Physicians and Society
Chapter 3

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Physicians and Society

Objectives:

After working through this chapter you should be able to:

1. **Recognize conflicts between the physician's obligations to patients and to society and identify the reasons for the conflicts**
2. **Identify and deal with the ethical issues involved in allocating scarce medical resources**
3. **Recognize physician responsibilities for public and global health.**

Physicians and Society

Case # 2:

Dr. S is becoming increasingly frustrated with patients who come to her either before or after consulting another health practitioner for the same ailment. She considers this to be a waste of health resources as well as counter productive for the health of the patients. She decides to tell these patients that she will no longer treat them if they continue to see other practitioners for the same ailment. She intends to approach her national medical association to lobby the government to prevent this form of misallocation of healthcare resources.

What is special About Physicians-Society Relationship?

- **Medicine is a profession. The term ‘profession’ has two distinct, although closely related, meanings:**

1. **An occupation that is characterized by dedication to the well-being of others, high moral standards, a body of knowledge and skills, and a high level of autonomy.**
2. **All the individuals who practice that occupation.**

- **‘The medical profession’ can mean either the practice of medicine or physicians in general.**

What is special About Physicians-Society Relationship?

- **Medical professionalism involves the relationship between a physician and a patient, relationships with colleagues and other health professionals, as well as a relationship with society.**
- **Medicine is today, more than ever before, a social rather than a strictly individual activity.**
- **It takes place in a context of government, and corporate organization funding.**
- **It relies on public and corporate medical research and product development for its knowledge base and treatments.**

What is special About Physicians-Society Relationship?

- It requires complex healthcare institutions for many of its procedures.
- It treats diseases and illnesses that are as much social as biological in origin.
- The Hippocratic tradition of medical ethics has little guidance to offer with regard to relationships with society.
- Present-day medical ethics addresses the issues that arise beyond the individual patient-physician relationship.

What is special About Physicians-Society Relationship?

- **Because society, and its physical environment, are important factors in the health of patients, both the medical profession in general and individual physicians have significant roles to play in public health, health education, environmental protection, laws affecting the health or well-being of the community, and testimony at judicial proceedings.**

What is special About Physicians-Society Relationship?

- **As the WMA Declaration on the Rights of the Patient puts it: "Whenever legislation, government action or any other administration or institution denies patients [their] rights, physicians should pursue appropriate means to assure or to restore them."**

Dual Loyalty

- **Physicians are called upon to play a major role in the allocation of society's scarce healthcare resources, and sometimes they have a duty to prevent patients from accessing services to which they are not entitled.**
- **Implementing these responsibilities can raise ethical conflicts, especially when the interests of society seem to conflict with those of individual patients.**

Dual Loyalty

- **When physicians have responsibilities and are accountable both to their patients and to a third party and when these responsibilities and accountabilities are incompatible, they find themselves in a situation of 'dual loyalty'.**
- **Third parties that demand physician loyalty include governments, employers (hospitals and managed healthcare organizations), insurers, military officers, police, prison officials and family members.**

Dual Loyalty

- **Although the WMA International Code of Medical Ethics states that "A physician shall owe his/her patients complete loyalty," it is generally accepted that physicians may in exceptional situations have to place the interests of others above those of the patient.**
- **The ethical challenge is to decide when and how to protect the patient in the face of pressures from third parties.**
- **Dual loyalty situations comprise a spectrum ranging from those where society's interests should take precedence to those where the patient's interests are clearly paramount.**

Dual Loyalty

- In between is a large grey area where the right course of action requires considerable discernment.
- At one end of the spectrum are requirements for mandatory reporting of patients who suffer from designated diseases, those deemed not fit to drive or those suspected of child abuse.
- Physicians should fulfil these requirements without hesitation, although patients should be informed that such reporting will take place.

