



GUIDELINES FOR GOOD PRACTICE IN THE HEALTH CARE PROFESSION

PERVERSE INCENTIVES: Ethical Considerations

*"Promoting Quality Healthcare and Safeguarding
the Public is our Prime Concern"*

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1.0 INTRODUCTION

The Health Professions Council of Zambia holds the view that a health professional should at all times act in the best interest of the patient and place the clinical needs of the patient paramount. To this end, a health professional should always try to avoid potential conflicts of interests and maintain professional autonomy, independence and commitment to the appropriate professional and ethical norms. Any conflicts of interests or incentive or form of inducement which threatens or compromises such autonomy, independence or commitment to the appropriate professional and ethical norms or which does not accord first priority to the clinical need of a patient, is unacceptable.

The ownership and use of high technology equipment creates a special problem, not only because of inappropriate use by health professionals not duly qualified, but also due to over-servicing by appropriately qualified health professionals. It needs to be emphasized, however, that over-servicing or perverse incentive of whatever nature is unacceptable.

Health Professions Council of Zambia seeks to identify and provide guidance regarding those incentive schemes and forms of inducement which it finds unacceptable. It must be clearly stated that the perverse incentives or potential conflicts of interests set out in this document should not in any way be regarded as an exhaustive list. The principles underlying these listed perverse incentives will apply in every case of alleged unprofessional conduct on the part of a health professional or health facility where applicable will form the basis for an investigation by the Council.

These guidelines regarding over servicing, perverse incentives and related matters shall be applicable to health practitioners in both public and private health facilities.

2.0 DEFINITION OF TERMS

The following terminologies have been defined for the purpose of clarifying meaning to the guidelines:

2.1 Health Practitioner:

Means a person registered under Section 8 of the Health Professions Act No. 2009 of the Laws of Zambia.

2.2 Health Facility:

Refers to any site, fixed or mobile providing services for the Prevention, diagnosis and treatment of disease or illness and includes a diagnostic centre, a hospice and a hospital.

2.4 Hospital:

Means a health Institution providing in-patient health care under the supervision of a medical doctor ,which includes one or more of the following health services, Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology.

2.5 Perverse Incentive or Improper financial gain or other valuable consideration:

Refers to money, or any other form of compensation, payment, reward or benefit which is not legally due or which is given on the understanding, whether express, implied or tacit, that the recipient will engage or refrain from engaging in certain behavior in a manner which is either illegal or contrary to ethical or professional rules.

2.6 Medicine:

Refers to any substance or mixture of substances intended to be used by, or administered to human beings, for any of the following therapeutic purposes, namely: treating, preventing or alleviating symptoms of disease, abnormal physical or mental state or the symptoms thereof;

2.7 Over-servicing:

Refers to the supply, provision, administration, use or prescription of any treatment or care (including diagnostic and other testing, medicines and medical devices) which is medically and clinically not indicated, unnecessary or inappropriate under the circumstances or which is not in accordance with the recognised treatment protocols and procedures, without due regard to both the financial and health interests of the patient.

3.0 OVERSERVICING, PERVERSE INCENTIVES AND RELATED MATTERS

The following acts or omissions are not permissible for any health practitioner and it is unethical for any health facility or practitioner to encourage health care practitioners to engage in any of the following:

3.1 OVERSERVICING

Health practitioners shall not:

- 3.1.1 Provide a service or perform or direct certain procedures to be performed on a patient that are neither indicated nor scientific or have been shown to be ineffective, harmful or inappropriate through evidence-based review.
- 3.1.2 Refer a patient to another health practitioner for a service or a procedure that is neither indicated or scientific or has been shown to be ineffective, harmful or inappropriate through evidence-based review.
- 3.1.3 Over servicing by ordering or providing more tests, over prescription, procedures or care than is strictly necessary..

3.2 ADVERTISING

Health practitioners shall not advertise or endorse or encourage the use of any health establishment, complementary medicine, device or scheduled substance or health related product or health related

service in a manner that unfairly promotes the practice of a particular health practitioner or a health care facility for the purpose of financial gain or other valuable consideration. Any act contrarily to the Code of Ethics on advertisement shall be deemed professional misconduct.

3.3 PREFERENTIAL USAGE OR PRESCRIPTIONS

Health practitioners shall not engage in or advocate the preferential use of any health facility, medical device, health related service or prescribe any, complementary medicine, or scheduled substance, if any financial gain or other valuable consideration is derived from such preferential usage or prescription or the advocacy of preferential usage by the health practitioner.

