

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.

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What Is Special About Physicians–Society Relationship?

1. Medicine as a Profession

- The word profession has two meanings:
- 1. Occupation meaning:
 - Dedicated to the well-being of others
 - Requires high moral standards
 - Based on a body of knowledge and skills
 - Has a high level of autonomy (independence)
- 2. Group meaning:
 - Refers to all the individuals who practice that occupation.

So, “the medical profession” can mean:

- The practice of medicine itself, OR
- Physicians as a group.

2. Medical Professionalism

- Involves relationships with:
- Patients
- Colleagues and other health professionals
- Society

3. Medicine as a Social Activity

- Today medicine is more social than just individual.
- Why? Because:
 - It happens within government and corporate organization funding.
 - It depends on public and corporate research + product development for knowledge and treatments.
 - It requires complex healthcare institutions for many procedures.
 - It treats diseases that are social as well as biological in origin.

4. Ethics and Society

- Hippocratic tradition: focused on patient-physician relationship → offers little guidance for physician-society relationship.
- Modern medical ethics: expands to address issues beyond individual patients, including society as a whole.

Society and its physical environment strongly affect patients' health.

Roles of Physicians (both as a profession and as individuals):

1. Public health
2. Health education
3. Environmental protection
4. Laws that affect community health and well-being
5. Testimony in judicial proceedings

• 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

1. Meaning

- Physicians play a major role in allocating society's scarce healthcare resources.
- Sometimes they must prevent patients from accessing services they are not entitled to.
- This can create ethical conflicts, especially when society's interests conflict with those of individual patients.

2. Definition

- Dual loyalty = when physicians are responsible and accountable to both:
- Their patients, and
- A third party
- If these responsibilities are incompatible, dual loyalty arises.

3. Third Parties That Demand Physician Loyalty

- Governments
- Employers (hospitals, managed healthcare organizations)
- Insurers
- Military officers
- Police
- Prison officials
- Family members

4. Ethics

- WMA International Code of Medical Ethics:
- "A physician shall owe his/her patients complete loyalty."
- But in exceptional situations, physicians may need to place the interests of others above the patient.
- The challenge = deciding when and how to protect the patient while facing pressure from third parties.

5. Spectrum of Dual Loyalty Situations

- One end: society's interests take precedence.
- Other end: patient's interests are clearly paramount.
- Middle: large grey area → requires careful judgment.

6. Example (society's interest takes precedence)

- Mandatory reporting of:
- Patients with designated diseases
- Patients not fit to drive
- Patients suspected of child abuse
- Physicians must fulfill these duties without hesitation, but should inform patients that reporting will occur.

Dual Loyalty (continued)

1. Other End of the Spectrum

- Requests/orders by authorities to take part in practices that violate fundamental human rights (e.g., torture).
- WMA guidance:
- Physicians must guard professional independence to decide what is best for the patient.
- They should observe ethical requirements of:
- Informed consent
- Confidentiality (as far as possible).

2. Breach of Requirements

- If there is any breach of informed consent or confidentiality:
- It must be justified.
- It must be disclosed to the patient.
- Physicians must report unjustified interference in patient care, especially when fundamental human rights are denied.
- If authorities do not respond:
- Physicians may seek help from:
- National medical associations
- WMA
- Human rights organizations

3. Middle of the Spectrum

- Example: Managed healthcare programs that limit physician autonomy in deciding treatments.
- These practices:
- Are not always against patient interests, but
- Can be harmful → physicians must carefully consider participation

4. If Physicians Have No Choice

- Example: when no alternative programs exist.
- Physicians must:
- Advocate strongly for their own patients, and
- Through their medical associations, advocate for the needs of all patients affected by restrictive policies.

1. What is the "spectrum" in Dual Loyalty?

- Dual loyalty means: physicians balance loyalty to patients vs. loyalty to society/third parties.
- This balance can shift depending on the situation.
- That's why we describe it as a spectrum (a range):
 - On one end → society's interests clearly come first.
 - On the other end → the patient's interests are clearly most important.
 - In the middle → it's not clear, both sides matter → needs careful judgment.

Dual Loyalty – Conflict of Interest with Commercial Organizations

1. Special Form of Dual Loyalty

- Conflict can arise between:
- Commercial organizations (e.g., pharmaceutical companies, medical device manufacturers), and
- Patients and/or society.

