

Towards an ethic of service provision

This important document, prepared by John Grimley Evans after consultation with colleagues in the medical and nursing professions, was enthusiastically accepted by the Council of the Royal College of Physicians and was warmly commended by the College's Committee on Ethical Issues in Medicine. It reflects the Royal College's commitment to maintain the highest standards in the practice of medicine (Ed.).

Background

In its most skeletal form the purchaser/provider separation envisaged in the recent reforms of the National Health Service places the responsibility for providing a comprehensive and effective service on the purchaser as disburser of public funds. It is assumed that 'market pressures' will cause providers to fulfil all the requirements of a comprehensive service, subject to their being able to negotiate what they regard as an appropriate costing structure with the purchasers. It is further assumed that responsibility for any rationing of health care, by type or volume, will lie with the purchasing agency, but providers will take part in debating the options for and consequences of rationing.

It must be recognised, however, that those who work for the provider units are members of the same professions, occupations and disciplines that have developed an ethic of service to the public over 45 years of the National Health Service. They have developed appropriate techniques and acknowledge a responsibility for appraising community need for their services and for those of their colleagues. It is therefore possible for members of providing units to be placed in ethically difficult situations if the purchasers do not make provision for an adequate service or are willing to purchase only a part of what providers regard as a comprehensive service.

In the early stages of the new dispensation such problems are likely to remain hidden in block contracts by which providers will undertake to provide broadly described services of a nature that they will largely design themselves. In the longer term the block contracts are to undergo increasing scrutiny and pruning by cost-conscious purchasing agencies. It is therefore timely for provider units to develop and publish a specification of the ethical structure within

which they will negotiate and co-operate with purchasing authorities. This will furnish a framework for purchasing and providing agencies in their negotiations and will provide the public with reassurance that the ideals of the National Health Service are not inevitably to be destroyed by the cynicism and self-seeking of the market place.

Principles

- 1 Health care workers have a responsibility to provide the best standards of service possible with the resources made available to them. They also have a responsibility as advocates for the public in pressing for necessary resources and for their appropriate deployment. Provider units will continue to acknowledge these ethical responsibilities to the population they serve. In particular:
 - i they will respond to changes in the needs of their population by developing innovations in types and delivery of health care;
 - ii they will co-operate with other units and other agencies to ensure that purchasing authorities underwrite a comprehensive and administratively integrated service;
 - iii they will retain accountability for the completion of any package of care they initiate;
 - iv the services they provide will be equally available to all members of their population;
 - v they will work to accepted national guidelines in relation to specific vulnerable population groups;
 - vi they will work in active partnership with the public they serve. In particular:
 - (a) they will contribute to the identification of unmet health needs and of factors adversely affecting health;
 - (b) they will publish regular and honest reports of their service provision, aims and achievements.
- 2 Provider units will not compete with each other against the public interest. In particular:
 - i they will co-operate so that health needs of the population can be met as comprehensively as possible;
 - ii the provision of a comprehensive service will take priority over offering a choice of alternative services to purchasers.

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- 3 Provider units will expect their employees to practise their professions, occupations and disciplines at a level above the minimum recognised as proper by the national governing bodies of those professions, occupations and disciplines. Standards of care will not be compromised in order to meet financial targets.
- 4 Provider units will protect the rights of their employees to work according to the ethics of their professions, occupations and disciplines as determined by their national governing bodies.

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