The everyday and the ethical: Urban conversations between Milan and London

The RCGP curriculum incorporates competencies and features of being a GP that are enshrined in The European Academy of Teachers in General Practice Definition of General Practice.

EURACT 6 core competencies

1. Primary care management
2. Person-centred care
3. Specific problem solving skills
4. Comprehensive approach
5. Community orientation
6. Holistic approach

3 additional essential application features:

1. Contextual: Understanding the context of doctors themselves and the environment in which they work, including their working conditions, community, culture, financial and regulatory frameworks.
2. Attitudinal: based on the doctor’s professional capabilities, values and ethics.
3. Scientific: adopting a critical and research based approach to practice and maintaining this through continuing learning and quality improvement.

Relevance of understanding culture difference and ethics

- Family medicine educators who are asked to teach internationally will face numerous challenges as they work to adapt their knowledge and expertise to fit local needs.
- Information, training and support for doctors migrating to the UK give little emphasis to professional and ethical standards.
- Local cultural nuances may require additional training in communication skills.
- Knowledge of local guidelines and legislation does not completely make up for the tacit knowledge possessed by local graduates.

Are the Four Principles of Biomedical Ethics enough as a model for teaching ethics internationally?

- Beneficence: Do good.
- Non-maleficence: avoid harming.
- Autonomy: respect the right of people to make decisions.
- Justice: treat people fairly.

Please contribute to the international conversation

Peter Toon and Andrew Papanikitas (and others) have set up a wikipedia entry and a linkedin page dedicated to primary care ethics.

At present this is heavily centred on the UK perspective and we welcome additions from outside the UK, from Europe and from the rest of the world too!

Wikipedia. Primary care ethics: http://en.wikipedia.org/wiki/Primary_care_ethics

Primary Care Ethics: LinkedIn Group; Available from: www.linkedin.com/groups

The London Journal of Primary Care

The London Journal of Primary Care is unique in that it is a database-indexed open access Journal supported by the RCGP London faculties. We do not currently charge authors for article processing and peer review, and welcome high-quality (including international) submissions relating to primary care. For more information please visit our website: http://www.londonjournalofprimarycare.org.uk/

Method

Professor Francesco Carelli is an academic and GP in Milan. Dr Andrew Papanikitas is a PhD Student, Portfolio GP and medical teacher in London. Both are editorial-board members of the London Journal of Primary Care. Our points are based on personal correspondence, reading and personal experience. We welcome both informed verification of our challenge to any of the points which we raise, either directly to us or via letters and papers submitted to the London Journal of Primary Care.

Some common threads in conversation

Differences between urban and rural practice
- Is social solidarity more a rural phenomenon?
- Are there worse inequalities in the urban setting?
- Is ethnic diversity more profound in urban centres?
- Less continuity of urban relationship, transient populations.
- More fraud in cities and harder to detect e.g. prescription ghosts.
- City folk higher expectations and demanding of specific treatments and tests.

GP as 'buck-stop'
- Biological problems that cannot be solved by specialists.
- Psychological/Psychiatric problems that cannot be solved by specialists.
- Social problems that social agencies cannot solve or cannot solve without medical input or authorization.

Similarity - Common biethical debates
- Big debates about life and death: voluntary euthanasia is a topical issue in the UK and Italy, despite euthanasia requests being relatively uncommon.
- Practical everyday issues: who has a right of access to patient notes, who decides what they contain and what additional issues are generated by electronic healthcare records?

We initially conclude that family practice can generate similar issues in both London and Milan.

Some different threads in conversation
- Emphasis on communication skills training in UK undergraduate and postgraduate medicine. Communication skills and ethics often go hand in hand (Petrova et al 2004).
- A feeling that Italian patients are more likely to ask for a specific treatment or test than UK.
- Italian families will more often seek to protect the patient from bad news and sensitive news is broken in the hospital setting rather than the GP setting.
- Continuity of electronic healthcare record more firmly established in UK, but only within the practice.
- Italian healthcare involves parallel private and public provision.
- Italian state healthcare is means-tested to a degree, this may place the GP in the position of both patient-advocate and state-informant.

References