# Charter for Practicing Responsible Healthcare

## Working document

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# Health Care Provider's Charter for Practicing Responsible Healthcare

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## I. Responsible Healthcare is:

1. **Effective & Evidence Based**: Appropriate to needs and in conformity with protocols that follow evidence based norms.
2. **Patient centred:** where comfort, safety, timeliness, confidentiality, dignity and communication are ensured.
3. **Inclusive:** where exclusions or differences in standards of care due to social or financial barriers are not permitted.
4. **Informed:** Addressing the knowledge divide between the health care providers and receivers to facilitate informed decisions
5. **Transparent**: where information related to diagnosis, financial costs, and treatment outcome shared upfront and second opinions facilitated
6. **Holistic:** where care includes preventive, promotive, curative and palliative, measures, built on a foundation of spirituality and harmony between the care provider and the receiver
7. **Equitable:** where everyone who needs or can benefit from a health intervention receives it transcending barriers of awareness, access and affordability

## II. Need for a Charter:

1. **Coordination of effort:** Modern medicine is much about coordination of efforts of multiple stakeholders rather than efforts of an individual doctor. This requires a common understanding of what is responsible and what is not to be able to guide organizations (and not just individuals) along this path. A charter would help coordinate the effort by different stakeholders and people who are already working in this area.
2. **Unique nature of health care:** There has always been a recognition that healthcare services differs from all other services in that the provider has to exercise considerable judgement on behalf the patient, driven by the sole consideration of the patients' welfare, and even when it is not aligned with the providers' financial self-interests. That this was so from ancient times is clear from a reading of the Hippocratic Oath. Trust and not transaction defines healthcare provision, whether public or private, and therefore always viewed as a public service by the provider whose aspiration was to do good sometimes even at personal cost. Modern medicine has further increased the complexity due to multiple individuals and

organisations having to work in concert to provide the healthcare, as opposed to a lone doctor doing so, which was the case many decades ago.

3. **Conflicting goals:** Changing business environments and the development of a health care industry have affected work cultures and altered the nature of the doctor-patient relationship. Providers in many healthcare business models are required to maximise returns on investment to shareholders who are not sworn to the Hippocratic Oath nor share its professional values and ethics. While profit by itself is not bad, profit maximisation as the organizing principle of the modern healthcare establishment comes into serious conflict with public service aspect of healthcare delivery. As a result of this changing environment, doctors increasingly compare their economic status with that of successful businessmen. Such blatant efforts to maximise personal and organisational wealth on the part of the healthcare providers is often at loggerheads with the interest of the patients whom these establishments are expected to serve.
4. **Increasing complexity of modern healthcare:** Modern technology has made it possible to reduce uncertainty in clinical decision making and in therapy, but those decisions have become more complex and expensive requiring providers to be more knowledgeable and skilled to meet patients' growing expectations about the cure and care from providers.
5. **Conspiracy of silence:** Despite these constraints and challenges a significant number of healthcare providers seek to stay within ethical boundaries. But a conspiracy of silence has developed about those who do not, resulting in new generations of practitioners coming into the profession who are redefining norms of what is acceptable and responsible healthcare practice. Issues of exploitation and malpractice in medicine are more deep rooted and rampant now than ever before and much more than what surfaces occasionally through media reports. The statutory bodies that should curb these are also silent on this issue and ineffective in controlling those issues.
6. **Taking the practice of healthcare to where it is supposed to be:** This charter seeks to re-affirm the ethical basis of health care provision, to break the conspiracy of silence around its violation, and to set out norms of responsible health care provision for healthcare providers, so that there is a clear benchmark and standards which providers can seek to adhere to.
7. **Need for signalling change of course:** The charter is also a tool for advocacy: first within the profession to remind ourselves of what we stand for, and then to statutory bodies and governments to indicate what oversight they need to exercise and finally to educate the public so they too know what is responsible healthcare practice.

## III. Markers of Irresponsible Healthcare:

The following are some of the aspects relating to a healthcare provider that signal that they are not practicing responsible healthcare.

