Self Regulation: The Private Health Sector Perspective

Dr. Samwel Ogillo
CEO, APHFTA

SafeCare Conference, Mombasa
September 26th- 27th, 2013
Geneva Declaration- 1948

- THE DECLARATION OF GENEVA
  1. I solemnly pledge to consecrate my life to the service of humanity;
  2. I will give to my teachers the respect and gratitude that is their due;
  3. I will practice my profession with conscience and dignity;
  4. The health of my patient will be my first consideration;
  5. I will respect the secrets that are confided in me, even after the patient has died;
  6. I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;
  7. My colleagues will be my sisters and brothers;
  8. I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
  9. I will maintain the utmost respect for human life;
  10. I will not use my medical knowledge to violate human rights and civil liberties, even under threat;
  11. I make these promises solemnly, freely and upon my honour.
Health Care Regulation- Facility Closed Down- TZ
‘This facility has been closed down by the MoH’
This HC has been down-graded to a Dispensary’
Self Regulation- the History Behind

- Doctors throughout centuries managed to convince their society that their profession was ‘noble’
- ‘Full Trust in the doctors’ was unquestionable, and they demanded it
- Related their profession to Godly Work
- Set Fees & Standards and Hippocrates made them swear- ‘the oath’
Something Happened, and History Changed

- Then something went wrong- someone realised some doctors were ‘cheating’
- The public complained, but the doctors felt they had to ‘regard their colleagues as their brothers and sisters’ as per the oath and Geneva Declaration
- The lawyers and the government realised they had to ‘protect’ their ‘clients’ & ‘citizens’
- Governments politely set ‘governing laws and standards’- with authorities to ensure the doctors were abiding by the laws
Holding on to Self Regulation

- But the Medical Regulations Boards were formed by same ‘Doctors’ with ‘lawyers’ to advice
- Some bias was noted by the public, since there was still some ‘protection’ for doctors
- The Medical Boards still ‘protected’ their colleagues, and the public and lawyers decided to ‘act’ and help regulate (Consider USA Medical Cases profile and the Chelmsford Hospital case, Australia)
Notable Obstacles in Self Regulation

Conflicts when enforcing Medical Regulations:

- In some countries, Licensing authority for medical practice not working closely with the ethical committee or no link to Medical Training Institutions

- Government’s strong hand in regulation not allowing the medical practicing community to play ‘an active role’ in the implementation of the regulations (No feeling of ownership), leading to conflicts with the authorities
Obstacles in Self Regulation

- Due to the conflicts observed between the Doctor, patient and the government authorities in regard to enforcing Medical Practice Regulations, the Inspector General in many countries sets ‘guidelines’ to regulate the ‘guidelines’ set by the medical professions.

- Medical Practice is therefore regulated by Doctors in the Ministry of Health- a ‘self Regulation’ by setting standards and guidelines (Ethics), and the Law enforcers & Clients also ensure the Ministry abide by the regulations.
Private Health Sector’s Perspective

- The Private health sector can through its associations ‘self regulate’ by abiding to the standards; must form advisory committee to enforce the implementation of the standards.

- This can be implemented effectively by doing joint supervision by public law enforcers with the Associations, and also regular training and supervision by the association (Dar setting good Example).
Self Regulation- Private Sector

- The private health Sector has the potential to self regulate if standards are set and clearly defined
- The system has to be set and **must** be working to ensure the self regulation is enforced
- Clear referral procedures in the course of seeking justice should be availed to the public, and prompt measures taken for the culprits
- The Government Regulatory Authorities should cooperate with the private sector, professionally, to enforce regulations
Steps Towards Self Regulation

The Regulations and Standard:
- Must be available and clear to all the practitioners
- Transparency is important
- Recognition of the well performing medical providers encourages better performance in the implementation of the regulations and standards (e.g. through certification-stepwise recognition)
Conclusion

- Quality improvement standards that are agreed upon by both the regulators and the Regulated can set the level of cooperation between the two sides.

- This can lead to self regulation on the part of the medical professionals since the clearly set standards and clear regulations will provide guidance for self regulation.

- Associations of practitioners have an important role to play in achieving self regulation for healthcare providers- BUT must work closely with the enforcement authorities.
Thank you!

Asante Sana!!
Asante sana