

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

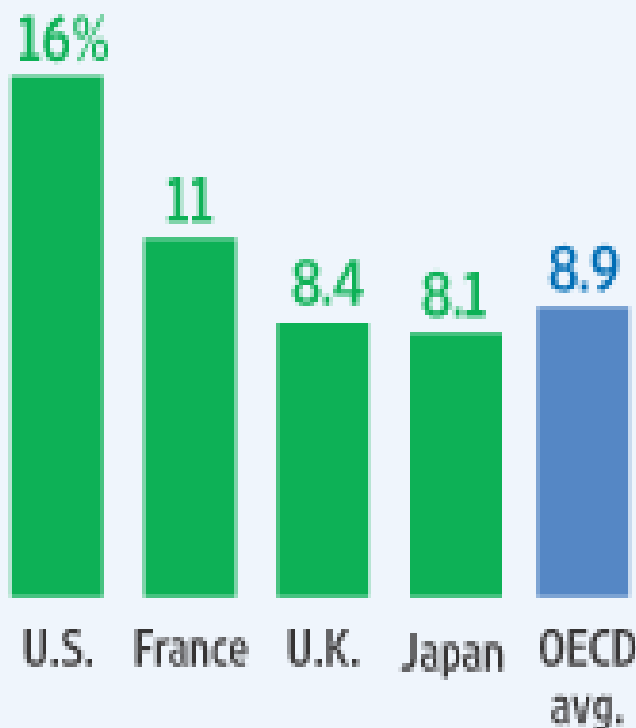
→ Improve communication & attention to ethics/humanities

→ Risk-aversion

3. Growing influence of the State and public policies in financial and medical control of medicine

Healthy Bites

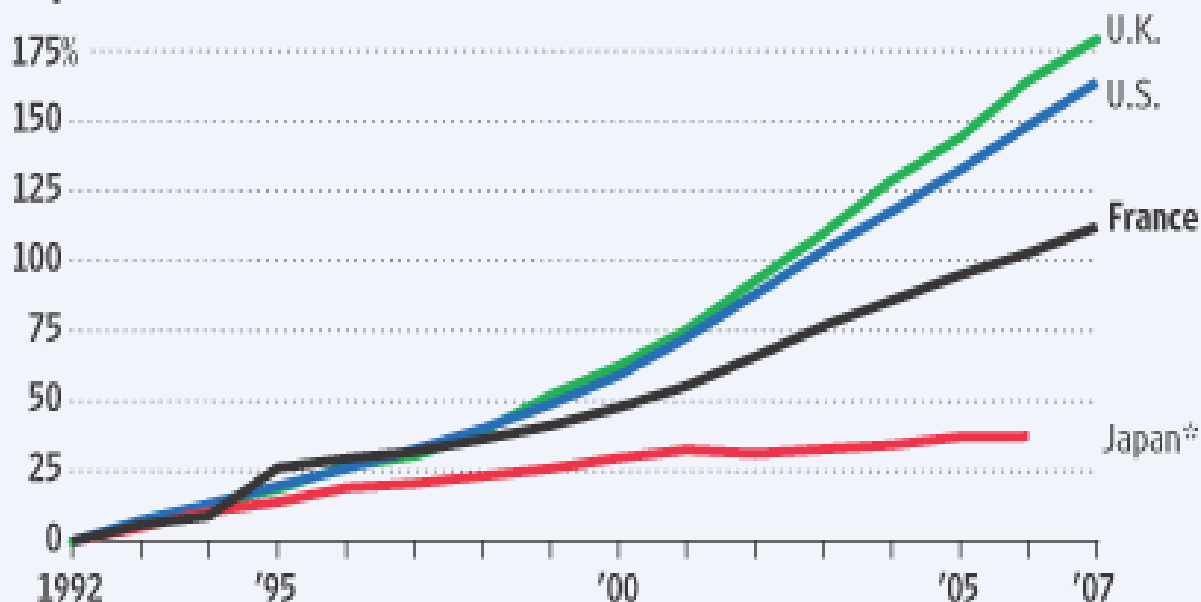
Total spending on health as a percentage of GDP



