# POLICY STATEMENT



## **Professional Autonomy**

## **Doctors of BC Position**

- Professional autonomy of physicians is integral to the provision of patient care and to a well-functioning health
  care system. Professional autonomy means physicians can exercise professional judgment to make care
  decisions that best meet the needs of patients and it enables them to engage and participate in matters related
  to quality, patient safety, and health system improvement. Additionally, professional autonomy allows
  physicians to advocate for the well-being of patients and society, and to hold each other accountable to ensure
  the provision of the highest standard of health care.
- Doctors of BC upholds the following fundamental principles of professional autonomy:

## Self-regulation and accountability

Physicians' ability to engage in self-regulation, continuing professional development, and the formulation and review of standards and guidelines.

#### **Decision making in medicine**

Physicians' ability to utilize professional judgment to make clinical decisions that best meet the needs of patients and determine practice settings that support each physician's ability to fulfill his or her professional duty to care for patients.

## **Engagement and advocacy**

Physicians' ability to engage and participate in matters related to quality, patient safety, and health system planning and evaluation, including advocating for patients and health system improvement.

 To achieve our shared aim of delivering high quality patient care, Doctors of BC encourages partners in health care delivery to recognize, support, and protect these fundamental principles.

## **Background**

Autonomy is a defining characteristic of professions allowing professionals the freedom to practice their skilled craft [1]. It can be applied at both the collective and individual level. Autonomy at the collective level speaks to a profession's ability to police its boundaries; regulate the initiation of new members; and advocate for populations and systems level improvement, while autonomy at the individual level involves individual discretion and control over the terms and content of daily work [2].

In medicine, professional autonomy refers to the freedom of physicians to exercise professional judgment in the care and treatment of their patients, to

be regulated by self-governing, professional medical bodies, and to advocate on behalf of patients and society [3]. Autonomy is founded on the principle that care decisions are aimed at promoting the patient's well-being and considered the cornerstone of physician professionalism.

Professional autonomy does not mean absolute freedom, but rather, it lies on a continuum and comes with responsibilities. In order to be granted considerable autonomy and the privilege of self-regulation, physicians are devoted to serving the best interests of society by providing high quality evidence-informed care. Additionally, physicians are committed

to maintaining professional competence, a demonstration of morality and integrity in their activities, and agree to engage in issues related to population health [4].

The practise of medicine is done within the bounds of a *Code of Ethics* and is subject to licensure, continued professional development, and a responsibility on the part of physicians to take into account the structure, resources, and culture of the society of which they are a part [5]. Given the foundational importance of professional autonomy to the provision of patient care and to a well-functioning health care system, extensive work has been done, both nationally and internationally, to articulate its key principles.

## **Key Principles**

### Self-regulation and accountability

Like most health professions in British Columbia, physicians are a self-regulating profession governed by a regulatory college under the *Health Professions Act*. Three key tenets of self-regulation include: the profession's establishment of licensing standards by which people may enter the profession and by which they then practise medicine; responsibility for teaching the medical community how to exercise those standards on a daily basis; and enforcement of standards and deciding when and how to discipline those who violate them [6]. In return for this privilege, physicians are expected to hold each other accountable for their behaviours and for the outcomes they achieve on behalf of their patients [7].

Accountability occurs at three levels: to patients, to society and the health care system, and to colleagues and peers [8]. As the Canadian Medical Association (CMA) articulates, self-regulation benefits society by taking the best advantage of the professional expertise needed to appropriately set and maintain standards of training and practice while providing suitable accountability in matters of professional behaviour [7].

Self-regulation lies at the core of the medical profession's commitment to the advancement of quality patient care [6]. When implemented appropriately, it can reinforce quality patient care through maintaining professional autonomy and ensuring professional accountability.

As set out in the World Medical Association's Declaration of Madrid on Professional Autonomy and Self-Regulation, it is the dedication to effective selfregulation that assures professional autonomy in patient care decisions [9]. The quality of the care provided to patients and the competence of the physician providing the care must always be a primary concern in any system of self-regulation [9]. As such, collectively and individually, physicians have an obligation to ensure that the quality of the care they provide is of the highest standard possible. This not only includes setting practice standards and ensuring peers abide by them, but also managing and preventing unwarranted variation in clinical practice. Physicians should be supported to strive for a "just culture of safety", which encourages learning from adverse events and close calls to strengthen the system, and where appropriate, support and educate health care providers and patients to help prevent similar events in the future [8].

#### Decision making in medicine

The goal of physicians is to, in collaboration with their patients and other health care practitioners, administrators, and policy makers, provide the best health care possible. Physicians recognize that patient care benefits when all health care providers work together towards a common goal [7]. While physicians work collaboratively with other members of the health care team, substantial autonomy remains appropriate and essential if physicians are to fulfil their professional responsibilities to their patients and comply with the ethical code by which the medical profession is governed [5]. In order to care for and treat patients, physicians require clinical autonomy to exercise their professional judgment to make decisions that best meet the needs of their patients.

Clinical autonomy is founded on the principle that care decisions are aimed at promoting the patient's well-being [10]. It arises in and is fundamental to the patient-physician relationship. An appropriate level of autonomy is required to foster the therapeutic relationship and promote thoughtful dialogue between patients and physicians.

Physicians should have the ability to make decisions about the care of the patient that are in the best interest of the patient without unduly restrictive external or system constraints. Clinical autonomy is critical to ensuring the provision of physician services focuses on the clinical priorities that improve patient health outcomes [11] and is essential to avoid a one-size-fits-all approach to treating patients. However, physicians acknowledge their responsibility to their health care system by recognizing that the application of clinical autonomy is carried out in alignment with the principle of resource stewardship.

