La profession médicale :
VERS UN NOUVEAU CONTRAT SOCIAL
PROFESSIONALISM AND MEDICINE’S SOCIAL CONTRACT WITH SOCIETY

Dr Richard L. Cruess & Dre Sylvia R. Cruess
WHY
PROFESSIONALISM?

WHY NOW?

WHY THE SOCIAL CONTRACT?
Society
“a better informed community is asking for accountability, transparency, and sound professional standards”

Medicine
“feels that it’s autonomy is severely restricted by budgets, bureaucracy, guidelines, and peer review”

Dunning. BMJ: 1999
THE RESULT

• Medicine’s relationship with society is under intense scrutiny
• Most call this relationship a “Social Contract” - a term used for 300 years
• Reciprocal rights and obligations are fundamental to the concept
• In medicine, the concept is frequently invoked and rarely analyzed
• The status of all professions in society, including medicine, is threatened for a variety of reasons

• One response of the medical profession: To try to ensure that all graduates, trainees and practitioners understand the nature of professionalism, their professional obligations & have acquired a professional identity
PROFESSIONAL STATUS IS IMPORTANT TO MEDICINE

IT CONFERS

• Prestige and Respect
• Trust
• Autonomy in Practice
• Self- Regulation
• Financial Rewards
Neither economic incentives, nor technology, nor administrative control has proved an effective surrogate for the commitment to integrity evoked in the ideal of professionalism.”

Sullivan, 1995
Physicians today “frequently need the purpose and meaning of activities spelled out for them…… Most young people no longer respond to appeals to duty; instead, they want to know exactly why they are doing something….​”

Twenge: Medical Education, 2009
PROFESSIONALISM AS THE BASIS OF MEDICINE’S SOCIAL CONTRACT WITH SOCIETY

• Provides an answer to the “WHY”
• Describes the reciprocal nature of medicine’s relationship with society
• Provides a logical basis for medicine’s obligations
• Emphasizes the consequences if either party fails to meet the legitimate expectations of the other
• “Empowers” students, residents and physicians as they face changes
WHAT IS A SOCIAL CONTRACT?
THE SOCIAL CONTRACT

- 18th century concept
  Hobbes, Locke, Rousseau…..
  Explains the relationship between citizens and the state
- Concept evolved over time
- Still used to describe the organization of contemporary society (Rawls, Daniels)
- Stresses Mutual Privileges and Obligations
THE SOCIAL CONTRACT

“A basis for legitimating legal and political power in the idea of a contract. Contracts are things that create obligations, hence if we can view society as organized ‘as if’ a contract has been formed between the citizen and the sovereign power, this will ground the nature of the obligations, each to the other”

Oxford Dictionary of Philosophy, 1996
THE SOCIAL CONTRACT IN HEALTH CARE

MACRO vs MICRO

- MACRO: Includes all essential services required by a population
- MICRO: Includes individual essential services

Must conform to the “moral boundaries” laid down by the macro contract

Donaldson & Dunfee, 1999
THE SOCIAL CONTRACT IN HEALTH CARE

THE HEALTH CARE PROFESSIONS HAVE MICRO CONTRACTS
CASE STUDY

US & CANADA SHARE A CONTINENT

• MACRO: Different approach to overall social safety net- US stresses individual responsibility, Canada collective

• MICRO: The macro contract influences health policy

• Health as a “public good” or a “right”
The Social Contract in Health Care
Hinges on Professionalism

• It serves as the basis for the expectations of medicine and society.
• It is constantly being renegotiated as society & medicine evolve
• Professionalism must evolve as the contract changes
THE EVOLUTION OF THE SOCIAL CONTRACT

Until 1960: MEDICAL PROFESSION DOMINANT
1960 - Present: STATE/CORPORATE SECTOR DOMINANT

A NEW CONTRACT

↑ Accountability          ↓ Autonomy
↓ Trust
↑ Patient Autonomy
↑ Transparency
↑ Financial Rewards/Conflicts of Interest
↑ Team Health Care

Altered Expectations (Society & Professions)
WHAT IS MEDICAL PROFESSIONALISM?
Physicians Have Two Roles

• **HEALER**
• **PROFESSIONAL**
• Served simultaneously
• Analyzed separately
Healing and Professionalism

**THE HEALER**

**Antiquity**
- Asclepius
- Hippocrates
- Maimonides
- Other Cultures

**technology**
- “curing”

**The Present**

**THE PROFESSIONAL**

**Middle ages**
- “Learned professions”
  - clergy, law, medicine

**1850: Legislation monopoly**

**1900: University linkage**

**Science**

**Codes of Ethics**

**The Present**
Professionalism as the word is used usually includes both roles
**Attributes**

**PHYSICIAN**

**Healer**

**Professional**

- Competence
  - Commitment
  - Confidentiality
  - Altruism
  - Trustworthy
  - Integrity / Honesty
  - codes of ethics
  - Morality / Ethical Behavior
  - Responsibility to profession

- Autonomy
  - Self-regulation
  - associations
  - institutions
  - Responsibility to society
  - Team work

Caring/ compassion
listen
Insight
Openness
Respect for the healing function
Respect patient dignity/autonomy
Advocate for Patient
Presence/Accompany

Based on the Literature
The Primary Role is that of the Healer
SOCIOLGY

Autonomy in practice is a hallmark of professional status
“An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and to the promotion of the public good within their domain.