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



*Through 2006

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

Friday, August 7, 2009

THE WALL STREET JOURNAL | POLITICS

HEALTH
CARE
IS A
HUMAN
RIGHT

NATIONAL
HEALTH CARE
NOW
IMOTS

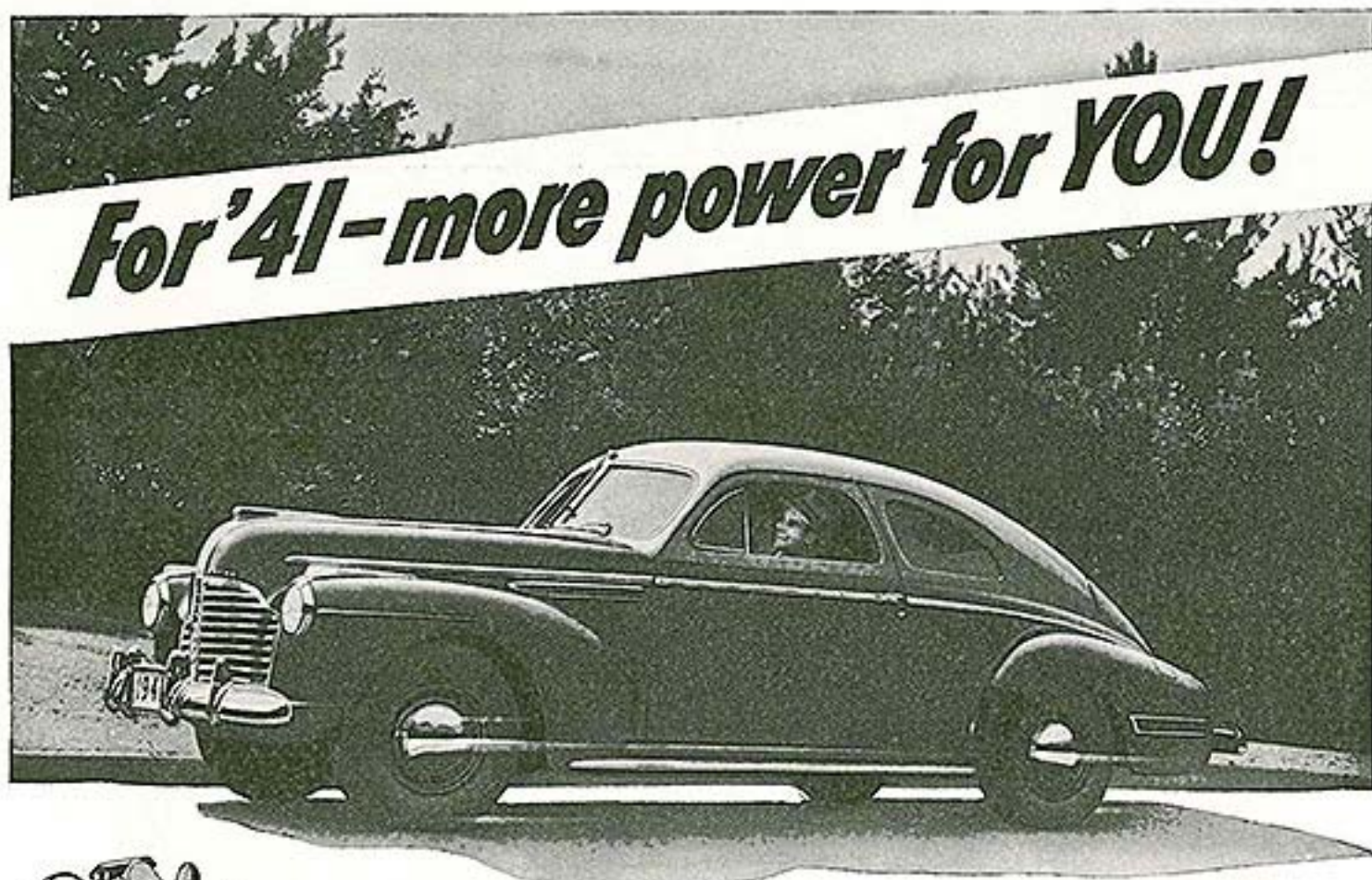
Old Medical Advertisements: The World War II Years

Bret S. Stetka, MD

November 12, 2014



14 of 18



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!


Old Medical Advertisements: The World War II Years

Bret S. Stetka, MD
November 12, 2014

◀ 14 of 18

Refreshment for Tired Doctors





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."



© J. B. Reynolds
Raleigh, N.C.
Whitman-Walker, N.C.