2. Offers from Commercial Organizations

- Companies often give physicians gifts and benefits, such as:
- Free samples
- Travel and accommodation for educational events
- Excessive payment (remuneration) for research activities

3. Underlying Motive

- The main goal of such generosity = influence the physician to prescribe or use the company's products.
- Problems:
 - Products may not be the best option for patients.
 - They may increase society's healthcare costs unnecessarily.

• 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.

4. Ethical Principle (WMA Guideline)

- Physicians must resolve any conflict of interest in favor of their patients.
- Patient's best interest always comes before physician's own benefit.

Resource Allocation

- In every country → there is a gap between:
- People's needs and desires for healthcare services, and
- The resources available to provide them.
- This gap is steadily increasing.
- The way resources are distributed = healthcare rationing / resource allocation.

Levels of Resource Allocation

A. Macro Level (highest level = governments)

Decisions made by government about:

- How much of the overall budget goes to health.
- Which healthcare services are free vs. require payment (by patients or insurance).
- Within the health budget:
- Salaries (physicians, nurses, healthcare workers)
- Hospital and institution expenses (capital + operating costs)
- Research
- Education of health professionals
- Treatment of specific diseases (e.g., tuberculosis, AIDS, etc.)

B. Meso Level (institutional = hospitals, clinics, agencies)

Decisions by institutions about:

- Which services to provide
- Spending on:
- Staff
- Equipment
- Security

- Operating expenses
- Renovations
- Expansion

C. Micro Level (individual patient level = physicians/providers)

Decisions by healthcare providers (especially physicians) about:

- Which tests to order
- Whether to refer to another physician
- Whether hospitalization is needed
- Whether to prescribe a brand-name drug vs. a generic one

Summary:

Resource allocation happens at 3 levels:

- Macro (government) → national budget + priorities.
- Meso (institutions) → hospital/clinic spending decisions.
- Micro (individual) → physician's choices for a single patient.

Resource Allocation

1. Physician's Role in Resource Use

- Physicians are responsible for initiating ~80% of healthcare expenditures.
- Even with managed care growing, physicians still have considerable discretion in deciding which resources patients can access.
- Choices at every level (macro, meso, micro) have a major ethical component because:
- They are based on values.
- They have significant consequences for the health and well-being of both individuals and communities.

1. Individualistic Approach & Ethics

- Individualistic approach survived the transition:
- Physician paternalism → doctors used to decide everything for the patient.
- Patient autonomy → patients now have the main say in what resources they receive.
- Main idea: the will of the patient became the main criterion for resource allocation.

2. Emergence of Justice (Social Approach)

- Recently, a new value has become important: justice.
- Justice = fair distribution of resources, not just for one patient but considering other patients too.
- Physicians now have responsibilities beyond their own patient → they also consider society's needs.

3. Expression in Codes of Ethics

- This understanding is reflected in:
- National medical association codes of ethics
- WMA Declaration on the Rights of the Patient
- Key statement from WMA:
- If a treatment is in limited supply:
 1. All patients get a fair selection procedure
 2. Decision is based on medical criteria only
 3. No discrimination allowed

Resource Allocation – Physician Responsibilities

1. Avoiding Waste

- Physicians can use resources responsibly by avoiding wasteful or inefficient practices, even if patients request them.
- Example: Overuse of antibiotics → wasteful and harmful.

2. Scarce Resource Decisions

- Physicians often must choose between patients when resources are limited, such as:
- Emergency staff attention
- The last available ICU bed
- Organs for transplantation
- High-tech radiological tests
- Certain very expensive drugs

3. Conflict in Policy-Making

- Some physicians also help make general policies that affect patients, including their own.
- This happens in:
- Hospitals
- Other institutions
- Committees or administrative positions

- Conflict:
- Some physicians try to remain neutral and focus on fairness.
- Others may use their position to favor their own patients, even if others have greater needs.

Resource Allocation – Approaches to Justice

1. Four Approaches to Justice

1. Libertarian

- Resources distributed based on market principles
- Individual choice depends on ability and willingness to pay
- Limited charity care for the poor

Generally rejected in medical ethics

2. Utilitarian

- Resources go to maximize benefit for all

3. Egalitarian

- Resources distributed strictly according to need

4. Restorative

- Resources distributed to favor historically disadvantaged groups

2. WMA Statement on Access to Health Care

- “No one who needs care should be denied it because of inability to pay.”
- Society’s obligation: provide reasonable subsidy for care of the needy
- Physician’s obligation: participate reasonably in subsidized care

3. Consensus and Practice

- Libertarian approach → mostly rejected

• No consensus among ethicists on which of the other three approaches is best

4. Examples by Country

- USA → favors libertarian
- Sweden → favors egalitarian
- South Africa → attempts restorative
- Many health planners → promote utilitarian

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.

