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December 1st 2012: Independence within the health field

INDEPENDENT DECISION, FAIR DECISION

NEMESIS, MEDICAL INDEPENDENCE and RIGHTEOUS MEDICAL DECISION

Philip Roth has named his latest novel, *Nemesis*. The philosopher, Ivan Illitch, had also written one of his essays under the title "Medical Nemesis". We know that Nemesis, in Greek mythology is the daughter of Ocean, the goddess of righteous anger of the gods. Romans associated it with indignation in front of an unfair advantage. Nemesis is the one that denounces and punishes anyone who deviates from what is right.

We dream of a fair world, where the decisions are wisely taken for the good of humanity and we hope that if it is not the case, Nemesis will avenge those who have suffered injustice.

In this debate about medical independence, we will be inclined to argue that independence of physicians ensures righteous medical decisions for patients. But can we say that the independence of our judgments is a guarantee for their accuracy? What is actually happening regarding medical decisions?

Medical independence and righteous decision for the patient

What do we mean by a righteous medical decision? A decision that responds, according to the state of the art of medicine, and in a given social organization (the health system of the country), to the need for caring for the sick or ailing patient treated in the most appropriate manner. This implies that the doctor can freely mobilize all available scientific literature and that access to treatments for the patient is guaranteed. This also implies that the person being cared for is informed and consents to the treatment. This last condition is now established in care practice and the law of "health democracy" of March 4, 2002 clearly marks a significant change from this point of view in the caregiver / patient relation.

Do these three conditions, mobilization of scientific information in complete freedom, access to treatment for patients, and informed consent of the patient, call for a notion of medical independence?

The first condition refers to the physician's ability to meet the most proven scientific expertise possible. It is at this level that emerges the notion of medical independence considering the pressure from industrial groups, and it is this pressure that demands independent information by experts without any competing interests. However, the physician, even without any such competing interests, is still dependent on the quality of information that is objective and not linked to such interests.



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The second condition, effective access to treatment for the patient is probably the furthest from the prescribing doctor ... although the doctor is still depending on the availability of drugs or of technical or specialized care that it requires. In this case as well, the doctor appears to be in a situation of dependency, on whether or not the organization of care will allow him to grant his patient the treatments he thinks are necessary.

As for the third condition, the patient's informed consent, it clearly refers to the dependence of the doctor towards the patient. Some physicians say they have to "resist" to the pressures of "consumer patients".... Indeed, but they must also take into account the opinions of people who seek care and their point of view on what kind of treatment they would like. This third condition expresses the fact that in our society, people should not give up power over themselves, especially in a relationship of inferiority. To the contrary, until the end of the Twentieth century, in order for the doctor to be completely independent from the patient, we used to presume that the patient did not have a word to say because he was considered "as a child" and therefore his property, his interest were preserved while he was somehow signing a blank check.

Inter & multi dependencies and quality of medical judgment

If the doctor is dependent – on the quality of scientific information produced without any competing interests, the resources of the health system, and the opinion of his patient- is the quality of his judgment challenged? It is less about dependency than multi-dependencies or interdependency that we talk about here. The doctor is confronted to different points of views that he must take into account. In that sense he is dependent on these views. But in the end, it's from the plurality of these views that the physician builds his judgment and implements his decision within the sphere of his relationship with the patient.

He will inform independently the patient of his judgment who will then accept or reject it. Both the physician and the patient can be considered as independent and responsible people who take responsibility for their actions. The physician may be required to justify his judgment in front of his peers, the College of Physicians. He may also have to do it in front of the judges if his actions are challenged in justice. But when he justifies his decisions, it will be decisions taken freely in a situation of pluridependencies imposed on him. Consequently, isn't it this plurality of dependencies that gives the physician the field ground he needs to act in favor of his patient?

In "Medical Nemesis" Ivan Ilitch denounces a world where people are dependent and helpless in front of the power of a sacred medicine, where they are dispossessed of their decision over their health. This essay, published in 1975, put into question an omnipotent medicine that has lost respect for the human being, respect for his autonomy and his ability to make a judgment. It is not that medicine that we are debating today. On the contrary, we are talking about a medicine made by men and women who seek a challenging way by which they remain in capacity to decide what is right and good with and for the patient.

AND TO ANSWER TO THE QUESTIONS RAISED BY THE DOCTOR PHILIPPE DE CHAZOURNES



1. Is independence in the field of health an utopian concept?

The health field is made of multiple links, with many interdependencies, and it's only from that plurality of dependencies and the ability of individuals, physicians, and patients to build their own judgment that independence can exist. We have to claim autonomy and guarantee it is not an utopian idea.

2. Through your own experience and your professional responsibilities, did you notice a change in behavior with respect to this concept?

In a society that standardizes practices and demands accountability on the compliance with these standards (assessments, protocols, references, etc.), doctors see their practices more and more supervised. They can consider those standards as a limit to their independence. Or they can consider those as markers within which they have to exercise their judgment with accuracy. In that sense, those standards, provided that they are actually built with all the necessary guarantees at the scientific level, do not limit the autonomy of physicians to take the right decision.

It should be added that the focus on potential competing interests now concerns all areas of society, and especially the health sector. The law of December 2011 on health agencies is an important step that confirms this trend. We now have to comply with it.

3. What do you think of the organization of such an event on medical independence?

It's an excellent initiative: it is essential to discuss how we see medical independence in order to give it its right place in the health system of our society.

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