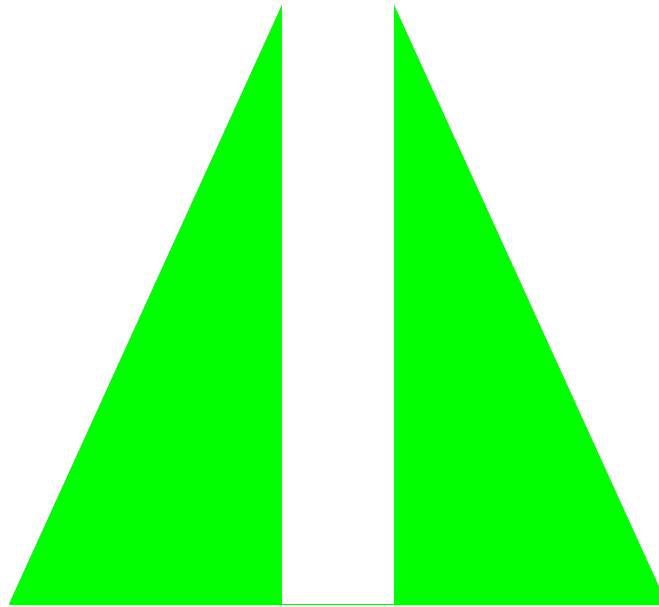
3. Growing influence of the State and public policies in financial and medical control of medicine

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”*)

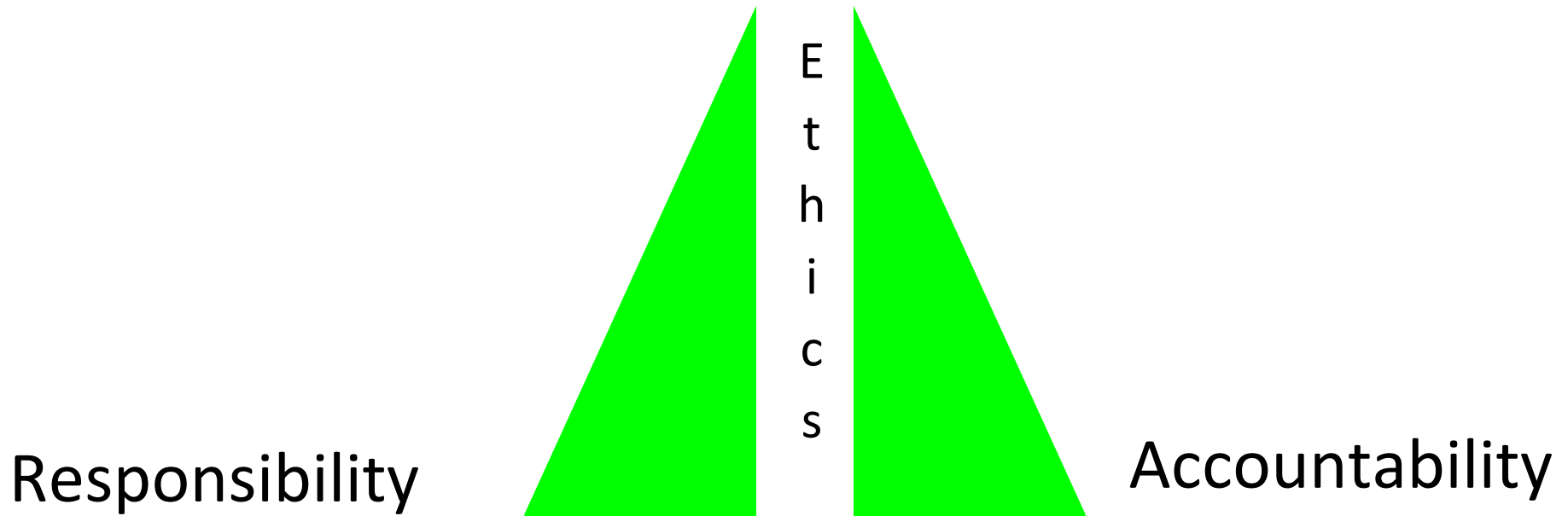
Governance?