Public Health

1. Division in Medicine

- In the 20th century, medicine developed a division between:
- Public health
- Other healthcare
- Why this is unfortunate:
- The public is made up of individuals
- Public health measures that protect the population also benefit individual patients

2. Definition of Public Health

- Public health refers to:
 1. The health of the public
 2. A medical specialty that focuses on health from a population perspective, rather than only on individual patients

3. Need for Specialists

- Every country needs public health specialists to:
 - Advise on and advocate for public policies that promote good health
 - Protect the public from communicable diseases and other health hazards

4. Scientific Basis

- Public health practice (also called public health medicine or community medicine) relies heavily on epidemiology
 - Epidemiology = the study of distribution and determinants of health and disease in populations

5. Ethical Duty (WMA Statement)

- The WMA Statement on Health Promotion says:
 - Medical practitioners and their professional associations have an ethical duty and professional responsibility to:
 1. Act in the best interests of their patients at all times
 2. Integrate this responsibility with a broader concern for promoting and assuring the health of the public

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 (like vaccination campaigns and emergency responses to outbreaks) are very important for protecting the health of individuals.

- But social factors (housing, nutrition, employment) are also just as important for people's health.

Role of Physicians in Public Health

Physicians are advised to:

1. Participate in public health and health education activities.
2. Monitor and report environmental hazards.
3. Identify and publicize health problems caused by social issues (like abuse and violence).
4. Advocate for better public health services.

Conflicts Between Public Health and Individual Patients

Sometimes public health and patient interests can conflict. Examples:

- A vaccination may prevent the patient from spreading disease to others, but does not protect the patient themselves and may carry some risk of adverse reaction.

- Mandatory notification is required for:
 - Contagious diseases
 - Child or elder abuse
 - Medical conditions that make certain activities dangerous (e.g., driving, flying a plane)

👉 These are examples of dual-loyalty situations (loyalty to both patient and society).

How Physicians Should Respond

- Try to minimize harm to the patient while meeting public health requirements.
- Example: If reporting is required, protect the patient's confidentiality as much as possible while still obeying the law.

Another Type of Conflict

- Sometimes patients may ask physicians to help them get benefits they are not entitled to (e.g., false insurance claims, unjust sick leave).
- Physicians should not engage in unethical behavior.
- Instead, they should help patients find other forms of support that are honest and ethical.

Global Health

- Physicians not only have responsibility to their own society, but also to global health.

What is Global Health?

- Defined as: Health problems, issues, and concerns that go beyond national boundaries.
- These problems may be influenced by what happens in other countries.
- They are best solved by international cooperation and joint solutions.

Globalization and Health

- Global health is part of the bigger process called globalization (includes exchange of information, trade, politics, tourism, and more).

- The key idea: Countries and societies are increasingly interdependent.
- In health, this interdependence is very clear.
- Example: Rapid spread of influenza, SARS, COVID-19 → shows how diseases move quickly across borders.

Why Global Health Matters

- Epidemics need international cooperation for control.
- If physicians in one country fail to recognize or treat a contagious disease, the result can harm patients in other countries too.
- Therefore, physicians' ethical obligations extend:
 - Beyond individual patients
 - Beyond their own communities
 - Even beyond their own nations

Global Health

1. Health Disparities

- A global view of health shows that there are big differences (gaps) in health between countries.
- The gap between high-income and low-income countries is growing wider.
- Causes:
- HIV/AIDS → had its worst effects in poor countries.
- Economic inequality → poor countries did not benefit from the global increase in wealth in recent decades.

2. Globalization & Patients

- Even in middle- and high-income countries, physicians meet patients affected by globalization.
- Example: refugees → may not have the same medical coverage as citizens.

3. Mobility of Health Professionals

- Another part of globalization = international movement of physicians and health workers.
- Effects:
- Receiving countries (rich countries): Benefit from skilled physicians.
- Physicians themselves: Gain career opportunities.
- Exporting countries (developing countries): Suffer from losing their trained doctors.

4. WMA Ethical Guidelines on Migration

- Physicians should not be prevented from leaving their country to seek career opportunities abroad.
- But → each country has a duty to:
- Educate enough physicians to meet its own needs.
- Not rely too heavily on immigration from other countries to solve its shortage of doctors.

