

Placing trust in the doctor

Patients must be able to rely on the medical profession to provide them with independent and expert guidance.

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Patients must be able to place complete trust in their doctor, even in life-threatening situations. This is a public good that we must protect.

But can we actually continue to have faith in the doctor's ability to do what is necessary on our behalf? This is a topical question, since other – commercial – interests are set to feature more prominently in the new healthcare system as far as healthcare facilities, insurers and care providers are concerned.

One thing is certain: the patient is the number one priority for Dutch doctors, who attach importance to expertise and skills, integrity, responsible patient care and good medical practice. Dutch physicians want to be in a position to apply their knowledge and skills to the benefit of their patients. They therefore want to be able to reach their own decisions on diagnosis and treatment. This is what we call professional autonomy.

But how much autonomy does the doctor still have? After all, the patients have their own contribution to make. The doctor must abide by protocols. Not everything is financially possible. Doctors increasingly work as part of a team and must be able to explain what they are doing to others. So how can they possibly be autonomous? There are, indeed, limitations and these are, for the most part, warranted. But ultimately it is the doctor in whom the patients place their trust and not the hospital director, the health insurer or the policymaker.

Our advisory report shows that all stakeholders recognise the importance of the doctor's professional autonomy, but that they are, at the same time, imposing increasing limitations on this autonomy. The risk here is that doctors may nevertheless end up losing their freedom of action. It is this freedom that needs to be more closely safeguarded.

The Council for Public Health and Health Care (RVZ) is therefore appealing both to the medical profession and to the other stakeholders: patients, healthcare facilities and health insurers, and also to government, since it holds ultimate responsibility for the system. The protection of professional autonomy must not be a defensive activity on the part of the medical profession, but the result of a collective commitment by stakeholder bodies and individuals.

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Patients must be able to place their trust in the doctor.

But is that trust warranted? Doctors certainly have good will. However, they are not the only parties involved. Professional autonomy must be safeguarded. This is a collective responsibility.

We believe that the medical profession must first of all, as it were, “put its own house in order”. It must ensure proper compliance with guidelines and standards and put an end to the voluntary internal quality-control policy. It must help to create a transparent system of accountability and, above all, ensure better multidisciplinary cooperation. Medical care requires an ever-increasing degree of consensus and cooperation. The fact that only 25% of the

population believe that doctors cooperate effectively is alarming. Also alarming is the finding by the Health Care Inspectorate (IGZ) in its Staat van de Gezondheidszorg [State of Health Care] report (2006) that the lack of cooperation and communication among care providers is one of the greatest hazards facing the healthcare sector.

Furthermore, we urge doctors, other health professionals, healthcare facilities, patients and insurers to endeavour to reach collective agreements concerning guidelines and standards of care. Other parties must also be transparent with regard to their influence over the way doctors carry out their professional duties. And above all we advocate periodic consultation between stakeholders about the implementation of the policy on medical insurance benefits.

Safeguarding autonomy does not only mean standing firm and reaching agreements; it also means providing security. The government can assist in this process by ensuring (among other things) that the application of guidelines and standards is fully remunerated through the basic health benefits package. We recommend that payment for costly drugs and medical devices should be managed on a self-financing basis in budgets or else through “diagnosis and treatment combinations” (DBC’s). This will ensure that they continue to be uniformly available in every hospital. We also advocate the creation of a “hotline” at the IGZ where drawbacks of professional autonomy can be reported on an anonymous basis.