Responsibility



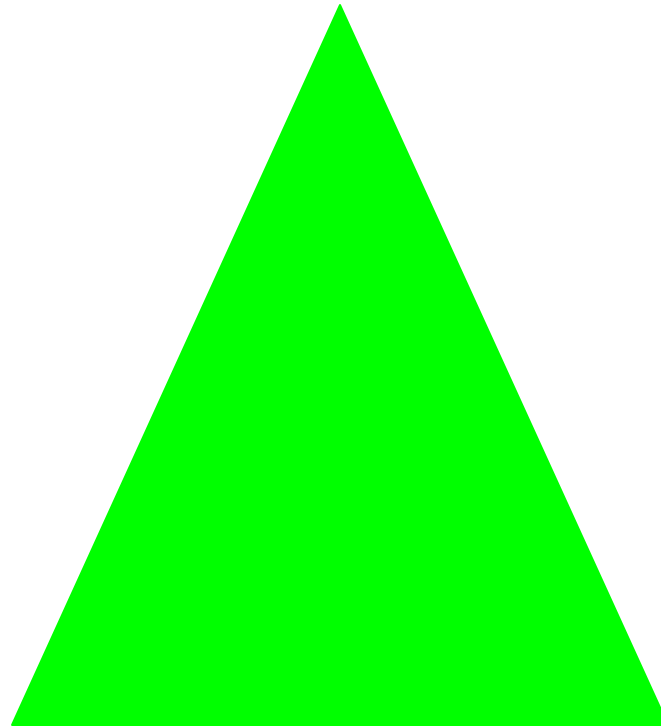
Accountability

Governance?



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.

CIVILITY AND PROFESSIONALISM IN ANESTHESIA

Stephen Jackson, M.D., Past Chair, Committee on Ethics, ASA
in "Principes de réanimation chirurgicale", Arnette, Paris, 2005



WHAT DO I DO NOW?!

BIOETHICS CORE CURRICULUM

— 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



SECTION 1: SYLLABUS ETHICS EDUCATION PROGRAMME

United Nations
Educational, Scientific and
Cultural Organization

Sector for Social and Human Sciences
Division of Ethics of Science and Technology

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

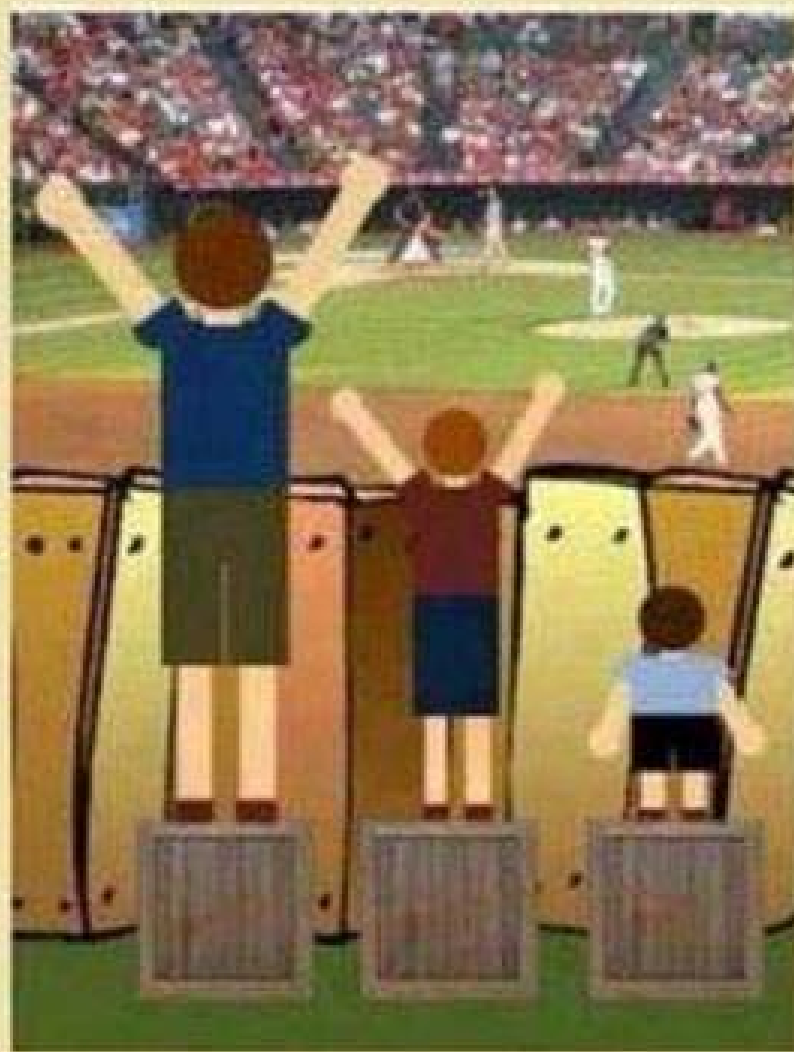
An engineer → A Health Care specialist
Precautionary principle

A philosopher, a humanist → Same !

