Rediscovering Ourselves: *moving beyond the rhetoric of Social Accountability*

MASSACHUSETTS MEDICAL SOCIETY
Boston, Mass
May 20, 2011

Robert F Woollard MD CCFP FCFP

---

**A Profession**

- Is responsible for stewardship and application of a particular body of knowledge
- Carries an obligation to use that knowledge for the benefit of others
- This is our *social contract* as professionals

- Sister Eliz Davis
“PROFESSIONALISM”

- Professional status is given in trust by society
- Professions exist because society needs and wants them to exist
- Society must feel and see the profession’s trustworthiness
- Professionalism is about both individuals and groups of professionals

- Sister Eliz Davis

MEDICAL PROFESSIONALISM IN THE NEW MILLENNIUM: A PHYSICIAN CHARTER

Preamble

Professionalism is the basis of medicine’s contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health.

ABIM FOUNDATION ☑ ACP FOUNDATION ☑ EUROPEAN FEDERATION OF INTERNAL MEDICINE
The Way We Were (we think)
The way the *profession* is seen
The way we might be
The Way We Were (we think)

Back to the Future?

“We shall not cease from exploration, and the end of all our exploring will be to arrive where we started and know the place for the first time.”

-T. S. Eliot
Why now?

“The crisis of our time relates not to technical competence, but to a loss of the social and historical perspective, to the disastrous divorce of competence from conscience.”

- Ernest Boyer

It is the curse of humanity that it learns to tolerate even the most horrible situations by habituation. Physicians are the natural attorney of the poor and the social problems should largely be solved by them.

- Rudolf Virchow
If medicine is to fulfill her greatest task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society?

-Rudolf Virchow

Inequities in health and healthcare
Definition of Social Accountability

..the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have the mandate to serve.

The priority health concerns are to be identified jointly by governments, healthcare organizations, health professionals, and the public.

-World Health Organization, 1995

Relationship Building
Partnership Pentagram

Policy makers
Health administrators
Health professionals
Communities
Academic institutions

Health system based on people’s needs
Hierarchy of Socially Accountable Partnerships

Flexner Redux
- 1910 Refocused med education on science
- Part of remarkable 20th Century technological advance
- Helped move medicine from nostrums to impact—for good and for ill
- Helped to drown professionalism in a uni-dimensional and uncritical flood of “evidence”
- Led to reactive centenary response
Flexner Redux

- ABIM
- Lancet, Global Commission
- Global Commission for Social accountability of Medical Schools (GCSA)
- AMA and AAMC Initiatives
- Etc

Focusing on broader social, ethical, professional and needs based aspects of education and practice.

The Role of Science

Science and values can and must inform one another--medicine is one field where we get to practice this daily--if we choose to.
Science, management and humility

"The aim of science is not to open the door to infinite wisdom, but to set a limit to infinite error."

-Bertolt Brecht in The Life of Galileo (1939)
The Future of Medical Education in Canada

Recommendation I: Address Individual and Community Needs

“Social responsibility and accountability are core values underpinning the roles of Canadian physicians and Faculties of Medicine. This commitment means that, both individually and collectively, physicians and faculties must respond to the diverse needs of individuals and communities throughout Canada, as well as meet international responsibilities to the global community.”
Where is our work?

A university “...must attempt to interpret the times in which it lives in order to meet the developing needs of the society which it serves...This is the great social mission of education in a free society.”

James P. Adams

Why are we here?

“The twentieth century will be chiefly remembered by future generations not as an era of political conflicts or technical inventions, but as an age in which human society dared to think of the welfare of the whole human race as a practical objective.”

- Arnold Toynbee
The Challenge

Medical schools in the 21st century face a series of challenges:

- improving quality, equity, relevance and effectiveness in health care delivery;
- reducing the mismatch with societal priorities;
- redefining roles of health professionals; and
- providing evidence of impact on people’s health status.
The Response

To address those challenges 130 organizations and individuals from around the world with responsibility for health education, professional regulation and policy-making participated for eight months in a three-round Delphi study leading to a three-day facilitated consensus development conference.

