

## 2015 CONVENTION SPECIAL

ESSENTIAL DELIBERATIONS  
FOR THE PROFESSION

La profession médicale :  
**VERS UN NOUVEAU  
CONTRAT SOCIAL**

Your association's 17<sup>th</sup> convention, which took place from April 16 to 18, 2015, marked an important step for the future of the medical profession. The Québec Medical Association just laid the first milestone for deliberations and an action plan around the theme of the medical profession and the need for a new social contract. The health care system is being totally redefined. The government alone cannot revise the rules of the game. Physicians, as primary care providers, and the public must be part of this reform. This is the conclusion that

emerged from the discussions between the participants, facilitators, speakers and panelists during the convention.

Physicians must strengthen their bond of trust with Québec society and take part in redefining the social contract, with the ultimate goal of putting the focus on patients and improving the accessibility and quality of care.

Over the course of these three days, six panels and one debate generated considerable interest. This edition of *QMA Info* contains special convention coverage with a short summary of the remarks made by the panelists and participants. To see the presentations given by the

panelists and speakers, go to the QMA in Action section on the Web site and select Conventions/2015 Convention.

This convention represents not the end, but rather the beginning of discussions. Over the coming months, the QMA will set up working groups to undertake various activities to enable the QMA to develop, along with partners, its thoughts on the different points of tension that were just barely touched on during the convention. The QMA is counting on the commitment of its members to ensure progress on this front. Stay tuned. We will keep you informed of any developments. Until then, happy reading!

## Internationally Renowned Speakers

Dr. Sylvia R. and Dr. Richard L. Cruess, both internationally renowned for their expertise in the field of medical professionalism, gave a clear diagnosis of the status of the social contract between society and the medical profession in the opening address. While presenting



► Drs. Sylvia R. and Richard L. Cruess

different components of this contract, they analysed the points of tension between the expectations from society and from physicians. A failure to respect the social contract on the part of physicians can

lead to a breach, a loss of trust on the part of the public and restricted autonomy of physicians. It is dangerous to go down this road.

Dr. Sylvia and Dr. Richard Cruess emphasized professionalism in particular as a basis for the social contract. Professionalism describes the reciprocal nature of medicine's relationship with society and provides the logical basis for the medical profession's obligations. It also makes it possible to identify the consequences that could occur if either party fails to meet the legitimate expectations of the other. The term "professionalism" covers the dual role of physicians as healers and as professionals.

Dr. Ben Bridgewater, who spoke to the participants via *Skype* from England, presented the issue from the standpoint of the United Kingdom, which imposed a new social contract after breaches occurred and public trust was lost. The General Medical Council (the equivalent of our College of Physicians) went from self-regulation to co-regulation, while 50% of its council consists of non-physicians.



► Dr. Ben Bridgewater

Québec risks finding itself in the same situation if the points of tension between the profession and the public are not mitigated. The participants clearly established that the medical profession is in the best position to take the leadership in this issue and that it must start now if it wants to avoid reaching this breaking point.

## An Impactful Survey

To provide some food for thought and add to the discussions during the convention, the findings of a survey conducted by Léger Marketing for the QMA, in collaboration with the Québec College of Family Physicians and the Fédération médicale étudiante du Québec, were released. This consultation with the Québec population, physicians and future physicians was about the perception of the role of physicians and the different components of the social contract between the medical profession and society.

The findings indicate that Quebecers have a high level of trust in physicians. The profession occupies the top spot among health care professionals. However, physicians and future physicians perceive themselves as being at the back of the pack among health care professionals.

The medical profession is still seen more as a vocation than a job, and surprisingly, even more so among future physicians than practising physicians. Measuring perception in terms of change gives some surprising results. While 86% of physicians say they are open to possible changes in medical practice and their place in the health care system, only 31% of the population shares this opinion. Similarly, 96% of physicians say they are open to working with other health care professionals, an opinion that is shared by only 38% of the population. In the choice of tests and treatments, 91% of physicians felt that they needed to consider the costs incurred for the government. Only 50% of the population shares this opinion. Last but not least, overdiagnosis is a significant problem for 78% of physicians, but this opinion is shared by only 52% of the population.

The complete findings of the survey (available in French only) can be found on the French version of the QMA Web site, under AMO en Action/Prises de position/Avenir de la profession médicale.

### PANEL

## Duties and Responsibilities of the Physician, an Evolving Vision

The fiduciary duty of physicians towards their patients can be compatible with their responsibility regarding the social goals of medicine. But it is clear that the link between physicians and their patients has changed. Reconciling a physician's individual responsibility towards a patient and the medical profession's collective responsibility towards the population is a complex but necessary task. By discussing ways for physicians to focus on the well-being of their patients while also taking the related social issues into account, the participants were able to see this issue more as a challenge than a problem.