Dual Loyalty

- **At the other end of the spectrum are requests or orders by certain authorities to take part in practices that violate fundamental human rights, such as torture.**
- **The WMA provides specific guidance to physicians who are in this situation.**
- **In particular, physicians should guard their professional independence to determine the best interests of the patient and should observe, as far as possible, the normal ethical requirements of informed consent and confidentiality.**

Dual Loyalty

- **Any breach of these requirements must be justified and must be disclosed to the patient.**
- **Physicians should report to the appropriate authorities any unjustified interference in the care of their patients, especially if fundamental human rights are being denied.**
- **If the authorities are unresponsive, help may be available from a national medical association, the WMA and human rights organizations.**

Dual Loyalty

- Closer to the middle of the spectrum are the practices of some managed healthcare programs that limit the clinical autonomy of physicians to determine how their patients should be treated.
- Although such practices are not necessarily contrary to the best interests of patients, they can be, and physicians need to consider carefully whether they should participate in such programs.

Dual Loyalty

- **If they have no choice in the matter, for example, where there are no alternative programs, they should advocate vigorously for their own patients and, through their medical associations, for the needs of all the patients affected by such restrictive policies.**

Dual Loyalty

- **A particular form of a dual loyalty issue faced by physicians is the potential or actual conflict of interest between a commercial organization on the one hand and patients and/or society on the other.**
- **Pharmaceutical companies, medical device manufacturers and other commercial organizations frequently offer physicians gifts and other benefits that range from free samples to travel and accommodation at educational events to excessive remuneration for research activities.**

Dual Loyalty

- **A common underlying motive for such company generosity is to convince the physician to prescribe or use the company's products, which may not be the best ones for the physician's patients and/or may add unnecessarily to a society's health costs.**
- **The primary ethical principle of WMA's guideline in this situation is: physicians should resolve any conflict between their own interests and those of their patients in their patients' favor.**

Resource Allocation

- **In every country in the world, there is an already wide and a steadily increasing gap between the needs and desires for healthcare services and the availability of resources to provide these services.**
- **Healthcare rationing, or ‘resource allocation’, takes place at three levels:**

Resource Allocation

1. **At the highest ('macro') level, governments decide how much of the overall budget should be allocated to health; which healthcare expenses will be provided at no charge and which will require payment either directly from patients or from their medical insurance plans; within the health budget, how much will go to salaries for physicians, nurses and other heath care workers, to capital and operating expenses for hospitals and other institutions, to research, to education of health professionals, to treatment of specific conditions such as tuberculosis or AIDS, and so on.**

Resource Allocation

2. At the institutional ('meso') level, which includes hospitals, clinics, healthcare agencies, etc., authorities decide which services to provide; how much to spend on staff, equipment, security, other operating expenses, renovations, expansion, etc.
3. At the individual patient ('micro') level, healthcare providers, especially physicians, decide what tests should be ordered, whether a referral to another physician is needed, whether the patient should be hospitalized, whether a brand-name drug is required rather than a generic one, etc.

Resource Allocation

- **It has been estimated that physicians are responsible for initiating 80% of healthcare expenditures, and despite the growing encroachment of managed care, they still have considerable discretion as to which resources their patients will have access.**
- **The choices that are made at each level have a major ethical component, since they are based on values and have significant consequences for the health and well-being of individuals and communities.**

Resource Allocation

- The individualistic approach to medical ethics survived the transition from physician paternalism to patient autonomy, where the will of the individual patient became the main criterion for deciding what resources he or she should receive.
- More recently, another value has emerged and has become an important factor in medical decision-making, that is justice.
- It entails a more social approach to the distribution of resources, one that considers the needs of other patients.
- According to this approach, physicians are responsible not just for their own patients but, to a certain extent, for others as well.

Resource Allocation

- **This new understanding of the physician's role in allocating resources is expressed in many national medical association codes of ethics and in the WMA Declaration on the Rights of the Patient, which states:**
- **"In circumstances where a choice must be made between potential patients for a particular treatment that is in limited supply, all such patients are entitled to a fair selection procedure for that treatment. That choice must be based on medical criteria and made without discrimination."**

Resource Allocation

- **One way that physicians can exercise their responsibility for the allocation of resources is by avoiding wasteful and inefficient practices, even when patients request them.**
- **The overuse of antibiotics is just one example of a practice that is both wasteful and harmful.**

Resource Allocation

- **A type of allocation decision that many physicians must make is the choice between two or more patients who are in need of a scarce resource such as emergency staff attention, the one remaining intensive care bed, organs for transplantation, high-tech radiological tests, and certain very expensive drugs.**

