Medicine's Social Contract

Foreword

The concept of a social contract dates back centuries when an implicit contract existed between the monarch and their subjects. In return for the promise of security, the subjects contributed to the upkeep of the monarchy. There are various types of contracts, for example, between human being and nature (original or natural contract) and between humans (social contract). When people come together, they may form an implicit contract which is voluntary and each party chooses responsibilities and enjoys rewards.[1]

In the context of health, the concept of a social contract has to be seen in a tri-partite way — between the government, the medical profession and patients. Authors such as Cruess and Cruess[2] have explored these obligations in detail. They state that the **medical profession expects** to be given a degree of autonomy and self-regulation and to work in a healthcare system which is equitable, adequately funded and staffed. The profession also expects to have a role in developing policy and receive certain financial and non-financial rewards. **Patients expect** their doctors to have integrity, to be honest, well-trained and stay up-to-date in their knowledge. In turn, doctors have certain expectations of patients which include trust, and shared a responsibility for health. The **government expects** medical practitioners to be competent, show integrity and morality and be compliant with the health system.

It is worth emphasising that as medicine is not monolithic, neither is society. Governments are also diverse depending upon differing political systems and ideologies. Similarly, patients and the public have different needs and expectations. Therefore, the contract should be seen as an implicit broad understanding which can cover a large number of needs. The compact between the government and patients therefore becomes more important as the latter expects the former to provide quality healthcare within and out of the healthcare system which is accessible, equitable, value laden and adequately resourced. In some systems more than others, the public can hold the government to account, insisting on transparency in decision-making and administration. The Government expects the public and patients to use health resources appropriately while taking some responsibility for their own health as well as providing input and support to public policy and management delivery.
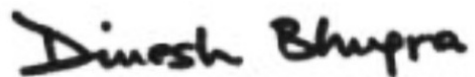
There are also other factors that impact upon the social contract. According to Cruess and Cruess[2] these include regulators, print/broadcast media (who may raise issues around failings in standards of care and lack of resourcing) and increasingly social media (which can amplify personal experiences of care). Professional organisations also have a role to play and must assume responsibility for representing the profession to the public as well as the government. These organisations need to

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1   Arshadnejad S: The social contract theory according to Socrates. 2018. 328268944.txt. accessed May 8 2019
2   Cruess S R & Cruess R L: Medicine's social contract with society. In Bhugra D, Malik A, Ikkos G (eds) Psychiatry's contract with society. Oxford: OUP 2011 pp. 123-146

work closely with regulators and other stakeholders to ensure that tri-partite arrangements work effectively.

Medicine's social contract has evolved over time and will continue to change in the future. However, rising systemic pressures and societal expectations mean that the contract is under strain. In order to explore this issue and identify the key challenges and solutions the BMA hosted a roundtable event in February 2019 with experts from across healthcare and the media. This report shows the findings from that discussion, defines what the roles are of each party as part of the social contract, and identifies how the contract should be protected and enhanced. I would like to thank the Workforce and Innovation policy team for their hard work and support.

Professor Dinesh Bhugra CBE
**BMA President (2018-19)**

Findings from a BMA roundtable on medicine's social contract

What is the 'social contract'?

An implicit 'contract' exists between society as represented by patients, government and medicine as a profession. It involves three interlocking societal components:

1. The government, employers, health care managers
2. Patients, patients' groups and the public
3. The medical profession and its professional bodies

This tri-partite contract between the partners is crucial but as it is implicit it needs discussion and periodic evaluation.
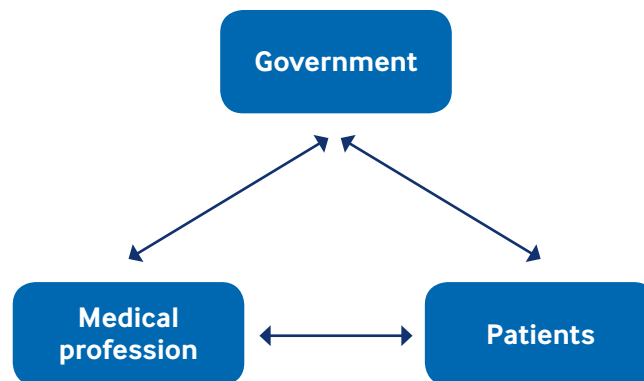
Overall view of the state of the social contract

– A chronic lack of investment and failure to address an undersupply of workforce has meant that the contract between government and the profession has broken down. Doctors lack time with their patients which means the contract between them is also at risk, as doctors struggle to manage the competing demands of delivering high quality care with fewer financial resources and time.[3] This has also impacted on the mental health of doctors who are at increased risk of burnout.[4]

What is the role of the doctor?

