulate.

ISSUES

General issues

- How am I, as a physician, affected by these considerations of the social contract between the medical profession and society?
- What does that change in my daily practice?
- What can I contribute to this debate, beyond the theoretical aspects?

More specific issues about the points of tension

About accessibility

- What professional conditions are conducive to the practice of medicine that make it possible to guarantee the availability of medical services?
- What strategies could be adopted to maintain the population's trust in the medical community while preserving the long-standing privileges of reputation, autonomy and self-regulation?
- Does the reality of practising contemporary medicine imply a change to the privileges that are granted to the medical community?
- Does the reality of practising contemporary medicine imply a change to the population's expectations of the medical profession?

About morality and integrity

- What avenues should be considered to guarantee respect for the values of morality and integrity that make the reputation of the medical community?
- Does society have realistic expectations of the medical community and can they be reconsidered?
- As professionals, do physicians have a responsibility towards the population?

About duties and responsibilities

- If necessary, what are the possible strategies for reconciling the roles of professional, healer and manager?
- Does the State have realistic expectations of the medical community and can they be reconsidered?

Graphic design : Ardecom inc.