Resource Allocation

- **Some physicians face an additional conflict in allocating resources, in that they play a role in formulating general policies that affect their own patients, among others.**
- **This conflict occurs in hospitals and other institutions where physicians hold administrative positions or serve on committees where policies are recommended or determined.**
- **Although many physicians attempt to detach themselves from their preoccupation with their own patients, others may try to use their position to advance the cause of their patients over others with greater needs.**

Resource Allocation

There are several approaches to justice in dealing with these allocation issues by physicians:

1. **Libertarian: resources should be distributed according to market principles (individual choice conditioned by ability and willingness to pay, with limited charity care for the destitute). (??!!)**
2. **Utilitarian: resources should be distributed according to the principle of maximum benefit for all**
3. **Egalitarian: resources should be distributed strictly according to need.**
4. **Restorative: resources should be distributed so as to favor the historically disadvantaged.**

Resource Allocation

- **The WMA Statement on Access to Health Care says that "No one who needs care should be denied it because of inability to pay. Society has an obligation to provide a reasonable subsidy for care of the needy, and physicians have an obligation to participate to a reasonable degree in such subsidized care."**
- **Even if the libertarian approach is generally rejected, however, medical ethicists have reached no consensus on which of the other three approaches is superior.**

Resource Allocation

- **Some countries, such as the U.S.A., favor the libertarian approach; others, such as Sweden are known for their egalitarianism; while still others such as South Africa, are attempting a restorative approach.**
- **Many health planners promote utilitarianism.**

Public Health

- **The 20th century medicine witnessed the emergence of an unfortunate division between ‘public health’ and other healthcare.**
- **It is unfortunate because the public is made up of individuals, and measures designed to protect and enhance the health of the public result in health benefits for individuals.**
- **The term ‘public health’ refers both to the health of the public and also to the medical specialty that deals with health from a population perspective rather than on an individual basis.**

Public Health

- **There is a great need for specialists in this field in every country to advise on and advocate for public policies that promote good health as well as to engage in activities to protect the public from communicable diseases and other health hazards.**
- **The practice of public health (sometimes called ‘public health medicine’ or ‘community medicine’) relies heavily for its scientific basis on epidemiology, which is the study of the distribution and determinants of health and disease in populations.**

Public Health

The WMA Statement on Health Promotion notes:

- **“Medical practitioners and their professional associations have an ethical duty and professional responsibility to act in the best interests of their patients at all times and to integrate this responsibility with a broader concern for and involvement in promoting and assuring the health of the public.”**

Public Health

- **Public health measures such as vaccination campaigns and emergency responses to outbreaks of contagious diseases are important factors in the health of individuals, but social factors such as housing, nutrition and employment are equally significant.**
- **Physicians are advised to participate in public health and health education activities, monitoring and reporting environmental hazards, identifying and publicizing adverse health effects from social problems such as abuse and violence, and advocating for improvements in public health services.**

Public Health

- **Sometimes the interests of public health may conflict with those of individual patients, for example, when a vaccination that carries a risk of an adverse reaction will prevent an individual from transmitting a disease but not from contracting it, or when notification is required for certain contagious diseases, for cases of child or elder abuse, or for conditions that may render certain activities, such as driving a car or piloting an aircraft, dangerous to the individual and to others.**
- **These are examples of dual-loyalty situations.**

Public Health

- **In general, physicians should attempt to find ways to minimize any harm that individual patients might suffer as a result of meeting public health requirements.**
- **For example, when reporting is required, the patient's confidentiality should be protected to the greatest extent possible while fulfilling the legal requirements.**

Public Health

- **A different type of conflict between the interests of individual patients and those of society arises when physicians are asked to assist patients to receive benefits to which they are not entitled, for example, insurance payments or sick-leave.**
- **They should rather help their patients find other means of support that do not require unethical behavior.**

Global Health

- **The recognition that physicians have responsibilities to the society in which they live has been expanded to include a responsibility for global health.**
- **This term has been defined as health problems, issues and concerns that transcend national boundaries, that may be influenced by circumstances or experiences in other countries, and that are best addressed by cooperative actions and solutions.**

