Ethics and the current Industry-Physicians relationship model – Are they compatible?

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Industry-Physician relationships: What has changed?

Ethics has always been at the core of their relationships,

but the *situation* has changed, with a higher need of transparency requested by modern society
Furthermore, the industrial must dialogue with multiple actors:

- Physicians/Pharmacists

- but also:
  
  Patients/Lobby groups/Associations
  Governmental Agencies
  Shareholders...
What consequences for the industry?

*Three revolutions for which ethics give added value to the society and technological advances*

1. Occurrence of new behaviors for patients
2. Modification of patients-physicians relationships
3. Growing influence of the State and public policies in medical and financial control of medicine
Three revolutions for which ethics give added value to the technological advances

1. Occurrence of new behaviors for patients

“4-P Medicine”:
- Predictive
- Personalized
- Preemptive
- Participative

For “4-C Patients”:
- Clients – Consumers – Contributors – Citizens
Three revolutions for which ethics give added value to the technological advances

1. Occurrence of new behaviors for patients

2. Modification of patients-physicians relationships
   - Old-fashioned medical paternalism is over, but so is also full blooded autonomy taken as the sole ethical principle...
     → Patients strive for a new understanding of mature relations with HCWs, AND between HCWs and Industry
   - Chronic diseases will modify our approach of medicine
     → Improve communication & attention to ethics/humanities
     → Risk-aversion

3. Growing influence of the State and public policies in financial and medical control of medicine
Healthy Bites
Total spending on health as a percentage of GDP

16% 11 8.4 8.1 8.9

Different but the same
Health expenditure in France is growing quickly and even small changes to the current system are hard won
Cumulative percentage change in total expenditure on health

Source: OECD Health Data 2009

Percentage of population with health insurance†
85.3 99.9 100 100

†Not available for OECD average
Note: 2007 data except Japan which is for 2006
Source: OECD Health Data 2009

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THE WALL STREET JOURNAL | POLITICS
HEALTH CARE IS A HUMAN RIGHT
For '41—more power for YOU!

The big news these days for the busy man of medicine can be summed up in one terse and unadorned statement:

Here's so much emergency power for hurry-up trips, such reliable power for your daily rounds, that you might think we had doctors solely in mind when we hitched the '41 Buick to this power-packed FIREBALL!
Refreshment for Tired Doctors

KEMP'S SUN-RAYED PURE TOMATO JUICE

NON-SEPARATING
He's one of the busiest men in town. While his door may say Office Hours 2 to 4, he's actually on call 24 hours a day.
The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

According to a recent Nationwide survey:
MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS in every branch of medicine — 113,597 in all — were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was — What cigarette do you smoke, Doctor?
The brand named most was Camel!
The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not — well, try Camels now.

CAMELS Costlier Tobaccos

Your "T-Zone" Will Tell You...
T for Taste...
T for Throat...
that's your proving ground for any cigarette. See if Camels don't suit your "T-Zone" to a "T."
3. Growing influence of the State and public policies in financial and medical control of medicine

Different Ethics Committees for different Ethical Question

- **Specialized Bodies**
  - National Ethics Committees
  - Investigational Review Boards
  - Scientific Societies’ Ethical Committees

- **Places of discussion, sharing experiences**
  - “Focus groups”, “Clinical Ethics Centers”

- **A way to express a democratic process**
  - Representatives
  - Moving from conflict to discussion
  - Avoiding technocracy (“*I am the expert, thus I am right*”)

Governance?
Governance?

Ethics

Responsibility

Accountability
Governance?

Ethics

Responsibility

Accountability
Professionalism is a **morally based, structurally stabilizing protective force** in our society. (...) Because medicine is a moral community, professionalism in medicine requires the physician to altruistically serve the interests of the patient above one’s self-interest.

Medical professionalism aspires to **accountability**, **commitment** to the highest standards of service, consistent regard for the highest standards of **behavior**, upholding one’s personal and professional **codes**, and **respect** for patients, their families and professional colleagues.
WHAT DO I DO NOW?!
An ethical method of reasoning

a  First step: Fact deliberation
   i  The case
   ii Deliberation about the facts

b  Second step: Value deliberation
   i  Identification of the moral problems
   ii Choice of the main problem
   iii The values at stake

c  Third step: Duty deliberation
   i  Reflecting on the most challenging cases
   ii Reflecting on other cases

d  Fourth step: Testing consistency

e  Fifth step: Conclusion
Ethics and Industry-Physician relationships:

We need adult, mature common understandings

...similar to the evolution of Patient-Physician relationships?
What kind of Role Model for the Physician?
Historic steps in medicine

The physician as a *Sorcerer*

- Illness as a “curse”; Religion-based hospitals
  → *Incantations*, prayers, hope...

The physician as a *Technician*

- Progressive reductions of the risks; Social Security (protection and access to care)
  - Tensions between paternalism and autonomy
  → Medical technology, value of *prevention*

The physician as a *Consultant in Risk Management*

- Therapeutic alliance?; HMOs
  → “Managed Care”, *Precautionary Principle*
Physician’s Historical Representations

A sorcerer
   Fate, Incantations

A technician
   Prevention (Social “protection”)

An engineer
   Precautionary principle

A philosopher, a humanist
   “Doing the Thing Right and Doing the Right Thing”
   Practice and Principles; How’s and Why’s
Industry’s Historical Representations

A sorcerer → A salesman

A technician → A specialized industrial Prevention

An engineer → A Health Care specialist
Precautionary principle

A philosopher, a humanist → Same!

“Doing the Thing Right and Doing the Right Thing”
Practice and Principles; How’s and Why’s
Attention to Justice and Humanity
This is Equality
Equality doesn't mean Justice

This is Equality    This is Justice
Four models of the physician-patient relationship.

by Ezekiel J. Emanuel and Linda L. Emanuel

The physician-patient relationship needs to be redefined to allow both the physician and patient to take an active role in treatment decisions. Four models for the physician-patient relationship have been proposed. In the paternalistic model, the physician has a parental role, and decides which treatment would be best. In the informative model, the physician tells patients of treatment options and relevant medical information, but patients select their own treatment. In the interpretive model, the physician helps patients explore their values, and select the treatment that best fits these values. In the deliberative model, the physician helps patients explore health-related values, and choose their treatment based on those values. A shift towards the informative model has occurred; patients are more involved in choosing their treatment. These models have weaknesses, but the deliberative model may be the best for the physician-patient relationship. It allows the physician to guide patients in a caring manner, but does not limit patient independence.
Four Models of the Physician-Patient Relationship

Paternalistic model:
- I am operating you, I’ve decided

Informative model:
- You need surgery

Interpretive model:
- You need surgery, What are your preferences?

Deliberative model:
- You need surgery, What are your preferences?, and, if you are willing, I can give you what would be mine.
How to obtain proper Industry-Physician relationships?

1. Be fair, follow the rules
(but rules alone are not sufficient: we need to truly be empowered by them)

2. Listen to your inner voice
(What would Mama say?)
RUN THIS BY THE LEGAL DEPARTMENT, BUT RUN SUPER FAST SO THE ETHICS DEPARTMENT DOESN'T SEE IT.
OH WOW!
PARADIGM
SHIFT!
"Who's next?"
Ethics, in fact, *leads* Industry-Physician relationships
I HAVE SO MANY QUESTIONS TO BE ANSWERED...

WHY, WHERE, WHEN, HOW, WHO?

WHAT? THAT, TOO!