Good clinical practice is founded on evidence-based medicine, which is: "the integration of best research evidence with clinical expertise and patient values" [12]. Clinical practice guidelines are not intended to define a standard of care, but to support informed decision making. Variations in practice will inevitably and appropriately occur when physicians take into account the needs and circumstances of individual patients. While physicians should hold each other accountable to ensure resource stewardship and to avoid unwarranted variation in practice, clinical autonomy is required for physicians to apply guidelines and protocols as appropriate for each patient's unique clinical context. The principles of evidence-based medicine underscore the need for expertise and knowledge of the patient in the appropriate and safe application of scientific knowledge, standardized protocols, and guidelines [13]. Physicians acting in their patients' interest support informed decisionmaking and improve patient outcomes [14].

In addition to the ability to make clinical decisions about the care of patients, another dimension of professional autonomy in medicine is the ability to make choices related to the conditions of one's work.

Decisions related to remuneration models and practice environments should be made in collaboration with the medical profession. Changes to policies and structures related to this dimension of health care not only impact physicians, but also patients. All parties in the discussion, including physicians, must be able to agree upon an appropriate understanding of professional autonomy so that the health care system can meet the current and future needs of populations [8].

#### Engagement and advocacy

Physicians, working collaboratively, are seeking innovative ways to ensure the needs of their patients and the health care system are met while maintaining their autonomy. Doctors of BC has formed a unique partnership with the BC government, through its Joint Collaborative Committees, to provide physicians with a leadership voice to deliver quality patient care and advocate for health system improvement.

The CMA *Code of Ethics* includes advocacy as one of the core activities of medicine [15]. Recognizing that there is a delicate balance between patient needs and health system constraints, physicians need to be able to advocate for their individual patient's health care needs. In addition, physicians need to be able to freely advocate in a way that respects the views of others and will likely bring about meaningful change that will benefit population health and the broader health care system [8].

BC physicians are committed to contributing to health system improvement that enhances and improves patient care. The key to responsiveness to ideas for improvement is the need to encourage physicians to bring forward ideas and to eliminate fear of reprisal for identifying opportunities for change or for appropriate variation in clinical practice.

To ensure health care is truly patient-centred, physicians should be supported to continue using collaborative approaches to leadership and decision making. This includes an ongoing commitment to improving the capacity of physicians to make better

decisions and supporting early meaningful physician engagement and participation on matters related to quality, patient safety, and health system planning and evaluation.

Although the public's trust in physicians is centred on professional competence and expertise at the individual patient level, this trust extends beyond the patient to research, education, and the delivery of health care [16]. There is an expectation in the relationship that physicians have with patients and society that they will advocate for the individual and collective well-being of patients. To this end, an appropriate level of professional autonomy is required.

### Conclusion

Doctors of BC recognizes that physicians do not practise medicine in isolation and that health care is delivered through a complex network of relationships [17]. Professional autonomy is rooted in and fundamental to the patient-physician relationship and the relationship physicians have with their peers and colleagues.

Professional autonomy allows physicians to exercise professional judgment to make care decisions that best meet the needs of patients. Additionally, it allows physicians to engage in decision making to improve the health care system, to advocate for the well-being of patients and society, and hold each other accountable to ensure the provision of the highest standard of health care.

#### References

- <sup>1</sup> Friedson E. Profession of medicine: A study of the sociology of applied knowledge. Chicago: University of Chicago Press, 1970.
- <sup>2</sup> Lin KY. Physicians' perceptions of autonomy across practice types: Is autonomy in solo practice a myth? Soc Sci Med 2014; 0:21-29.
- <sup>3</sup> Canadian Medical Association. Charter for physicians. 2009.
- <sup>4</sup> Cruess SR, Cruess RL. The medical profession and self-regulation: A current challenge. Virtual Mentor Ethics Journal of the American Medical Association 2005; 7(4).
- Warsaw declaration on physician autonomy. Warsaw, Poland 17-19 March 2000.
- <sup>6</sup> Bertkau A, Halpern J, Yadla S. The privileges and demands of professional self-regulation. Virtual Mentor Ethics Journal of the American Medical Association 2005; 7(4).
- <sup>7</sup> Canadian Medical Association. Medical professionalism. 2005.
- 8 Canadian Medical Association. The evolving professional relationship between Canadian physicians and our health care system: Where do we stand? 2004.
- World Medical Association Declaration of Madrid on professional autonomy and self-regulation. Madrid, Spain 2009.
- <sup>10</sup> Emanuel EJ and Pearson SD. Physician autonomy and health care reform. JAMA 2012; 307:367-368.
- <sup>11</sup> Doctors of BC. Partnering with physicians. 2014.
- <sup>12</sup> Sackett DL, Rosenberg WM, Gray JA, et al. Evidence based medicine: what it is and what it isn't. BMJ 1996; 312(7023): 71–2.
- Morreim EH. Professionalism and clinical autonomy in the practice of medicine. Mount Sinai J Med 2002; 69:370-377.
- Mathews SC and Pronovost PJ. Physician autonomy and informed decision making: Finding the balance for patient safety and quality. JAMA 2008; 300:2913-2915.
- <sup>15</sup> Canadian Medical Association. CMA code of ethics. 2005.
- <sup>16</sup> Physicians and advocacy. [Editorial]. CMAJ 2005; 172:1413.
- <sup>17</sup> BCMA. Working together: An exploration of professional relationships in medicine. 2013.

## **History**

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