



MANAGED CARE

GUIDELINES FOR ETHICAL DECISIONS

Part III of a three-part series.

Patient advocacy

Patient advocacy is a fundamental element of the doctor-patient relationship. Doctors must place the interests of their patients first.

Restrictions on care

Any allocation guidelines that restrict care and choices which go beyond the cost benefit judgements made by medical practitioners as part of their normal professional responsibilities, should be established at a policy-making level so that individual doctors are not asked to engage in *ad hoc* bedside rationing.

Doctors should advocate for any care they believe would materially benefit their patients.

Doctors should actively contribute to the formulation of allocation guidelines that are sensitive to the differences amongst patients.

Adequate appeal mechanisms for both patients and doctors should be in place to address disputes regarding medically necessary care. In some instances there is even an obligation on practitioners to initiate appeals on behalf of their patients. Cases may arise in which a managed care plan has an allocation guideline that is generally fair but in particular circumstances results in unfair denials of care, i.e. denial of care that in the doctor's judgement would materially benefit the patient. In such cases it is required that the doctor as the patient advocate should challenge the denial and argue for the provision of treatment in the specific case. Cases may also arise where a managed care plan has an allocation guideline that is generally unfair in its operation. In such cases the doctor's duty as a patient advocate requires not only a challenge to any denials of treatment from the guideline, but also advocacy at the plan's policy-making level to seek an elimination or modification of the guideline. Doctors should furthermore assist patients who wish to seek additional, appropriate care outside the plan, when the doctor believes the care is in the patient's best interests. Patients may determine whether an appeal is appropriate or whether they wish to seek care outside the plan for treatment alternatives that are not covered.

Patients should be given full disclosure of material. Full disclosure requires that the managed care plan informs potential subscribers of limitations or restrictions on the benefits package when they are considering entering the plan.

Doctors should also promote full disclosure of treatment options to patients enrolled in managed care organisations. Full disclosure includes informing patients of all the treatment options, even those that may not be covered under the terms of the managed care plan (informed consent).

Doctors should not participate in any plan that encourages or requires care below the minimum professional standards.

Patient responsibility

Patients have an individual responsibility to be aware of the benefits and limitations of their health care coverage. Patients should exercise their autonomy by public participation in the formulation of benefit packages and by prudent selection of health care coverage that best suits their needs.

CONCLUSION

Ethics are the set of values, beliefs and principles that guide our lives. Ethical issues permeate medicine such as the duty to do no harm, decisions of what is best for patients' welfare, informing patients about provider errors and the difficulty to honour the wishes of patients when they can no longer express them.

Managed care organisations are intensely concerned with distributive justice — that is the allocation of fixed resources in a fair way (rationing). Rationing is in itself not an ethical issue. Ethics become involved when value judgements are made in setting the limits. Value judgements are often of concern when restrictions are imposed on patients' choice of doctor, treatment offered or accessibility of care.

Asking doctors to control resources rather than to simply advise patients on what they need, creates value choices and the ethical issues that arise from limiting access to care.

Disclosure is the key to minimising ethical problems. Patients who are not familiar with managed care might not realise that conflict can exist between doctors' financial and patients' health care interests. When patients are informed, they can choose to trust the integrity of the doctor and continue to participate in the managed care plan or they can seek a different doctor or system. Recent literature from the USA suggests that doctors and managed care plans should be regarded as co-fiduciaries when looking after patient interests.

Excerpted with permission from the Managed Care section of the Practice Management Programme of the Foundation for Professional Development of SAMA. For information on the FPD courses contact Annaline Maasdorp, tel (021) 481-2034, e-mail: annalinem@samedical.org.