## Physicians and Expanding the Fields of Professional Practice

It is now recognized that expanding the fields of professional practice really does make it possible to offer more efficient, integrated services to patients and better access to health care. Many participants felt that these changes affected the social contract between physicians and society, namely by introducing a relationship between the patient and not only a physician, but also a health care team.

Although the survey revealed that physicians were open to sharing certain tasks and that the professional orders also worked together to share medical procedures, the participants found that it was difficult to implement in the field. Why? Because poorly adapted compensation methods, leadership within the teams and the size of the superstructures represented by the CISSSs make it difficult to adapt the sharing of tasks based on work teams in small units.

Professional status is not static and is constantly evolving. There was a consensus on the fact that improving the climate of collaboration between professionals would translate into an improvement in the quality of services for the population. Consequently, by ensuring that all professionals make the patient their focus, this spirit of collaboration will develop.

## DEBATE



## The Generation Gap in Medicine: Myth or Reality?

Is there really a generation gap in the practice of medicine? It seems that the gap is no different from the gap in the rest of society. One thing is certain, young physicians embrace the values of professionalism just as much as their seniors. The participants pointed out that physicians of all generations had a similar basis of values, (the same “medical *genotype*”), but that their expression (the *phenotype*) varied depending on the environment.

In short, the generation gap exists but bridges have been created between the two groups. It is by seeing ourselves as individuals and generations that we are better able to understand each other. It is then possible to use the strengths and skills of every person. Physicians must take the particularities of the younger generation into account, but young physicians must also learn to trust their seniors.

## Accessibility, Always Accessibility...

The provisions in the various bills tabled by the government to improve access to health care are presented as legitimate constraints to the autonomy of physicians. Many participants pointed out that physicians' loss of autonomy would instead have a significant impact on the quality of the physician-patient relationship.

The participants clearly stated that the medical profession must show leadership and review its ways of doing things and the roles of everyone involved. The Québec health care system has no choice but to improve accessibility to appropriate care. They feel that Bill 20 is a simplistic solution trying to solve a complex problem stemming from systemic causes. It can nevertheless be credited with forcing physicians to mobilize, regain leadership and get involved in the organization of care. They must therefore change their approach if they want to influence these changes, be it nationally or regionally. Medicine has evolved, knowledge has grown exponentially, society has changed, but we continue to work in the same paradigm as 40 years ago.

Many participants mentioned the need to draw on promising solutions that have been applied in other places, such as British Columbia where a better integration between family physicians and specialists has been achieved thanks to a concerted effort from the various stakeholders.



## Altruism and Conflicts of Interest

The mechanisms for avoiding conflicts of interest were amended in the recent revision to the code of ethics. The provisions on incidental costs continue to incite passionate debate among members of the profession, but without arriving at a consensus. Patients must have a legitimate guarantee that physicians will not put their own personal interests before those of their patients. Many participants felt that medical entrepreneurship was not incompatible with an altruistic practice. But the place of the private sector in health care and the way this role can and must be regulated did not seem to be part of a consensus within the medical profession, at least according to the comments voiced during this panel.

## Self-regulation or Regulations?

No clear consensus emerged from the discussions on how to make disciplinary procedures in medicine more transparent, yet everyone agreed that there was room for improvement to make these processes more efficient and less burdensome. “Give the care we would like for ourselves” summarizes what all participants considered was the best way to avoid initiating the complaint review process.

The participants acknowledged that accountability required considerable courage, by the directors of departments as well as the directors of professional services or the Collège des médecins du Québec. It is clear for them that responsibility lies not only with the Collège des médecins du Québec but also with each physician. The participants agreed with the fact that the profession had to take more responsibility if it wanted to ensure that this aspect did not become managed by non-physicians.

## Big Data – To Improve Performance or to Increase Surveillance?

There is a fine line between the proper and ethical use of the data generated daily in the health care system in order to improve the performance of a physician or department, and coercive use of it to increase surveillance of the practice of medicine and force accountability. Physicians themselves have a role to play in self-regulation of the profession in order to benefit from the use of big data related to performance. They must also be vigilant to ensure that the confidentiality of medical data is maintained.

While it is imperative to address the ethical and legal issues regarding the management of big data, the participants acknowledged that they were unfamiliar with the issues related to using the data contained in medical records. They identified two potential solutions: 1- Physicians should not necessarily become professionals in the field but rather surround themselves with people who can guide them. 2- They needed to be proactive and make their needs known when it came to health records.