



FINNISH MEDICAL
ASSOCIATION

Physicians autonomy in Finland, current state and future

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Contents of the presentation

- FMA project: "Current state and future of physicians professional autonomy"
- Some perspective on autonomy raised during FMA project
 - What is meant with autonomy
 - What is the current state of autonomy
 - What are the future prospects in light of few cases

FMA project

- Background
 - based on one of the targets in FMA strategy 2017: "Professional autonomy is secured"
 - concerns: is our professional autonomy currently at risk?
 - health care regulation tends to increase
 - society and medicine is in constant change: periodical assessment is needed
- Project takes about two years
 - several persons from office
 - all different bodies of FMA are involved
 - also member as much as possible

Some general reflections from FMA process until now

- Ideas here are personal reflections as process is still ongoing
- More complex question than anticipated
 - it is not easy to define what is autonomy (and what is related to it)
- First thought of autonomy
 - ... it is about freedom
 - ... it is about obligation, self-regulation and trust
- Professional autonomy vs. individual autonomy
 - can there be a conflict?
- Self-regulation is demanding task – in what extent individual member tolerate collegial governance?

What is professional autonomy?

- WMA declaration: *“The central element of professional autonomy is the assurance that individual physicians have the freedom to exercise their professional judgement in the care and treatment of their patients”*
 - But: *“As a corollary to the right of professional autonomy, the medical profession has a continuing responsibility to be self-regulating”*
- Contract with the society: profession has some obligations (to treat patients and contribute to public health), but has some autonomy in meeting these obligations
 - additionally some special rights (for example only physician can prescribe drugs)

What is professional autonomy?

- Freedom to self-regulate
- Profession sets its own rules when necessary so that profession and its members acts for best interest of patients
 - society do not need to do that
- Self-regulation: FMA has many norms which are binding for members
- Mutual trust between society and profession, and between physician and patient is essential
 - autonomy must be earned

Current state of physician autonomy

- Health care system is continuously changing
 - regulation is increasing (quality, safety, cost-effectiveness)
 - IT provides more efficient tools to steer and monitor the system
 - more and more complex patient pathways and system in whole, health care is teamwork – individual autonomy narrows?
- Physicians have clinical autonomy, although somewhat limited
 - gap between possibilities and resources is growing
 - differences in resource limits in public and private sector

Current state of physician autonomy

- Should physicians have right to refuse to treat patients due to physician's own ethical views
 - for example prescribing contraceptives, performing abortion
- How increasing patient autonomy and empowerment influences physician autonomy?
 - patients turning to consumers?
 - possibilities of self-care are increasing, even self-diagnostics?
 - increasing patient choice
 - Patient-physician-society
- Private sector: future of independent self-employed professionals? Age-limit?

Current state of physician autonomy

- Physician training
 - profession has rather strong influence on both basic studies and specialist training
 - impact of new national committee to steer specialist training?
- Continuous medical education
 - profession or society does not set explicit norms for adequate CME
 - recertification is coming? Implemented by profession or society?
- Ethical code: profession defines its own ethical code and act according to it
 - some concerns: obligation to inform police; illegal immigrants

Case 1: Clinical autonomy

- Physician has autonomy to treat patients according to physicians best judgment
 - however, autonomy does not mean that physicians can treat patients anyway he/she likes
 - obligation to act for best interest of the patient
 - profession has policies which limits individual “freedom”
- FMA has several guidelines on patient-physician relationship
- Medical Association Duodecim makes and maintains current care guidelines
 - focus on effectiveness, not cost-effectiveness

Case 1: Clinical autonomy

- Limits on health care resources are more and more visible
 - increasing emphasis on EBM and cost-effectiveness
 - leads to more efficient use of resources and equity?
 - decreases (individual) autonomy?
 - Finland is starting to define national benefit basket
- What would be desired future?
 - limited autonomy of individual physician but strong autonomy of profession?
- What would it take?
 - profession should shift focus more from effectiveness to cost-effectiveness
 - profession should have active role in defining the benefit basket

Case 2: Transparency of physician-pharma relationship

- Society must trust that relationship doesn't have negative influence on care
- Traditionally relationship has been self-regulated by profession
 - but no transparency – responsibility of appropriateness lies in individuals
- New trend in society: transparency proves appropriateness
- What would be desired future?
 - transparency is implemented by self-regulation (autonomy)?
 - transparency is implemented by society?
- This type of transparency is not easily accepted by all physicians
 - easiest way would leave the matter to society?
- If we fail to meet the expectations of society, the trust of society and patients is in stake which is the corner stone of autonomy

Conclusions

- Autonomy is something which is fundamental to our profession and being a physician
 - it is connected to more or less everything we do
- Autonomy is essential: without autonomy physician could not act for best interest of patients
- So far project has raised interesting discussion on profession and its relationship to society, health care system and to patients
- Gradual change in autonomy is inevitable, but is it positive or negative?
 - depends much on how we adjust to changes in society, health care, medical science and patients.