– The role of the doctor is to improve the health of individuals, extend life and improve the health of the community through reducing social inequalities. Many doctors go into medicine with a desire to improve social justice as well as health outcomes.
– Medicine is both an art and a science[5]. However, the idea of doctors as healers has been lost. This could be related to rapid advancements of science and technological innovations in medicine but also an increase in professional regulation.
– Doctors have an appreciation of the needs of patients and the public. After nurses, doctors are the most trusted profession in regular survey findings.[6] They need to reiterate their role as advocates for patients and for society more broadly, and work with patients and the public to make policymakers listen to their voices.
– Doctors need to do more to show their understanding of issues beyond clinical scenarios. The social determinants of health have as great an impact as medical interventions – doctors need to reinvigorate their role in making those connections and the central importance of public health. Part of this should be to speak out more strongly for public health in health promotion and prevention. This would help uphold the contract between doctors and society, allowing doctors to advocate alongside, and on behalf of, patients and the public, for long term health and wellbeing benefits.

3   BMA (2018) Working in a system under pressure
4   BMA (2019) Supporting the mental health of doctors and medical students
5   'Medicine: Science or Art?' (2006) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3190445/
6   'Advertising execs rank below politicians as Britain's least trusted profession' (November 2018) https://www.ipsos.com/ipsos-mori/en-uk/advertising-execs-rank-below-politicians-britains-least-trusted-profession

What is government's role in the social contract?

— A critical element of government's responsibility under the social contract is to provide adequate funding and resources for health services, so patients get the care they need and doctors can do their jobs properly.
— Government has a responsibility to improve the health and wellbeing of the nation by using public education and public health at local, regional, national and international levels.
— Successful public health campaigns need to be underpinned by clear outcomes. It is government's responsibility to work to change public opinion on public health issues in the long term, informed by strong evidence and the view of the profession as has been successfully demonstrated in campaigns against smoking and drink driving over the past few decades.
— Government agendas however are often focused on short term political imperatives rather than a long-term perspective. This needs to change.

How relevant is the social contract today?

— Part of the function of the social contract should be to empower patients. We need careful dialogue to establish what medicine is for and how patients can take control of their own care.
— Access to GP services in the UK has become heavily politicised and used as a bellwether of NHS performance and equitable care of patients. GPs and commissioners have been left to manage this expectation against a backdrop of underfunding, workforce shortages and overall growth in demand.
— Different patient groups have different expectations. Older patients often want to see the same GP as continuity of care may be important to them, for many younger people accessibility/timeliness may be a more important consideration. Similarly use of online booking of appointments can vary across different age groups. The 'trade-offs' created by these competing demands is challenging for the medical profession in parts of the country.
— The contract between government and doctors has become fundamentally imbalanced. Individual doctors believe that they are made to feel responsible for system failures.
— Doctors feel that very often they have no recourse when patients are being abusive and aggressive to them and are also increasingly fearful of litigation and complaints. This bullying behaviour not only affects their immediate morale but has a corrosive effect on the relationship between doctors and patients.
— Doctors are caught between the different expectations of government (to prescribe less and spend less) and patients (to diagnose quicker, more/better investigations and to refer more). This needs to be addressed by a full, frank and transparent discourse about what doctors and the NHS can and cannot provide.

What impact is technology having on the social contract?

— The last 70 years have seen considerable medical and technological advancement. Innovation in medicine has started to grow at an incredibly fast rate which has meant that the medical profession, the government and the public has needed to adapt. Perhaps unsurprisingly, the social contract has not kept up.
— The message from government seems to be that technology holds the key to the future of healthcare for everyone, whether by managing a condition with a wearable device, accessing services via an app or creating personalised care through genomics. However, it is important to keep a sense of perspective on what technology can achieve in the short to medium term, evidence for which is often lacking and incomplete.
— It is important that patients are not isolated by technology. For example, wearables allow patients to play a much greater role in their own care, but some people will feel less able to manage this than others. The Government needs to recognise what different people can and cannot do and resist promoting a one size fits all approach to technology to ensure that it enhances rather than threatens the patient-doctor relationship.
— People's abilities will also change throughout their lives and this needs to be acknowledged and accepted. Someone who has used technology to help manage their health may find themselves unable to do so as a result of illness or injury so more traditional interventions must always be available.

— Employers, clinicians, and professional bodies need to be informed about the latest technological developments (such as the use of AI) and consider the ethical and moral implications. Doctors also need to be supported to develop their skills in order to use such technologies.

What role does the media play?
— The media helps to create a narrative and humanises issues. However, it can also create stigma and fuel inaccuracy. For example, the media played a key role in both creating and removing stigma around HIV. Given its reach, particularly of social media, it has significant influence over the status of the social contract.
— There appears to be a general perception that media reports are polarised. Doctors, and other clinicians, are either heroes or villains, but there is little nuance.
— Much of the depiction of the NHS in the media is extremely positive. TV programmes generally support the narrative that medicine and the NHS can do amazing things. This is double-edged, as while it helps to reinforce the high regard with which society holds the NHS and the medical profession, it also contributes to raising patient expectations which are often difficult to deliver on.
— Doctors are increasingly expected to be in the media (print, broadcast and social), communicating and making them much more accountable to the public. This has become part of the social contract. But many are worried about speaking out as they fear they will be targeted by pressure groups and members of the public.