These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served, to their colleagues, and to society.”

- Derived from the Oxford English Dictionary and the literature on professionalism
- Cruess, Johnston, Cruess “Teaching and Learning in Medicine”, 2004
UNIVERSALITY

THE ROLE OF THE HEALER IS UNIVERSAL

PROFESSIONALISM VARIES BETWEEN COUNTRIES & CULTURES DEPENDING ON THEIR SOCIAL CONTRACT
Why The Social Contract?

• It provides a basis for the dialogue which must take place between medicine and society
• It supplies a rationale for medicine’s professional obligations
• It implies consequences if medicine or society fail to meet each other’s reasonable expectations
Today’s Social Contract

“A BARGAIN”

Medicine is given prestige, autonomy, the privilege of self-regulation, and rewards on the understanding that it will be altruistic, self-regulate well, be trustworthy, and address the concerns of society.

Klein 2005
The Social Contract

A mix of:

• the written and the unwritten licensing laws, health care legislation, codes of ethics

• legal obligations

• moral obligations - can not legislate

• the universal and the local

Constantly evolving (being “renegotiated”)
WHO ARE THE PARTIES TO THE CONTRACT?
THE SOCIAL CONTRACT

THE MEDICAL PROFESSION

- Medicine’s Institutions
- Individual Physicians

SOCIETY

- Patients
- General Public
- Government
- Politicians
- Civil Servants
- Managers

Expectations
Obligations

PROFESSIONALISM

Cruess & Cruess
Perspectives in Biol & Med. 2008
MEDIATORS OF THE SOCIAL CONTRACT

1. Health Care System
2. Regulatory Framework
3. The Commercial Sector
4. Other Stakeholders
5. The Media

after Rosen & Dewar, 2004
WHAT ARE THE EXPECTATIONS OF MEDICINE AND SOCIETY?
### The Social Contract

<table>
<thead>
<tr>
<th>Society’s Expectations of Medicine</th>
<th>Medicine’s Expectations of Society</th>
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<tbody>
<tr>
<td>• to fulfill the role of the healer</td>
<td>• trust</td>
</tr>
<tr>
<td>• assured competence</td>
<td>• <strong>autonomy</strong></td>
</tr>
<tr>
<td>• access to care</td>
<td>• self-regulation</td>
</tr>
<tr>
<td>• altruistic service</td>
<td>• health care system</td>
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<tr>
<td>• morality, integrity, honesty</td>
<td>value-laden</td>
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<td>codes of ethics</td>
<td>adequately funded</td>
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<tr>
<td>• trustworthy</td>
<td>reasonable freedom</td>
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<tr>
<td>• accountability/transparency</td>
<td>• role in public policy</td>
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<tr>
<td>• respect for patient</td>
<td>• accept some responsibility for</td>
</tr>
<tr>
<td>dignity/autonomy</td>
<td>health</td>
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<tr>
<td>• source of objective advice</td>
<td>• monopoly</td>
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<td>• promotion of the public good</td>
<td>• lifestyle</td>
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<td>• rewards – non-financial</td>
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<td>– financial</td>
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THE SOCIAL CONTRACT

THERE ARE CONSEQUENCES WHEN EXPECTATIONS ARE NOT MET

“BREACHES” IN THE CONTRACT
Breaching the Social Contract

MEDICINE FAILS TO MEET SOCIETAL EXPECTATIONS

THE RESULT- A CHANGE IN THE CONTRACT

- public trust in the “system” (contract)
- trust in physician/the profession
- medical influence on public policy
- external regulation ↓self-regulation
- autonomy
Breaching the Social Contract

SELF-REGULATION

Case Study: THE UNITED KINGDOM

Bristol/Shipman

Result: Changes in the GMC

Loss of Disciplinary Power

NO LONGER TRUE SELF-REGULATION

A MAJOR CHANGE IN THE CONTRACT AND IN PROFESSIONAL STATUS
Breaching the Social Contract

Society Fails to Meet Medicine’s Expectations

PESSIMISM

Trust in the “system” (contract)

Cooperation Withdrawal Job vs Calling Satisfaction

OPTIMISM

Involvement community associations stakeholders Negotiation

↑↓ Satisfaction

Medicine’s Response: Bi-Polar
USA 2015

- Market Oriented System \rightarrow \text{MD Entrepreneurs }
- Competition \rightarrow \text{Collegiality}
- Uninsured \rightarrow \text{Moral Dilemma}
- Increased Accountability
- Clinical Autonomy