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

1. Environment as a Threat

- A major threat to public health and global health is the deterioration of the environment.
- The 2006 WMA Statement says:
- For medicine to be effective, physicians and their associations must also focus on environmental issues that affect health.

2. Examples of Environmental Issues

- Air, water, and soil pollution
- Unsustainable deforestation and fishing
- Hazardous chemicals in consumer products

Back to the Case Study (Dr. S)

1. Dr. S's Concern

- Dr. S is right to consider how her patient's behavior affects society.
- Even if the patient's consultations with another health practitioner are outside Dr. S's system and don't cost society money,
- The patient is still using Dr. S's time,
- That time could be given to other patients who need her care.

2. Physician's Caution

- Physicians like Dr. S must be careful.
- Patients may not always make rational decisions (due to lack of knowledge, emotions, or misunderstandings).
- They may need time and health education to understand what is best for themselves and for society.

3. Seeking a Bigger Solution

- Dr. S is also right to approach her medical association.
- Why? Because the issue is not only between her and one patient,
- It affects other physicians and patients as well.
- A societal solution is needed.

Medical Ethics In The Arab-Islamic Civilization

Medical Ethics in the Arab-Islamic Civilization

- Around 100 years ago, many Muslim physicians focused on medical ethics.
- They wrote books on this subject.
- Abu Al-Hasan Ali Al-Tabery (9th century) described the Islamic Law of Medical Ethics in his book Firdaws Al-Hikma.

Main Ethical Rules for Physicians (by Al-Tabery):

1. Be humble, noble, and compassionate.
2. Wear clean clothes, look respectful, and keep hair and beard well-combed.
3. Choose reputable friends.
4. Be accurate in speech, and ask forgiveness if you make a mistake.
5. Be tolerant, never seek revenge.
6. Be affectionate and a peacemaker.
7. Do not predict life or death of patients → only Allah knows.
8. Do not lose control (stay calm).
9. Answer patient's questions gently and with compassion.
10. Treat rich and poor, master and slave equally. Helping the needy brings Allah's reward.
11. Be punctual, keep appointments, and be trustworthy.
12. Do not argue about fees if the patient is very ill or comes in an emergency. Thank the patient for whatever payment he gives.
13. Do not prescribe abortion drugs to pregnant women, except if necessary to save the mother's health.
14. Be polite with women, and always keep patient confidentiality.
15. Do not speak badly about respected people, do not criticize religious beliefs, and speak well about colleagues.
16. Do not glorify yourself or criticize others.

Isaac Bin Ali Al-Rahawi – Adab Al-Tabib (10th Century)

In his book, Al-Rahawi discussed many aspects of medical ethics and practice:

Main Topics Covered

1. Loyalty and sincerity that a physician must believe in.
2. Care of medical professionals (responsibility towards colleagues).
3. Things physicians should avoid and be cautious about.
4. Physician's instructions to patients.
5. Behavior of patient's visitors (how they should act).
6. Physician should know both simple and complex drugs.
7. Questions physicians should ask patients.
8. Patients must have trust in physicians.
9. Patients must follow physician's instructions.
10. Patient's behavior toward those who serve him.
11. Patient's behavior toward his visitors.
12. Honor of the medical profession (respect and dignity).
13. Public respect for physicians depends on their skills.
14. Special cases/incidents of interest to physicians.
15. Only individuals with the right temperament and high moral character should practice medicine.
16. Physicians should be examined/tested before being authorized to practice.
17. Corruption among physicians should be corrected.
18. Beware of charlatans (fake doctors).
19. Addressing bad habits that harm people.

Additional Content of the Book

- Advice on personal health (conditions for staying healthy).
- Guidance on physician–patient relationship.
- Notes on the relationship between medicine and government.

Medical Ethics in the Arab-Islamic Civilization

Abu Baker Mohammad Bin Zakaryya Al-Razi – “Akhlaq Al-Tabib”

- Al-Razi said the physician should be expert in medicine and also serve as a role model.
- His book is considered the first model of medical ethics in the Arab-Islamic Civilization.
- He divided medical ethics into three responsibilities:
 1. The physician's responsibility towards the patient.
 2. The physician's responsibility towards himself.
 3. The patient's responsibility towards the physician.