Looking to the future
— There needs to be openness and clarity about what the NHS, and doctors, can and cannot deliver, and what patients and doctors should expect of each other. Education about what the NHS can and cannot do should start at an early age, for example in schools. In addition, there needs to be more public education on preventing ill-health and healthy living.
— There need to be boundaries around access to and provision of digital healthcare to avoid fueling demand and expectation even further. There is now a drive towards online access to healthcare for example, via apps and email/online communication. However, there need to be clear rules around using such methods of sharing information to ensure patients have realistic expectations and do not expect doctors to be available 24/7.
— The government needs to move away from short-term objectives and the need to demonstrate that they have 'made a difference', and instead take a more evidence-based approach to public policy.
— The public should seek to influence the government so it upholds its part of the contract – to adequately fund the NHS with equity between physical and mental health and to look after the health and wellbeing of doctors and society.
— The social contract needs to recognise students and the value of their input into decisions about education, training and the future of medical practice.
— Finally, in order for doctors to provide the best possible care for patients the government needs to prioritise the health and wellbeing of doctors (for example, through training and investment).

Defining the social contract

What is the governments', employers' and healthcare managers' role in fulfilling its side of the contract:

… with patients
— Improve the health and wellbeing of the nation at local, regional, national and international levels
— Educate the public on public health issues informed by robust evidence
— Provide adequate funding for health services so patients get high quality care
— Empower patients to manage their health care in partnership with healthcare professionals
— Manage patient expectations about what the NHS can provide and signpost patients to the most relevant expert who can support them

… with the medical profession
— Listen to and respect doctors' views as champions for patients and communities
— Promote a culture of care within the NHS which encourages compassion and challenges inappropriate behaviour
— Prioritise health and wellbeing of the workforce and mitigate the risk of physical and mental ill health
— Reduce systemic pressures by recruiting the necessary staff to deliver safe care and provide effective resource and opportunity for education and training and continued professional development
— Support an equitable, adequately funded and staffed health care system
— Provide safe spaces for trainees to socialise, rest and eat and ensure these are resourced properly

What is the role for the medical profession in fulfilling its side of the contract:

… with patients
— Improve the health of individuals
— Act as champions for patients, public health and for the reduction of social inequalities
— Provide care, guidance and advice with honesty, integrity and professionalism
— Abide by the protocols, codes and regulations of the medical profession in administering care to patients, and challenge malpractice if it exists
— Ensure they are up-to-date with the latest medical science and engage actively with education and training opportunities

… with the government/employers/managers
— Provide a compassionate and competent healthcare system
— Work to improve the lives of individual patients, the health system and wider society as a whole
— Engage with health policy advice and raise recommendations for improvement
— Be accountable for the NHS's performance, productivity and cost-effectiveness
— Adhere to transparency in decision-making and administration

What is the role of patients in fulfilling its side of the contract include:

…with the medical profession
— Undertake to lead a healthy and balanced lifestyle and share responsibility for their health
— Approach medical practitioners when the need arises to do so whilst being aware that self-care is an important tool in their own health and wellbeing
— Illustrate trust in medical practitioners sufficient to provide medical care

…with the government/employers/managers
— Use the NHS's resources appropriately
— Have reasonable expectations of the health system
— Provide engage with public policy

Attendees

Professor Dinesh Bhugra, President, BMA
Dr Niall Boyce, Editor, The Lancet Psychiatry
Dr Rachel Chall, Senior Policy Officer, Medical Schools Council
Professor Debbie Cohen, Director of Student Support, Cardiff University
Dame Denise Coia, Mental Health and Wellbeing Review Co-Chair, GMC
Ms Amanda Cool, Patient Liaison Group Chair, BMA
Dr Dawne Garrett, Professional Lead for Older People and Dementia Care, RCN
Dr Fiona Godlee, Editor, BMJ
Dr Richard Horton, Editor-in-Chief, The Lancet
Professor Pali Hungin, Faculty of Medical Sciences, Newcastle University
Dr Amit Kochhar, SAS Committee Chair, BMA
Professor Carrie MacEwan, Chair, Academy of Medical Royal Colleges
Professor Martin Marshall, Vice Chair External Affairs, RCGP
Dr Chaand Nagpaul, Chair of Council, BMA
Dr Jo Nurse, InterAction Council
Dr Max Pemberton, Psychiatrist and journalist, NHS and Daily Mail
Dr Albert Persaud, Co-founder, Centre for Applied Research and Evaluation International Foundation
Mr Gurdas Singh, Medical Students Committee Co-Chair, BMA
Mr Chris Smith, Medical Students Committee Co-Chair, BMA
Professor Sir John Temple
Dr Richard Vautrey, GPC Chair, BMA
Mr Dan Wellings, Senior Fellow, King's Fund