The Study Method

Three-rounds of questionnaires followed by a consensus development conference:

- Round 1: Open-ended questions to collect as many statements on the theme as possible
- Round 2: A synthesis of the statements was sent to the group to assess their level of agreement and to recommend additions or changes
- Round 3: Revised statements were sent to the group to assess their level of agreement and to recommend changes
- Consensus Conference: A three-day conference facilitated by an expert in consensus development to finalize the statements and agree on a way forward to publish and implement the results.
The Study Population

International Reference Group (IRG) of more than 130 members representing:

- The principal organizations worldwide concerned with the quality of medical education
- Other key stakeholders in the health sector (public health, pharmacy, students, etc.)
- All six WHO geographical regions, plus global organizations

Round 1 Questionnaire

Respondents provided 43 pages in response to the following three questions:

1. How should a medical school improve its capacity to respond to future health challenges in society?
2. How could this capacity be enhanced, including the use of accreditation systems for self assessment and peer review?
3. How should progress towards this end be assessed?
The Results: 10 Areas

AREA 1: Anticipating Society’s Health Needs
AREA 2: Partnering with the Health System and Other Stakeholders
AREA 3: Adapting to the Evolving Roles of Doctors and Other Health Professionals
AREA 4: Fostering Outcome-based Education
AREA 5: Creating Responsive and Responsible Governance of the Medical School
AREA 6: Refining the Scope of Standards for Education, Research and Service Delivery
AREA 7: Supporting Continuous Quality Improvement in Education, Research and Service Delivery
AREA 8: Establishing Mandated Mechanisms for Accreditation
AREA 9: Balancing Global Principles with Context Specificity
AREA 10: Defining The Role Of Society

The Way Forward

1. Global Task Force to coordinate activities
2. Communication/publication/multimedia/multilingual
3. Identify and engage existing networks
4. Support emerging models and develop pilots
5. Advocate for accreditation of all schools using SA principles
6. Develop guidelines for national and regional policy advocacy and system development
Potential Actions

<table>
<thead>
<tr>
<th>VALUE</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>Research in health care reforms for optimal use of graduates consistent with</td>
</tr>
<tr>
<td></td>
<td>a primary health care model</td>
</tr>
</tbody>
</table>

As suggested in Boelen, C and Woollard, R, 2011, Medical Education, in press

Potential Actions (Continued)

<table>
<thead>
<tr>
<th>VALUE</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td>Negotiation with a range of health professionals and others to decide on the</td>
</tr>
<tr>
<td></td>
<td>most appropriate roles for doctors</td>
</tr>
</tbody>
</table>
Potential Actions (Continued)

<table>
<thead>
<tr>
<th>VALUE</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Promotion of multi-professional and policy partners in teamwork to address major social determinants of health</td>
</tr>
</tbody>
</table>

Potential Actions (Continued)

<table>
<thead>
<tr>
<th>VALUE</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>Fostering equality in local communities through activities such as actively recruiting students from minority groups, and settling students and graduates into communities with a high need for medical services</td>
</tr>
</tbody>
</table>
“You are not here merely to make a living. You are here in order to enable the world to live more amply, with greater vision, with firmer spirit of hope and achievement. You are here to enrich the world, and you impoverish yourself if you forget the errand.”

Woodrow Wilson (1865-1924), 28th President of US, also served as President of Princeton University
So what?
To see and build a different future you need to stick your neck out!

Conclusion
Creating a complex adaptive health system within a framework of agreed upon values and relationships will develop the best and most sustainable response to the needs of society.
On Doing the Right Thing

"Always do right. This will gratify some people, and astonish the rest."

-Mark Twain-to the Young People's Society, Green Point Presbyterian Church, Brooklyn (Feb 16, 1901)

Humility and Goodness

“To be good is noble. To tell others how to be good is even nobler and a lot less trouble.”

Mark Twain
Please visit our website at:
www.healthsocialaccountability.org
for further information and access to the final consensus document

We would like to acknowledge the contributions of Rebecca Bailey, Charles Boelen and Bob Woollard in the creation of this presentation.