“Doing the Thing Right *and* Doing the Right Thing”

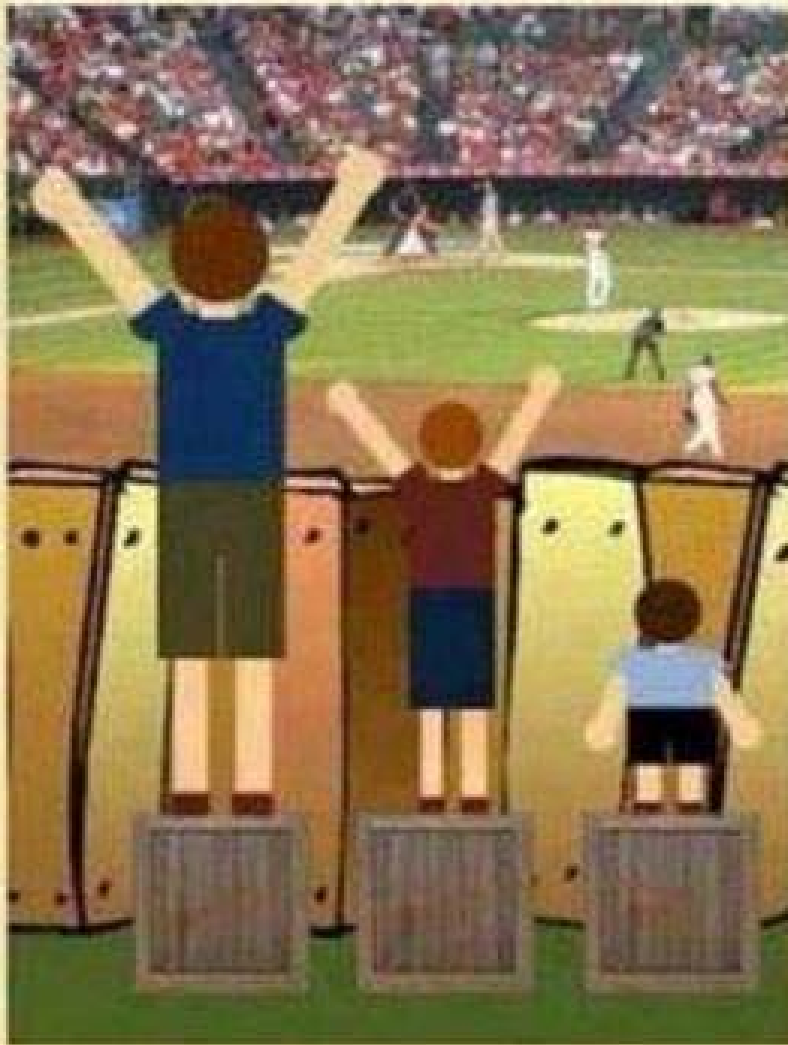
Practice *and* Principles; How's *and* Why's

