

Honouring the Social Contract

Medical schools take social responsibility seriously

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Social responsibility has always been a fundamental tenet of the medical profession and indubitably, there is an expectation among Canadians that medical schools have a responsibility to respond to the priority health needs of their communities.

The public and the government expect academic medicine and physician leadership to define ways to provide medical care more cost-effectively, to address health professional shortages and to redesign medical education to meet our rapidly aging population. Some argue there is an obligation for physicians to manage healthcare institutions more efficiently and instill public confidence in the integrity of biomedical research. Social responsibility and social accountability have become almost interchangeable words, though one sets the benchmarks for measurement by the other.

There is a growing concern about the commercialization of medicine and an abdication of responsibility in addressing global health issues like the pandemic of HIV/AIDS and local disparities in health care such as aboriginal health, homelessness and poverty. Recently, medical schools faced criticism that they were too specialized, too focused on one-way knowledge transfer and were inaccessible as partners in addressing important social and economic development concerns as defined by the needs of their communities.

Let's examine the criteria. The World Health Organization has defined the social accountability of medical schools as: "The obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public."

The Association of Faculties of Medicine of Canada (AFMC) has made a commitment to social accountability. An academic leaders group with representation from each Canadian medical school has been tasked to promulgate its concepts in accordance with WHO philosophy and to work towards accountability models to measure our successes. Progress has been slow, yet steady — aiming for outcome measures of health-care community based activism, with accreditation standards that evaluate the commitment to advocacy and the social determinants of health. These measures, in turn, will influence balanced physician output and intermediate health human resource planning.

As the newly appointed AFMC academic leader for the University of Toronto, I began a quick environmental scan of the activities at U of T. In defining the concept of social accountability, the Faculty of Medicine is taking into account our established success in medical education, the large urban setting of the Greater Toronto Area, our multitude of residency educational programs and the areas of excellence in health care education for which we are already known.

In assessing the faculty's achievements to date, it is immensely satisfying to note that social activism and socially responsive achievements are occurring in many ways. Numerous individual inspirational international and domestic projects occur in the most desperate places, engaging students, post-graduate trainees and faculty.

There is more work to be done. An advisory body to the faculty is preparing recommendations to help it better respond to the challenge of social accountability within its teaching programs. Some of the philosophical underpinnings of these emerging recommendations are worth sharing.

In focusing largely on the interaction between the Faculty of Medicine and its neighbouring communities — largely represented by the diverse populations within the GTA — there is recognition that Toronto and the 905 areas are home to a number of people who are vulnerable or frequently marginalized. The barriers they face in obtaining access to healthcare services is a poignant statement of our times, as illustrated by the disasters in New Orleans and Kashechewan.

This is the challenge — the gauntlet laid down for all medical schools. For U of T, any response to social accountability must emphasize the importance of broadly based teaching programs designed to meet the needs of those people who live within large urban and suburban centers. These teaching programs — in both family medicine and other specialty areas — must recognize and respond to the health requirements of the disadvantaged individuals and communities that often cluster in these settings. They must also foster the appropriate knowledge, attitude and skill sets needed to advance the standards of health care in settings where tertiary care, high-level advanced technology and care based on the best evidence can be provided.

The social accountability manifesto for Canadian medical schools provides a particularly apt definition of the contract struck between society and a self-regulating profession: "Professionalism is the moral understanding among professionals that underpins the concept of the social contract between the profession and the public."

I would submit that the physician's authority to self-regulate and independence to control key aspects of working conditions through accreditation, licensing and professional conduct review are mitigated by the contract with society. Society provides medical schools and the medical profession with these privileges and resources. In return, the public and patients expect that governments and the healthcare professions will work in concert to ensure that the Canadian healthcare system continues to provide the necessary access and quality to meet the needs of the population. In medical schools, this means that a university has an obligation to the health needs of the community by ensuring that individual graduating physicians understand their role in society and choose those specialties where there is the greatest need.

Canadian medical schools, in collaboration with academic healthcare centres, governments, communities and medical professional organizations, engage in influencing the changes in the healthcare system that are necessary to ensure an equitable and sustainable system.

Currently the conundrum of a perceived mismatch in health human resource supply has mandated our medical schools to enlarge the range of settings in which educational programs are conducted, to include all health resources of the community and to provide pedagogy that marries combined tertiary/quaternary care settings and the community-based environment.

But health human resource planning does not happen in a vacuum and it is vital the medical school work with the government, community health services and other relevant bodies in joint policy development, program planning, implementation and review of supply, mix and delivery. A balanced integration of service and education, regardless of which sector of the healthcare system it takes place in, is essential to ensure the competence of the physicians who graduate into practice. The explicit incorporation of social accountability within the fabric of medical faculties is providing the basis for the development of respectful partnerships between physician leaders and government, health authorities, communities and business. These partnerships must encourage shared work on health planning, problem solving, health service delivery, health service evaluation and health policy development. In addition, medical schools have individual and collective social contracts with various subsets of the public, deriving implicitly from the generous public funding and other benefits they receive.

A medical school's primary obligation is to improve the nation's health. Although medical schools have been slow to accept fully the social contract by which, in return for their service to society, they enjoy special rights and benefits, they have begun to act on this contract in the most unambiguous and unequivocal way — increasing training where there is the most need. The value of this social contract should not be underestimated because it has allowed medical educators to listen to the public, talk honestly and constructively with government representatives and to advocate for the urban marginalized populations, including within the GTA.