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Editorial – Ethics

Welcome to the ethics section of the *London Journal of Primary Care*

Paquita de Zulueta
Ethics Editor

Primary care ethics

Primary care ethics has acquired a definitive place on the 'bioethics map', now represented by a substantial body of empirical research, literary texts and critical discourse. Primary care ethics does not, on the whole, concern the dramatic or esoteric ethical issues popular in the bioethical journals and the lay press. Instead it is engaged with issues and problems that confront normal individuals in the course of their everyday life. These can be subtle and complex, but are highly relevant to the practice of medicine and the business of living. In fact, much of the empirical research focuses on how primary care practitioners perceive and solve the diverse array of ethical challenges and dilemmas they encounter in the course of their daily work.[1]

A paradigm shift in the delivery of UK primary health care: implications for professional ethics

Primary care in the UK is undergoing a marked and rapid change. The modernisation agenda of healthcare in the UK and elsewhere can be viewed as a shift from a public service model to an industrialised market-based model of healthcare.[2]

The emphasis is on consumer choice, accessibility and competition, combined with performance related pay. Concurrently there is a greater emphasis on population health within primary care, placing an expanded role on general practitioners and the primary health care trusts for disease prevention and health promotion. The goal of preventing disease, albeit laudable, arguably leads to a regressive move away from a person-centred biopsychosocial model to a more disease-centred biomedical utilitarian model.

Tim van Zwanenberg summarises the challenges to general practice under the headings of consumerism, the threat of substitution (of services by others), new demands for accountability (including changes in professional self-regulation), generational change (with changes in commitment and work patterns), and the new 'managerialism'.[3] Of the four broad functions primary care practitioners will need to undertake in order to meet these challenges, 'corporate management' (clinical governance, public health needs assessment, priority setting, construction of guidelines and protocols, and managed care), is undoubtedly the most ethically problematic.

Change, particularly if driven in a rapid, top-down fashion, with limited scope for timely evaluation, and in a complex organisation such as the NHS, can have multiple and often unpredictable consequences. These can engender new and perplexing ethical challenges and dilemmas for healthcare professionals. Critical appraisal with a clear, rigorous perspective is urgently needed to identify the impact that these new healthcare policies and procedures can have on ethical principles, professional values and clinical practice. A number of empirical studies and essays from the USA alert us to the dangers of 'managed care', such as the corrosion of trust within the doctor patient relationship, and the negative impact on professional values, autonomy, morale and ethical practice.[4–7] GP Fundholding was taken up by nearly half of British GPs in the 1990s despite potential conflicts of interest and the risks to ethical practice, as highlighted by empirical research.[8] Starfield and colleagues describe primary care as effective, efficacious, and equitable, and have shown the benefits of primary care for population health.[9] They argue that these are being put at risk by the reforms.[10] London can be seen as the 'crucible of change' as it is often the first to experience experiments in modernisation, such as changes in service provision. Furthermore, the tendency for a higher turnover of patients and staff and the centripetal force created by an increasingly wealthy centre make for greater difficulties in continuity of care.

The new system of performance related pay in line with a quality outcomes framework (QOF) is viewed by some as corroding ethical practice and professionalism in a 'disempowering system of micromanagement' and of carrying the risk of GPs becoming mere 'box tickers'.[11,12] Research evidence so far, however, suggests that QOF has not acted as a threat to internal motivation or core values and is broadly aligned to GPs' view of good clinical care.[13] But this may be masked by many of the QOF tasks being delegated to practice nurses, who take a more negative view.[14] As the financial pressures increase, the position may change, and further evaluation and ethnographic research is needed.

Other changes not specific to primary care are also relevant for primary care ethics: these include the rise of evidence based medicine and the greater emphasis on individual autonomy in British law as exemplified by the Human Rights Act and the Mental Capacity Act (2005). One author asks, in the light of these changes, whether we need to rethink primary care ethics.[15]

Sustainable professionalism

Professionalism has become increasingly disconnected from the functions central to public welfare as professionals are defined more as 'specialists' with expert knowledge and marketable skills, rather than individuals who develop and maintain mastery of their work, using it responsibly, ethically and – crucially – autonomously, in the service of others.[16] Freidson, in his classic and highly influential text *The Profession of Medicine* (1970), attacked the profession for its insularity, arrogance and failure to regulate itself in the public interest. In an afterword, nearly 20 years later, however, he acknowledges that the pendulum may have swung too far the other way, and conjectures that patients may well have lost more from imposed contractual limits than they have gained from the consumer movement and from legal and economic entitlements. Instead, they are transformed into 'industrial objects'.[17]

Sustainable professional values

One thing is clear: there is a need for a solid ethical foundation or values when changes of structures and priorities create an environment of uncertainty. Values can be defined as 'deeply held views that act as guiding principles for individuals and organisations'.[18] Primary care's core values were articulated 10 years ago in a series of illuminating essays.[19] These were identified as patient centredness, whole person medicine, and sustained partnership in the doctor-patient relationship. Howie and colleagues have further refined these multidimensional constructs and include empathy as an equally important value in the armoury of the good physician. They question whether the rewards and incentives in the current contract promote the delivery of services based on the profession's core values.[20] There is evidence, for example, that internal motivation can be undermined by externally imposed incentives.[13]

A recent document from the Royal College of General Practitioners restates the primacy of the doctor-patient relationship, the patient-centred clinical method, and a commitment to interpersonal care and continuity. 'The values of general practice must be nurtured and new models of care must enhance these values'.[21] But here is the rub – how well can these values flourish in the current profit-orientated climate? For values cannot exist in isolation, hermetically sealed from what people actually do.[22] Values can be 'normal' i.e. assumed and central to personal and social identity, or 'aspirational' i.e. consciously sought after.[23] It is a moot point whether the core values outlined above are still 'normal' or are fast becoming 'aspirational'.

Conclusion

Perhaps the focus now should not be on *what* are the core values of general practice – the consensus appears to be clear – but rather how can they be made to be sustainable? Should we incorporate a comprehensive virtue ethic as part of the moral foundation of general practice?[24,25] Narrative ethics and postmodern ethics can also enrich our understanding of primary care.[26,27] It is clear that the philosophy of primary care remains a rich and varied terrain that merits further exploration, and that developing sustainability for primary care values is an urgent priority.

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ADDRESS FOR CORRESPONDENCE:

Paquita de Zulueta
Email: p.dezulueta@imperial.ac.uk