Al-Razi's Views

1. Physician's responsibility towards himself:
 - Must continue learning medicine and stay updated.
 - Must also teach others and spread medical knowledge.
 - Must be effective, honorable, humble, and avoid vanity (showing off).
 - Must care about appearance → clean clothes, tidy hair.
2. Physician's responsibility towards the patient:
 - Treat patients with compassion, kindness, humility (never rude or hostile).
 - Keep the patient's secrets confidential (like the Hippocratic Oath).
 - Provide psychological support → give patients hope, even when recovery seems impossible.
 - Treat all patients equally → rich or poor, no discrimination.
 - The main goal is curing the patient, not making money.
 - Be cautious when treating women → avoid looking at private parts unnecessarily.
3. Patient's responsibility towards the physician:
 - Must respect the physician.
 - Must speak kindly to him.

Other Important Points by Al-Razi

- He strongly criticized charlatans (fake doctors) who travel around selling drugs claiming to cure every disease.
- He emphasized that even the best physicians cannot solve all problems or cure every illness.
- Physicians should rely on Allah alone and expect healing from Him, the Almighty.

Some Medical Ethics Issues

Reporting Unsafe or Unethical Practices

- Medicine is a self-regulating profession → doctors set their own professional standards.
- Society gives doctors trust and privileges, and in return, the profession sets high standards of behavior for its members.
 - There are disciplinary procedures to:
 - Investigate accusations of misbehavior.
 - Punish wrongdoers if necessary.

⚠ But this system of self-regulation has often failed.

Recent Changes

- To improve accountability: lay members (non-doctors) are now appointed to regulatory authorities.
- Self-regulation only works if:
- Physicians fully support its principles.
- Physicians are willing to recognize and report unsafe or unethical practices.

Ethical Obligation to Report

- **Doctors must report incompetence, impairment, or misconduct of colleagues.**
- This duty is clearly stated in codes of medical ethics.
- The WMA International Code of Medical Ethics says:

“A physician shall... report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception.”

Difficulty in Application

- Reporting is not easy.
- Problem: A doctor might misuse this duty → attack a colleague's reputation for personal motives, such as:
 - Jealousy.
 - Revenge/retaliation for an insult.

Challenges in Reporting

- Doctors may hesitate to report colleagues because of:
- Friendship or sympathy.
- Fear of consequences, e.g.:
 - Hostility from the accused doctor.
 - Hostility from other colleagues.
- **⚠ Even with these risks, reporting is still a professional duty.**

Why Reporting is Important

- Doctors must:
- Protect the good reputation of the profession.
- Report problems because they are often the only ones who can recognize incompetence, impairment, or misconduct.

Steps Before Reporting to Authority

➡ Reporting to disciplinary authority = last resort. Other steps should come first:

1. **First Step** → Speak directly to the colleague.
 - Tell them their behavior is unsafe or unethical.
 - If solved here → no further action needed.
2. **Second Step** → If not solved → talk to your supervisor or the colleague's supervisor.
 - Let the supervisor decide next steps.
3. **Final Step** → If previous steps fail or are not possible → report to disciplinary authority.

Relationships with Other Health Professionals

1. Importance of Respect & Equality

- Respect and equal treatment are essential in physician–co-worker relationships.
- No discrimination is allowed on the basis of (WMA Declaration of Geneva):
 - Age
 - Disease or disability
 - Creed (religion)
 - Ethnic origin
 - Gender
 - Nationality
 - Political affiliation
 - Race
 - Sexual orientation
 - Social standing
 - Or any other factor

👉 Non-discrimination = passive (not treating others unfairly).

2. Respect Beyond Equality

- Respect = active and positive.
- Physicians should appreciate skills and experience of all healthcare providers (physicians, nurses, auxiliary workers, etc.) → because they contribute to patient care.
- Even if their education and training differ, they still share:
- Basic human equality
- Concern for patient well-being

3. When Relationships Can End

- Sometimes, a physician may refuse to work with or terminate a relationship with another health worker if:
 - Lack of confidence in their ability or integrity
 - Serious personality clashes

⚠ But → distinguishing these from less worthy motives (e.g., jealousy, prejudice) requires ethical sensitivity.

Cooperation in Medicine

1. Medicine = Individualistic + Cooperative

- Medicine is both highly individualistic and highly cooperative.

Individualistic side:

- Physicians often feel possessive of “their” patients.
- Reason:
- The physician–patient relationship is the best way to:
- Know the patient well.
- Ensure continuity of care → important for preventing and treating illness.
- Retaining patients also benefits physicians financially.