Global Health

- **Global health is part of the much larger movement of globalization that encompasses information exchange, commerce, politics, tourism and many other human activities.**
- **The basis of globalization is the recognition that individuals and societies are increasingly interdependent.**
- **This is clearly evident with regard to human health, as the rapid spread of diseases such as influenza, SARS and Corona has shown.**

Global Health

- **Such epidemics require international action for their control.**
- **The failure to recognize and treat highly contagious diseases by a physician in one country can have devastating effects on patients in other countries.**
- **For this reason, the ethical obligations of physicians extend far beyond their individual patients and even their communities and nations.**

Global Health

- **The development of a global view of health has resulted in an increasing awareness of health disparities throughout the world.**
- **The gap in health status between high and low-income countries continues to widen.**
- **This is partly due to HIV/AIDS, which has had its worst effects in poor countries, but it is also due to the failure of many low-income countries to benefit from the increase in wealth that the world as a whole has experienced during the past decades.**

Global Health

- **Even in middle- and high-income countries, physicians encounter patients who are directly affected by globalization, such as refugees, and who sometimes do not have access to the medical coverage that citizens of those countries enjoy.**
- **Another feature of globalization is the international mobility of health professionals, including physicians.**
- **The outflow of physicians from developing to highly industrialized countries has been advantageous for both the physicians and the receiving countries but not so for the exporting countries.**

Global Health

- **The WMA, in its Ethical Guidelines for the International Migration of Health Workers, states that: physicians should not be prevented from leaving their home or adopted country to pursue career opportunities in another country. It does, however, call on every country to do its utmost to educate an adequate number of physicians, taking into account its needs and resources, and not to rely on immigration from other countries to meet its need for physicians.**

Physicians and the Environment

- **A major threat to both public health and global health is the deterioration of the environment.**
- **The 2006 WMA Statement on the Role of Physicians in Environmental Issues states that "The effective practice of medicine increasingly requires that physicians and their professional associations turn their attention to environmental issues that have a bearing on the health of individuals and population."**
- **These issues include air, water and soil pollution, unsustainable deforestation and fishing, and the proliferation of hazardous chemicals in consumer products.**

Back to the Case Study

- **According to the analysis of the physician society relationship presented in this chapter, Dr. S is right to consider the impact on society of her patient's behavior.**
- **Even if the consultations with the other health practitioner occur outside of the health system in which Dr. S works and therefore do not entail any financial cost to society, the patient is taking up Dr. S's time that could be devoted to other patients in need of her services.**

Back to the Case Study

- However, physicians such as Dr. S must be cautious in dealing with situations such as this.
- Patients are often unable to make fully rational decisions for a variety of reasons and may need considerable time and health education to come to an understanding of what is in the best interests of themselves and of others.
- Dr. S is also right to approach her medical association to seek a societal solution to this problem, since it affects not just herself and this one patient but other physicians and patients as well.

Medical Ethics In The Arab-Islamic Civilization

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Medical Ethics In The Arab-Islamic Civilization

- **Many famous Moslem Physicians during that time (100 years ago) were interested very much in the Ethics of Practicing Medicine.**
- **The published several books on the subject of medical ethics.**
- **Abu Al-Hasan Ali Al-Tabery described "the Islamic Law of Medical Ethics" in the 9th century BC in a book named "Firdaws Al-Hikma" as follows:**

Medical Ethics In The Arab-Islamic Civilization

1. The physician should be humble, noble, compassionate.
2. The physician should wear clean clothes, and to be reverent (وقورا), and combs the hair of his head and beard very well.
3. The physician should choose his friends from those who are reputable.
4. The physician should be accurate with what he says, and not to hesitate asking for forgiveness if he comets a mistake.
5. The physician should be tolerant and and not to intend revenge.

Medical Ethics In The Arab-Islamic Civilization

6. The physician should be affectionate and peace maker.
7. The physician should avoid prediction whether a patient is going to live or die because Allah only know that.
8. The physician should not loose control (يفقد صوابه).
9. If the patient continues to ask question, the physician should answer gently and with compassion.
10. The physician should treat the rich and the poor, the master and the slave by the same way. Allah will reward him if helps the needy.

