Primary care interprofessional ethics: what ought it to be like?

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Inter-professional care: a process in which different professional groups work together to deliver healthcare that promotes the well-being of the patient. However, inter-professional working may not always have a good effect on patient care, with issues around: poor communication, limited understanding of others’ roles/responsibilities, as well as disagreement over fair allocation of resources across/between teams and different or differently-nuanced values held by different clinical and non-clinical healthcare staff who interact in the healthcare setting.

Primary care inter professional working: What’s so special?

- Different kinds of professional relationship: contract and covenant (e.g. NHS healthcare team)
- Greater prevalence of psycho-social element
- Greater potential for patient empowerment
- "Dispersed team” may be in separate geographical, institutional, financial and even philosophical silos c.f. NHS Stroke MDTs
- An individual account of primary health care ethics (Overlaps with the ethics of General Practice and of Nursing) set alongside a community account (overlaps with the ethics of Public health)

Interprofessional ethics as teamwork

Positive results associated with enhanced team functioning:
- higher treatment quality
- better clinical outcomes
- and improved patient safety
- higher job satisfaction
- organizationally, increased cost savings and reduced turnover

To think about ethics of teamwork means we have to shift focus onto the team, whilst not forgetting the patient

This requires shared understandings:
- About the purpose of each disciplines function,
- Understanding how disciplines in the teams values each others role in the team.
- Potentially it may also require the understanding of individual and team values, philosophy and different perceptions of illness and meaning

Our Conclusions

- Primary healthcare has great potential as a case study and as a site for innovation and improvements in inter-professional ethics
- Some aspects of inter-professional ethics are as old as Hippocrates, however many problems and approaches are new. Work is needed to develop this field, across history, cultures and geography.
- Interprofessional ethics, done well, may extend the moral gaze of teams and individuals

A useful framework for interprofessional ethics (Clark, Cott and Drinka, 2007)

1) Principles (guidelines for behaviour),
2) Structures (established forms of knowledge and patterns of behaviour)
3) Processes (how things are done)

Principles

Codes of ethics historically develop uni-professionally: ‘disciplinary silos’ where healthcare workers only value their own goals and not those of other disciplines. Are different professions founded on different philosophies? e.g. the Hippocratic physician, The Caring nurse, the Utilitarian public health consultant, the Machiavellian politician – are these stereotypes?

Structures

The different ways that doctors, nurses and social workers are taught to see a problem, and understand others’ clinical gaze and roles, may have moral implications. Relationships of power may also inhibit effective collaboration (Baker et al 2011).

Processes

These can be most problematic in the gaps between resource and between duty (King, 2007) or where the ways that services have been set up mitigate against interprofessional working. This may be as apparent in interactions between as within interprofessional teams

Selected References

- Winstrup J, The changing landscape of care: does ethics education have a new role to play in health practice? BMC Med Ethics 8; 16:22
- Engward E, Interprofessional ethics in the primary care setting, in Papanikitas and Spicer (Eds), Radcliffe Medical Press, Forthcoming

Different historical development that might nuance practitioner values