Cooperative side:

- Medicine today is complex and specialized.
- Requires close cooperation between practitioners with different but complementary knowledge and skills.
- Ethical tension:
- Individualism vs cooperation is a recurrent theme in medical ethics.
- As medical paternalism weakened, the belief that physicians “own” their patients has disappeared.

2. Patients’ Rights and Cooperation

- Right to second opinion:
- Traditionally, patients could ask for a second opinion.
- Now expanded → patients can also access other healthcare providers who may better meet their needs.
- 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.”
 - Important rule:
 - Physicians must not profit from cooperation by fee-splitting (sharing patient fees for personal gain).

1. Safeguarding the Physician–Patient Relationship

- Restrictions on physicians’ “ownership” of patients must be balanced with measures that protect the importance of the physician–patient relationship.

- Example:
- If a patient is treated by multiple physicians (common in hospitals) →
- One physician should coordinate the care.
- This physician keeps the patient informed of overall progress.
- Helps the patient make decisions.

2. Physicians vs Other Health Professionals

- Physician–physician relationships:
- Governed by clear and well-understood rules.
- Physician–other health professional relationships:
- Still uncertain and under debate.
- Many nurses, pharmacists, physiotherapists, and others:
- Believe they are more competent in their specific areas than physicians.
- Believe they should be treated as equals to physicians.
- Favor a team approach → where all caregivers’ views are equally considered.
- Consider themselves accountable to the patient, not to the physician.

3. Physicians’ Perspective

- Many physicians argue:
- Even in a team approach, one person must be in charge.
- Physicians are best suited for this leadership role because of their education and experience.

Changing Roles & Cooperation in Medicine

1. Changing Physician Role

- Some physicians resist losing their traditional authority.
- But their role will change because:
- Patients demand more participation.
- Other healthcare providers demand more participation.
- Physicians now must:
 1. Justify their recommendations to others.
 2. Persuade others to accept their advice.
 3. Develop communication skills.
 4. Be able to resolve conflicts among those involved in patient care.

2. Challenge: Traditional & Alternative Healers

- Many patients also use traditional or alternative healers.
- Sometimes seen as complementary, but often conflict with medical practice.
- Since some alternative methods do have effects and patients seek them, physicians should:
 - Try to cooperate with these healers when possible.
 - Always keep patient's well-being as the main priority.

3. Conflicts in Patient Care

- Physicians may face many conflicts, but here focus is on conflicts about patient care.
- Ideal situation:
- Decisions are made with agreement between:
 - The patient
 - The physicians
 - Other healthcare providers involved in care
- Reality:
 - Uncertainty + different viewpoints → disagreement about:
 - The goals of care
 - The methods of care
 - Limited resources and hospital/organizational policies can also make consensus difficult.

Resolving Disagreements in Healthcare

1. Disagreements Among Healthcare Providers

- Sometimes, healthcare providers disagree about:
 - The goals of care and treatment.
 - The methods/means to achieve those goals.
- These disagreements should be:
 - Clarified
 - Resolved by the healthcare team
- Purpose: to avoid damaging their relationship with the patient.

2. Disagreements with Administrators

- Sometimes conflicts happen between:
 - Healthcare providers
 - Administrators (managers of hospital/facility)
- Usually about: allocation of resources.
- These should be resolved inside the facility/agency.
- Important: Never debate these issues in front of the patient.

3. Ethical Nature of Conflicts

- Both types of conflicts are ethical issues.
- Their resolution can benefit from:
 - A clinical ethics committee
 - Or an ethics consultant (if available).

Conflict Resolution in Healthcare

Guidelines for Resolving Conflicts

1. Start informally

- Resolve conflicts as informally as possible.
- Example: direct negotiation between the people who disagree.
- Only use formal procedures if informal efforts fail.

2. Include everyone involved

- Ask for the opinions of all directly involved.
- Give respectful consideration to each opinion.

3. Patient choice is primary

- The informed choice of the patient, or an authorized substitute decision-maker, should be the main factor in resolving disputes.

4. Offer a broad range of options

- If the conflict is about which treatments to offer, usually provide a broader range rather than a narrow one.

- If a preferred treatment is unavailable due to resources, the patient should be informed.

5. Decision-making authority

- If dialogue fails → accept the decision of the person who has the right/responsibility to decide.
- If it's unclear who should decide → seek mediation, arbitration, or adjudication.

6. Right to withdraw

- If healthcare providers cannot support the decision (professional judgment or personal morality):

- They may withdraw from participation.
- Must ensure the patient is not at risk of harm or abandonment.