Attention to Justice and Humanity

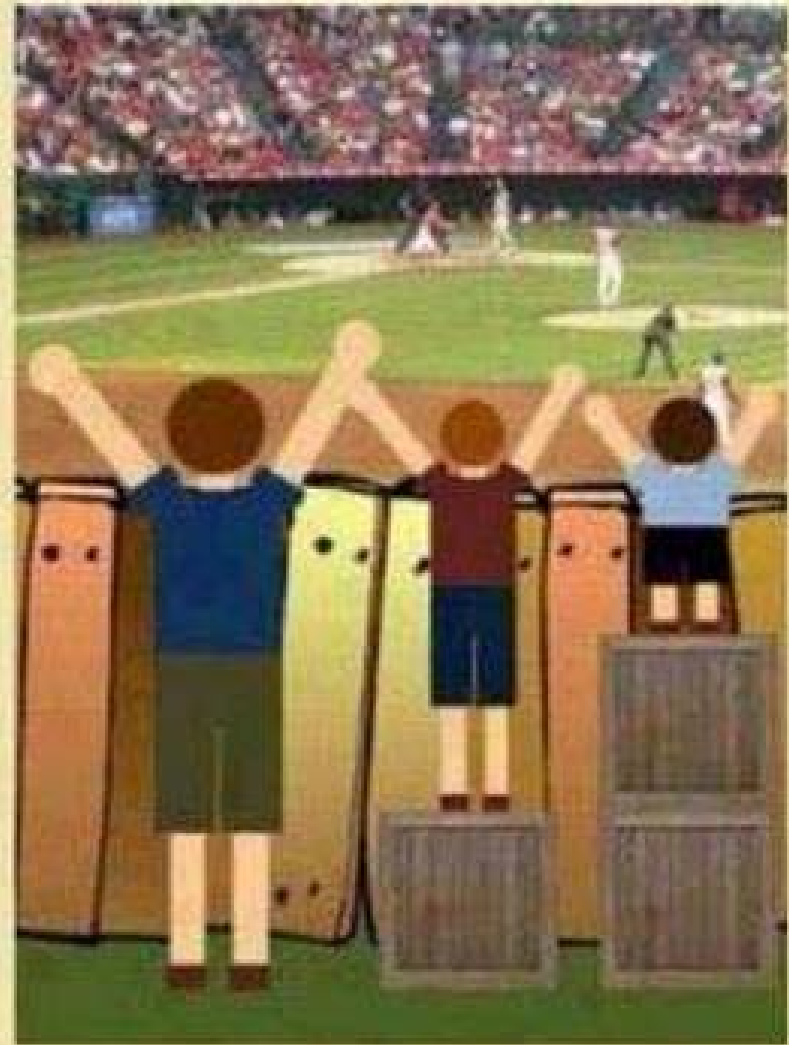


This is Equality

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.*

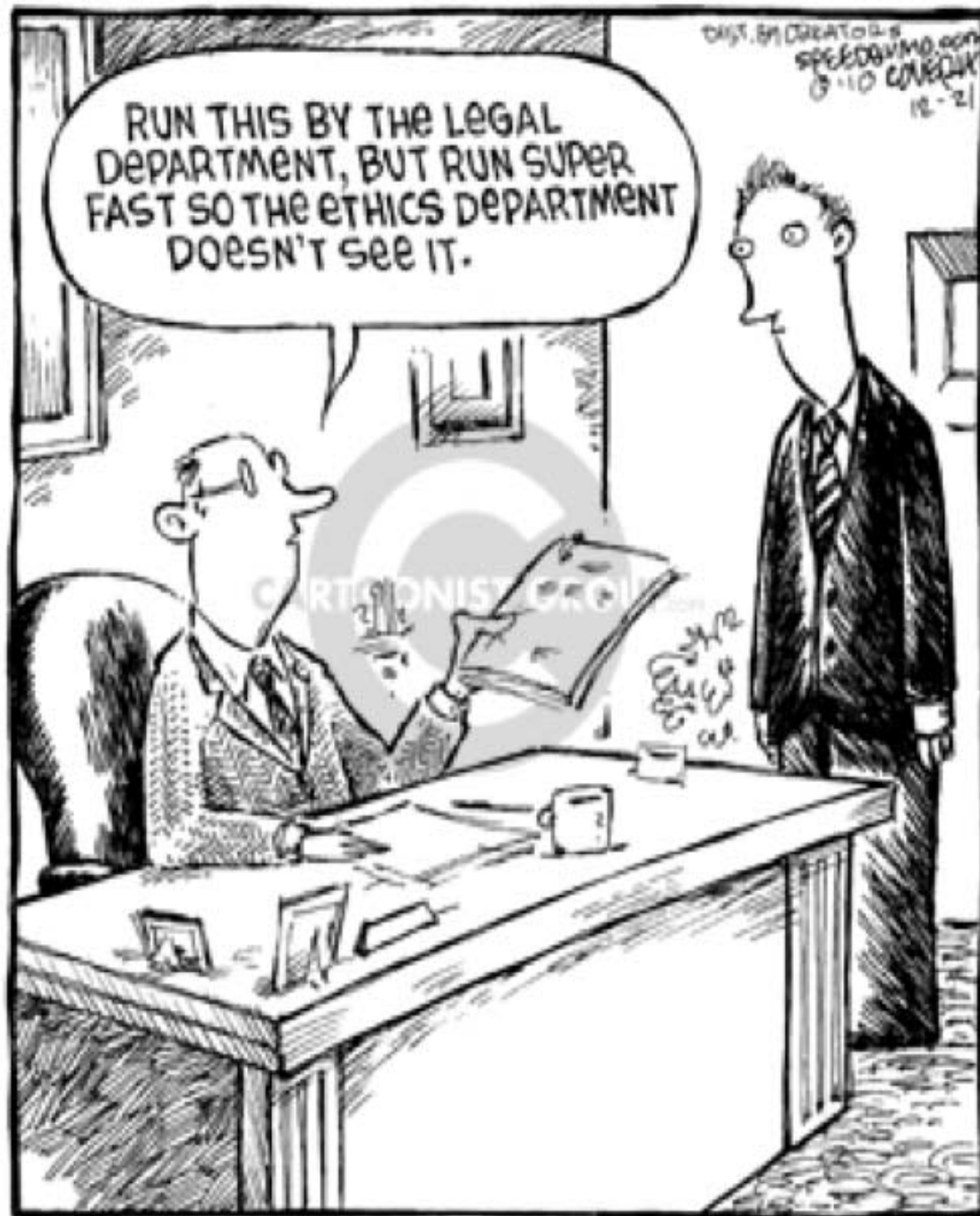
How to obtain proper Industry-Physician relationships?