Medical Ethics In The Arab-Islamic Civilization

11. The physician must keep time and appointments and to be trustworthy.
12. The physician should not argue about his fees if the patient is severely ill, or came as an emergency, and he should thank him regardless how much money he pays.
13. The physician should not prescribe drugs to pregnant ladies to help them get aborted, except when necessary to the mother health.

Medical Ethics In The Arab-Islamic Civilization

14. The physician should be polite with women, and not breech the confidentiality of his patients.

15. The physician should not talk with an evil way about any descent person in the society, and should not criticize the religious believes of any body, and should talk in a good manner about his colleagues.

16. The physician should not glorify himself and criticize others.

Medical Ethics In The Arab-Islamic Civilization

- **Isaac Bin Ali Alrahawi wrote in his book " Adab Al-Tabib" in the 10th Century BC about the following:**

1. **Loyalty and Sincerity that the physician should believe in.**
2. **The care of medical professionals.**
3. **Things the physicians should avoid and be cautious about.**
4. **The Physician's instructions to patients.**
5. **The behavior of patient's visitors.**

Medical Ethics In The Arab-Islamic Civilization

6. The physician should no simple and complex drugs.
7. The type of questions that physicians should ask patients about.
8. The need that patients must trust physicians.
9. The need that patients follow physician instructions.
10. Patient’s behavior towards who serves him.
11. Patient’s behavior towards his visitors.
12. Honor of the medical profession.

Medical Ethics In The Arab-Islamic Civilization

13. The general public respect to the physician according to his skills.
14. Distinctive incidents of interest to physicians.
15. Individuals with the right temperament and high moral qualities only should practice the medical profession.
16. Physicians should be examined before authorizing them to practice medicine.
17. Corruption among physicians should be corrected.

Medical Ethics In The Arab-Islamic Civilization

18. Beware of charlatans who call themselves physicians.
19. Bad habits that hurt people were also addressed.

- In addition to that the book contains valuable information about conditions conducive to personal health, physician-patient relationships, and some notes on the relationship between the medical profession and government.

Medical Ethics In The Arab-Islamic Civilization

Abu Baker Mohammad Bin Zakaryya Al Razi in his book "Akhlaq Al-Tabeeb":

- **He pointed out that the physician should be expert in meicie and should serve as a role model.**
- **This book represents the first model of medical ethics in The Arab-Islamic Civilization.**
- **He divided his vision to medical ethics to:**

Medical Ethics In The Arab-Islamic Civilization

1. **The physician's responsibility towards the patient.**
2. **The physician's responsibility towards himself.**
3. **The patient's responsibility towards the physician.**

- **According to his opinion:**

1. **The physician should continue educating himself in medicine, and continue his commitment to medical education to others.**
2. **The physician must be effective and honorable, and holds back from vanity, and be devoted to his patient and gives him love.**

Medical Ethics In The Arab-Islamic Civilization

3. **Physicians should be concerned about their look, an their clothes and hair should be clean and tidy.**
4. **Among the duties of physicians toward patients are: treating them with compassion, not to be rude or hostile, and must be tender-hearted and humble.**
5. **The physician must keep the secretes that he gets to know during treatment of the patient as stated in the Hippocratic oath.**

Medical Ethics In The Arab-Islamic Civilization

6. The physician should psychologically encourage the patients, even those with no hope to live, and to instill hope in them.
7. The physician should treat all patients in the same way regardless of their wealth.
8. The primary aim of the physician should be the cure of the patient, and not the fees that he gets.
9. Caution should be exercised when treating women, and not looking at their private parts.

Medical Ethics In The Arab-Islamic Civilization

10. The patient duty toward the physician is respect and to speak to him in a kind way.

- Al-Razi attacked the charlatans and those who claimed knowledge in medical practice, who roam the country and distant districts, to sell their drugs that cure every disease.
- He also pointed out that the most skilled physicians have no answers to all medical problems, and can not cure all diseases.
- Physicians should rely on Allah alone, and to expect recovery from him alone, Almighty (جل وعلا).