1. **Failure to involve patient in decision making process**
2. **Non-existence of and Non- compliance to standards:** This included not having or not abiding by the existing standards through which quality of care can be assessed.
3. **Not updating the knowledge**: With exponentially expanding medical knowledge what was a golden standard treatment protocol yesterday may be obsolete today. To stay relevant a practitioner needs to keep himself/ herself updated
4. **Kickbacks & Conflicts of interest:** This includes accepting commissions in cash or kind for making referrals or prescribing drugs and diagnostics, or making referrals to clinical establishments where one has a stake in its profits. All of these are illegal- but the violation is worsened where such linkages are concealed and yet constitute a major source of earnings for the doctor concerned.
5. **Irrational Care and Eco-systems that incentivise it:** A considerable part of prescriptions for diagnostics and drugs are inessential, irrational and sometimes even hazardous. Making such prescriptions, even where the patient does not have to pay for it, is irresponsible. Business models which require each facility, or provider to meet targets of minimum number of specific prescriptions for drugs, diagnostics or other referrals are clear markers of irresponsible health care.
6. **Failure to factor in affordability:** Providers do not ensure that the choices on care are made keeping the affordability of the individual patient in mind- and that patients are provided adequate information to make an informed choice.
7. **Failure to provide emergency care:** Providers do not provide emergency care especially when lives are at stake - without charging for those who cannot afford it and also charge cost of referral to a public hospital
8. **Extraction and extortion:** Forms of practice where patients are forcibly discharged or refused to be discharged or bodies of the dead are withheld in order to extract hospital determined charges. The ethical violation in such cases is graver and categorised as predatory when family had no prior knowledge of how much the costs would add up to- be it for insured patients or patients paying out of pocket
9. **Negligence:** Negligence of any sort is also irresponsible such as when doctor undertakes care where he has no experience or expertise and patients are not told about other options available
10. **Discouraging Second Opinion:** Resisting or even actively discouraging requests for information or the option of taking a second opinion.

11. **Treating beyond competence:** Even when aware that the condition is beyond ones competence or experience, going ahead with the treatment for personal or financial gains
12. **Neglected populations:** Yet another instance of irresponsible healthcare is when significant populations, especially when it comes to elective care, don't receive the required healthcare, which could significantly alter of the patients' health status for the worse.

## IV. What Do We Want Done?

The behaviour of individual providers and businesses is not a matter of personal attitudes alone. We recognise that there are basic issues of institutional design and perceptions of the role of the state and professional bodies that influence and even determine individual behaviour. We recognise that there are a large number of individuals and many healthcare models which have demonstrated the practice of responsible healthcare in the existing social environment and that we must document and learn from them. However as a society we advocate the following measures as necessary to ensure an environment that is favourable to and facilitate responsible health care.

1. **Strengthen Medical Education:** Ensure that curriculum of medical education for doctors and allied health cadres constitutes ethical practices and exposes them to successful models of responsible medicine. Educational institutions themselves need to operate within the law and an ethical framework- in terms of admissions, fees, recruitment policies, performance appraisal, clinical and practical teaching and patient care.
2. **Improve Regulation:** There is need to strengthen the regulatory framework in which both medical educational establishments and healthcare providers operate and create an enabling environment for them to abide by the regulatory framework. This should be done through suitable legislation both at the national and state levels, through constitution of suitable professional councils that are headed by competent professionals who are themselves votaries of the practice of responsible healthcare.
3. **Improve Provider Information and Organize Continuing Education:** Ensure that there is access to web-based and print material to updated clinical guidelines and protocols that individual providers can access to update their knowledge and skills Continuous learning should be mandated and enforced.
4. **Quality of Care Accreditation:** Suitable accreditation systems should be put in place to assess current quality systems and protocols of healthcare providers.

These should have adequate weightage for providing responsible healthcare. Standards that clearly define minimum standards for delivering responsible healthcare must be put in place. At the same time, care should be taken to ensure that quality standards to do not lead to making healthcare unaffordable or in building monopolies through the addition of non-essential components and through lack of transparency.