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.

DAST. BY CREATOR'S SPEEDY AND COVERLY 12-21

CARTONIST GROUP



- OH WOW!
PARADIGM
SHIFT!

... THAVES 2-26

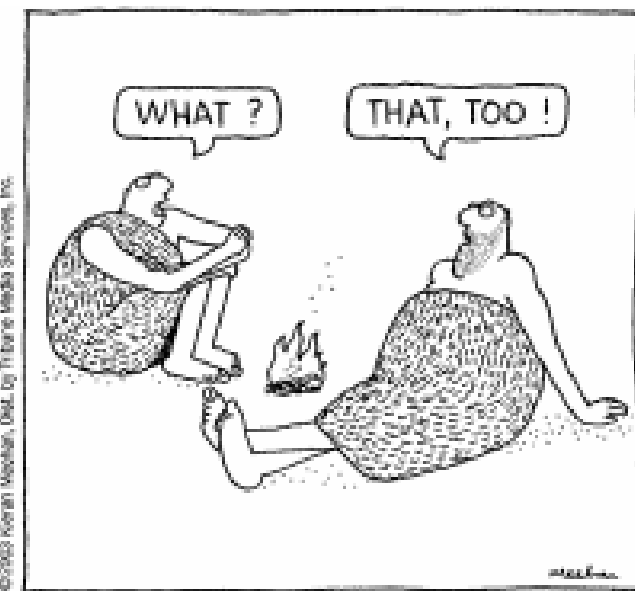
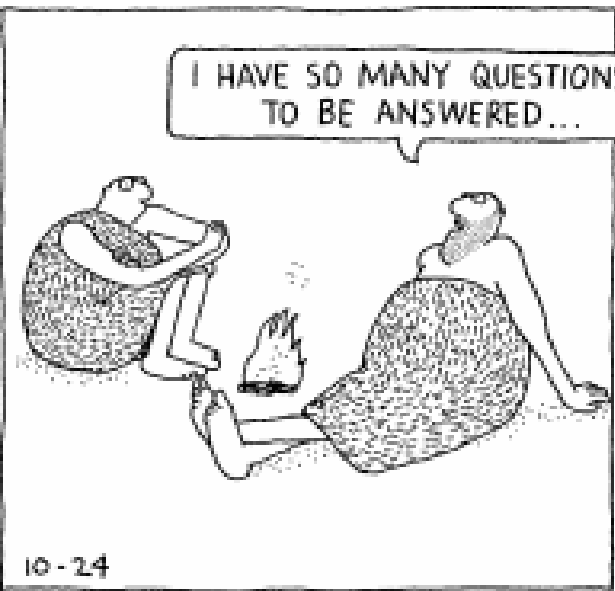
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"Who's next?"

Ethics, in fact, *leads*

Industry-Physician relationships



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