Some Medical Ethics Issues
Chapter 4

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Reporting Unsafe or Unethical Practices

- **Medicine, with pride, is a self regulating profession.**
- **In return for the privileges accorded to it by society and the trust given to its members by their patients, the medical profession has established high standards of behavior for its members.**
- **In addition, disciplinary procedures were established to investigate accusations of misbehavior and, if necessary, to punish the wrongdoers.**
- **This system of self-regulation has often failed.**

Reporting Unsafe or Unethical Practices

- In recent years steps have been taken to make the profession more accountable, for example, by appointing lay members to regulatory authorities.
- The main requirement for self-regulation, however, is wholehearted support by physicians for its principles and their willingness to recognize and deal with unsafe and unethical practices.
- This obligation to report incompetence, impairment or misconduct of one's colleagues is emphasized in codes of medical ethics:

Reporting Unsafe or Unethical Practices

- **The WMA International Code of Medical Ethics states that "A physician shall…report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception."**
- **The application of this principle is seldom easy.**
- **On the one hand, a physician may be tempted to attack the reputation of a colleague for unworthy personal motives, such as jealousy, or in retaliation for a perceived insult by the colleague.**

Reporting Unsafe or Unethical Practices

- A physician may also be reluctant to report a colleague's misbehavior because of friendship or sympathy.
- The consequences of reporting can be very detrimental to the one who reports, including almost certain hostility on the part of the accused and possibly other colleagues as well.
- Despite these drawbacks to reporting wrongdoing, it is a professional duty of physicians.

Reporting Unsafe or Unethical Practices

- **Not only are they responsible for maintaining the good reputation of the profession, but they are often the only ones who recognize incompetence, impairment or misconduct.**
- **However, reporting colleagues to the disciplinary authority should normally be a last resort after other alternatives have been tried and found deficient:**

1. **The first step might be to approach the colleague and say that you consider his or her behavior unsafe or unethical.**

Reporting Unsafe or Unethical Practices

- If the matter can be resolved at that level, there may be no need to go farther.

2. If not, the next step might be to discuss the matter with your and/or the offender's supervisor and leave the decision about further action to that person.
3. If this tactic is not practical or does not succeed, then it may be necessary to take the final step of informing the disciplinary authority.

Relationships with Other Health Professionals

- There is a great importance of respect and equal treatment in the physician-co-worker relationship.
- In particular, the prohibition against discrimination on grounds such as “age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor” (WMA Declaration of Geneva) is applicable in dealings with all those with whom physicians interact in caring for patients and other professional activities.
- Non-discrimination is a passive characteristic of a relationship.

Relationships with Other Health Professionals

- **Respect is something more active and positive.**
- **With regard to other healthcare providers, whether physicians, nurses, auxiliary health workers, etc., it entails an appreciation of their skills and experience insofar as these can contribute to the care of patients.**
- **All healthcare providers are not equal in terms of their education and training, but they do share a basic human equality as well as similar concern for the well-being of patients.**

Relationships with Other Health Professionals

- **Sometimes there are legitimate grounds for refusing to enter or for terminating a relationship with another healthcare provider.**
- **These include lack of confidence in the ability or integrity of the other person and serious personality clashes.**
- **Distinguishing these from less worthy motives can require considerable ethical sensitivity on the physician's part.**

Cooperation

- **Medicine is, at the same time, a highly individualistic and a highly cooperative profession.**
- **On the one hand, physicians are quite possessive of ‘their’ patients.**
- **It is claimed, with good reason, that the individual physician-patient relationship is the best means of attaining the knowledge of the patient and continuity of care that are optimal for the prevention and treatment of illness.**
- **The retention of patients also benefits the physician, at least financially.**

Cooperation

- **At the same time, medicine is highly complex and specialized, thus requiring close cooperation among practitioners with different but complementary knowledge and skills.**
- **This tension between individualism and cooperation has been a recurrent theme in medical ethics.**
- **The weakening of medical paternalism has been accompanied by the disappearance of the belief that physicians ‘own’ their patients.**

Cooperation

- **The traditional right of patients to ask for a second opinion has been expanded to include access to other healthcare providers who may be better able to meet their needs.**
- **According to the WMA Declaration on the Rights of the Patient, "The physician has an obligation to cooperate in the coordination of medically indicated care with other healthcare providers treating the patient."**
- **However, physicians are not to profit from this cooperation by fee-splitting.**

Cooperation

- These restrictions on the physician's 'ownership' of patients need to be counterbalanced by other measures that are intended to safeguard the primacy of the patient-physician relationship.
- For example, a patient who is being treated by more than one physician, which is usually the case in a hospital, should, wherever possible, have one physician coordinating the care who can keep the patient informed about his or her overall progress and help the patient make decisions.