5. **Educating various stakeholders:** Build professional solidarity against unethical practices that are oriented solely towards revenue / profit maximisation of the providers, by educating professionals in healthcare. At the same time, it is essential to educate the public as well as other stakeholders on the issue using not only government agencies, but also voluntary organizations such as NGOs as well as professional bodies who are willing to provide such education to key stakeholders.
6. **Address perils of Insurance Systems:** There is a need to address the design flaws and implementation gaps in insurance schemes that lead to supply defined care. Explore other models of health financing wherein the decision making power lies largely with the patient and not with the insurer.
7. **Re-Orient the Health Care Industry:** The healthcare industry must be reoriented to increase its viability by increasing coverage and therefore volume of services provided as well as by bringing in better efficiencies rather than being focused on maximising profits extracted per patient examined or per bed occupied. Inflated prices and expenditure in the industry need to be checked for it affects not only the economic well-being of the population but also because it leads to underutilization of installed capacity, which in turn leads to corrupt practices to fill up capacity or predatory pricing, ironically at a time when most healthcare needs of the country are unmet.
8. **Strengthen Public Healthcare Services and Build collaborative linkages**: Public healthcare services will continue to have importance – and private investment has to be structured to complement it and supplement it, rather than substitute for it. Only when these two systems work in tandem can all health care needs can be addressed. Neither can do it without the other.
9. **Universalize Access:** Except for care in pregnancy, immunization and three or four communicable diseases, the effort to provide universal access to affordable healthcare has hardly begun. The poorest 40% of the population have nowhere to go to, or are ruined by the costs of healthcare. As a society, we are responsible to ensure universal health care.

## V. How can we make it happen?

1. Our Vision is that all health care institutions and providers will state, "We practice responsible healthcare" and they will hold themselves verifiable for doing so. Our Vision is that all health care institutions and providers will state, "We practice responsible healthcare" and they will hold themselves verifiable for doing so.
2. **Sharing Examples and Models:** There are several organizations in India which have been able to successfully put responsible healthcare into practice in a sustainable way. We, the members of the *"Forum for Responsible Healthcare"* will share examples of those organizations who can truly say this about themselves - and some of these could serve as role models to inspire others and provide guidance on how to do it and not only survive but to be successful in today's environment.
3. **Leadership:** We recognize the importance of leadership of healthcare organizations. They are one of the key stakeholders that need to be targeted for transformation. We will try to reach out to them with the charter for responsible healthcare as well as several role models to showcase successful change.
4. **Advocacy**: We all have zones of influence wherein we can take provide advocacy for the necessity of larger eco-system changes that are necessary. We shall work collectively to facilitate, promote and sustain responsible health care.
5. **Promoting Evidence-based Care:** There has been considerable work done by many organisations on protocol-based care. Several organizations in the developed world have already brought out standard examination and treatment guidelines for most healthcare conditions. These can be adapted to the local. We will facilitate this process of standardization and evidence-based health care practice.
6. **Building Networks and Coalitions:** We recognise that we are not the only nor the first set of organizations to work for these aims. There are several individuals and agencies that are already working in this direction and interested in supporting and participating in this shift to responsible healthcare. We will aim to network with and build coalitions with such individuals and organisations.
7. **Management Guidance for Responsible Healthcare:** We recognise that there are several well-intentioned institutions that have under-utilized capacity. They would prefer not to compromise on their ethics rather than look at patients as opportunities for wealth maximisation. We will reach out to them with a set of guidelines to help them succeed. We will support them and provide them with good management principles so that they are able to do well and fulfil their professional as well as societal goals. Mental roadblocks will be addressed among

the providers, such as their reluctance to take care of patients during emergencies due to fear of being dragged into consequent legal implications and uncertainty relating to receiving payment from the patients, will be addressed.

8. **Public Education:** We will support other organizations and on our own undertake within the limits of our capacity to do so, efforts to educate public on healthcare spending – especially for end of life care where many of these contradictions come to a head, often resulting in families being pushed into debt, penury and destitution. Public education will also cover the meaning of responsible healthcare and the policy framework and systems design required for making it happen. A related issue is actively promote patient networking so that issues or instances of practice of irresponsible healthcare are brought to the fore and addressed in a moderated forum that involves public participation.