3.4 REFERRALS

3.4.1 Self-referral

Health practitioners may only refer their clients or patients to any health facility in which such health practitioner or a close family member or business associate has a financial interest or a potential conflict of interest if such interest has been declared, on condition that such interest is discussed and agreement reached with the patient prior to the referral for the patient's consent.

3.4.2 Other referrals

Health practitioners shall not refer their clients or patients to any health facility or to any other health practitioner if such referral would constitute over servicing.

3.5 TECHNOLOGICAL EQUIPMENT

3.5.1 Health practitioners shall only use technological equipment for patient treatment if it forms an integral part of their scope of the profession and practice and on condition that the health practitioner concerned has received appropriate training in using and managing such equipment.

3.5.2 Health practitioners shall not over-use equipment for procedures, tests and other applications that are not indicated,

scientific or based on evidence. This constitutes over-servicing and is prohibited.

- 3.5.3 Health practitioners shall not use technological equipment, health care products or devices for profiteering and must refrain from charging patients fees for the use of such products or devices that are not beneficial to the patient.

3.6 FINANCIAL INTEREST IN HEALTH FACILITIES

A practitioner may have a direct or indirect financial interest or shares in a hospital or any other health facility: Provided that –

- 3.6.1 The purchase transaction or ownership of such interest or shares does not impose conditions or terms upon the practitioner that will detract from the good, ethical and safe practice of his or her profession;
- 3.6.2 The returns on investment or payment of dividends is not based on patient admissions or meeting particular targets in terms of servicing patients.

3.7 RENTALS AS PERVERSE INCENTIVES

Health practitioners shall not:

- 3.7.1 Enter into lease agreements with health establishments or services that wish to rent their consulting rooms at rates conditional on the health care practitioner achieving a certain turnover or targets such as admission of a specific number of patients at a private health facility.
- 3.7.2 Rent consulting rooms from health facility or services under financial arrangements that are not openly available to other similarly qualified health practitioners.
- 3.7.3 Participate in the advertising or promotion of the health facility, or in any other activity that amounts to such advertising or promotion.

3.8 COMMISSION

3.8.1 Accepting commission

Health practitioners shall not accept commission or any financial gain or other valuable consideration from any person or body or service in return for the purchase, sale or supply of any goods, services, substances or materials used by the health care professional in his or her practice.

3.8.2 Paying commission

Health practitioners shall not pay commission or render any financial gain or other valuable consideration to any person for recommending patients or procuring an insurance scheme.

3.9 CHARGING OR RECEIVING FEES

3.9.1 For referring patients

Health practitioners shall not charge a fee or receive any financial gain or other valuable consideration for referring patients to the other health practitioner.

3.9.2 For seeing representatives

Health care practitioners shall not charge a fee or receive any financial gain or other valuable consideration for seeing medical representatives of the patient.

3.9.3 For services not personally rendered

Health practitioners shall not charge or receive fees for services not personally rendered by either a health practitioner himself or herself .

3.10 SHARING OF FEES

Health practitioners shall not share fees with any person or health practitioner who has not taken a commensurate part in the service for which the fees are charged.

3.11 CONTRACTS

3.11.1 Health practitioners shall not enter into a contract to work in a particular health establishment or service on the understanding that the health practitioner generates a particular amount of revenue for such health establishment or service.

3.12 COMENSURATE COST AND QUALITY HEALTH CARE SERVICES (EQUAL VALUE CARE).

Modern trends of health care provision have inspired new efforts to assess and question the true value of commonly provided health services, questions range from quality of medicines, viability of diagnostics, as well as the competencies of attending health practitioners. The concern of the Council is that health facilities should not overcharge the patients for low value health services. Health facilities should ensure that medicines dispensed to patients are potent, diagnostics used are viable and practitioners used are competent in order to strike a balance between cost and service.

3.13 CONCLUSION

Health practitioners have the obligation to uphold the interest of the patient first. This is essential when considering the growing range of technologically advanced life-saving treatments and equipment which may make it very easy to exploit the patients due to their lack of knowledge on the treatment options. It is for this reason that Health Practitioners should strive to win trust from the public and not to take advantage of the patients. Therefore, perverse incentive of whatever nature is unacceptable and constitutes professional misconduct.

REFERENCES

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Published by:
Health Professions Council of Zambia,
P.O Box 32554,
Dental Training School Premises, Wamulwa Road,
Thornpark, Lusaka.
Tel: (260-1) 236241,
Fax: (260-1) 239317
Email: hpcz@iconnect.zm
Website: www.hpcz.org