MAJOR CHANGE IN THE CONTRACT ?? BREACH

\downarrow \text{Trust in the System + Uncertainty}
CANADA 2015

- Funding of the System
- Personnel
- Personal Freedom - Autonomy

MAJOR CHANGE IN THE CONTRACT

?? BREACH

↓ Trust in the System
QUEBEC 2015-HISTORY

• 1970- legislated back to work
• Red Right to withdraw services
• Control of emergency MDs
• PREMS

? RELATIONSHIP TO SOCIAL CONTRACT
QUEBEC 2015
Bill 10

• ? Loss of administrative positions (& Influence)
• Minister can order MD’s to areas lacking services

? RELATIONSHIP TO SOCIAL CONTRACT
QUEBEC 2015
Bill 20

Dr. Barette- on Behalf of Society

- 1 in 4 Quebec Residents- No Family MD
  Ontario 1 in 10
- # of MD’s↑ - More than Ontario
- # of Services↓ - Less than Ontario
- MD Income ↑ - (MD objective the national average)
- FAMILY MDs: Rx Fewer patients- than before & in Ont
  Work Fewer Hours- than before & in Ont
- MDs NOT WORKING HARD ENOUGH

RELATIONSHIP TO SOCIAL CONTRACT
PERSPECTIVE OF THE PROFESSION

• Figures do not include AMP’s - therefore underestimate total hours
• Will lead to assembly-line medicine
• Number of female MD’s needs consideration
• Educational activities & research ignored
• LACK OF MEANINGFUL NEGOTIATION RELATIONSHIP TO SOCIAL CONTRACT
THE CUMULATIVE RESULT OF EVENTS SINCE 1970-
LOSS OF A SIGNIFICANT DEGREE OF PROFESSIONAL AUTONOMY

? Deprofessionalised
What Should Medicine Do?

- These issues are here to stay
- Linked to societal changes

**MEDICINE MUST**
- Address issues within its control
- Negotiate issues which it cannot control
- Negotiate a Social Contract that Supports the Healer Role
What issues within its control should medicine address?
What Should Medicine Do?

• ENSURE THAT ALL PHYSICIANS UNDERSTAND THEIR OBLIGATIONS TO SOCIETY AS PROFESSIONALS

• TEACH PROFESSIONALISM & THE SOCIAL CONTRACT & FOSTER THE PROFESSIONAL IDENTITY OF MEDICAL STUDENTS, RESIDENTS, FACULTY & PRACTITIONERS
TO BE CREDIBLE MEDICINE MUST ADDRESS ITS FAILURES

• Perceived altruism
  individual- lifestyle
  financial gain
  collective- “union” activities
• Badly managed conflicts of interest
• Flawed self-regulation
• Lack of attention to social justice
What Should Medicine Do?

Negotiate to Address External Stresses

- Requires: a trusted single or coordinated voice
  a negotiating table

- Recognize multiple stakeholders

- Medicine no longer the dominant player - but it must be at the table
What Should Medicine Do?

- **Negotiations must**: Establish or Preserve Trust
  Satisfy both sides
- **Negotiations not Symmetrical**
  SOCIETY determines the nature of the social contract and hence of medical professionalism

However - SOCIETY NEEDS THE HEALER!
SOCIAL NEGOTIATION
“..various forms of interaction between professional organizations and broader political institutions. It may lead to…. specific legal arrangements… or there may be broader understandings that emerge from public debate about specific issues”

Norman Daniels
“Just Health”, 2008
RESULTS OF SOCIAL NEGOTIATIONS

LEGAL ARRANGEMENTS

Negotiation

National Health Plan (Initiate or Change)

BROADER UNDERSTANDING

Negotiation

Paternalistic MD/Patient Relationship

Patient Autonomy
SOCIAL NEGOTIATIONS

• Social negotiations take place constantly in every health care system
• A mechanism of effecting change in systems, institutions, rules, and standards
• Using professional expertise and social capital to challenge existing and define new systems

Suddaby & Viale, 2011
What Should Medicine Do?

- Medicine alone can not change the social contract (the health care system)
- The public and medicine have similar expectations
- Medicine and the public should form an alliance to negotiate a social contract supportive of the values of the healer and the professional

Cohen, S. Cruess & Davidson. JAMA, 2007
SUMMARY

• Medicine’s professionalism is under threat
• Preserving it is important to both medicine and society
• Professionalism serves as the basis of medicine’s social contract
• Invoking the concept of the social contract provides a basis for the discourse with society and a rationale for medicine’s professional obligations
QUESTIONS FOR DISCUSSION

• Is the Social Contract useful as a framework for discussion?

• Has the medical profession altered the terms of the contract? If so, how?

• Has the society altered the terms of the contract? If so, how?
QUESTIONS FOR DISCUSSION

• At what point does a social contract cease to exist & be replaced by a formal legal contract
• What would be lost for society? for medicine?
• The way forward??
“Forces that are largely beyond our control have brought us to circumstances that require a restatement of professional responsibility. The responsibility for acting on these principles and commitments lies squarely on our shoulders.”

Harold Sox, 2002
THANK YOU!/MERCI!

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