Cooperation

- **Whereas relationships among physicians are governed by generally well-formulated and understood rules, relationships between physicians and other healthcare professionals are in a state of flux and there is considerable disagreement about what their respective roles should be.**
- **Many nurses, pharmacists, physiotherapists and other professionals consider themselves to be more competent in their areas of patient care than are physicians and see no reason why they should not be treated as equals to physicians.**

Cooperation

- **They favor a team approach to patient care in which the views of all caregivers are given equal consideration, and they consider themselves accountable to the patient, not to the physician.**
- **Many physicians, on the other hand, feel that even if the team approach is adopted, there has to be one person in charge, and physicians are best suited for that role given their education and experience.**

Cooperation

- **Although some physicians may resist challenges to their traditional, almost absolute, authority, it seems certain that their role will change in response to claims by both patients and other healthcare providers for greater participation in medical decision-making.**
- **Physicians will have to be able to justify their recommendations to others and persuade them to accept these recommendations.**
- **In addition to these communication skills, physicians will need to be able to resolve conflicts that arise among the different participants in the care of the patient.**

Cooperation

- **A particular challenge to cooperation in the best interests of patients results from their recourse to traditional or alternative health providers (‘healers’).**
- **Although some would consider the two approaches as complementary, in many situations they may be in conflict.**
- **Since at least some of the traditional and alternative interventions have therapeutic effects and are sought out by patients, physicians should explore ways of cooperation with their practitioners. In all such interactions the well-being of patients should be the primary consideration.**

Conflict Resolution

- Although physicians can experience many different types of conflicts with other physicians and healthcare providers, the focus here will be on conflicts about patient care.
- Ideally, healthcare decisions will reflect agreement among the patient, physicians and all others involved in the patient's care.
- However, uncertainty and diverse viewpoints can give rise to disagreement about the goals of care or the means of achieving those goals.
- Limited healthcare resources and organizational policies may also make it difficult to achieve consensus.

Conflict Resolution

- **Disagreements among healthcare providers about the goals of care and treatment or the means of achieving those goals should be clarified and resolved by the members of the healthcare team so as not to compromise their relationships with the patient.**
- **Disagreements between healthcare providers and administrators with regard to the allocation of resources should be resolved within the facility or agency and not be debated in the presence of the patient.**

Conflict Resolution

- **Since both types of conflicts are ethical in nature, their resolution can benefit from the advice of a clinical ethics committee or an ethics consultant where such resources are available.**

Conflict Resolution

The following guidelines can be useful for resolving such conflicts:

1. **Conflicts should be resolved as informally as possible, for example, through direct negotiation between the persons who disagree, moving to more formal procedures only when informal measures have been unsuccessful.**
2. **The opinions of all those directly involved should be elicited and given respectful consideration.**
3. **The informed choice of the patient, or authorized substitute decision-maker, regarding treatment should be the primary consideration in resolving disputes.**

Conflict Resolution

4. If the dispute is about which options the patient should be offered, a broader rather than a narrower range of options is usually preferable. If a preferred treatment is not available because of resource limitations, the patient should normally be informed of this.
5. If, after reasonable effort, agreement or compromise cannot be reached through dialogue, the decision of the person with the right or responsibility for making the decision should be accepted. If it is unclear or disputed who has the right or responsibility to make the decision, mediation, arbitration or adjudication should be sought.

Conflict Resolution

- **If healthcare providers cannot support the decision that prevails as a matter of professional judgement or personal morality, they should be allowed to withdraw from participation in carrying out the decision, after ensuring that the person receiving care is not at risk of harm or abandonment.**