

Declaration on

**ETHICS AND RESPONSIBILITY IN  
THE SUSTAINABILITY OF THE SPANISH NATIONAL HEALTH  
SYSTEM**

*Through this declaration, the representatives of the regional bioethics committees of Spain and the Spanish Bioethics Committee, meeting in Zaragoza, express their desire to contribute to public reflection on the sustainability of the Spanish National Health System through the ethical values on which the responsibility of all parties involved in its operation must be based.*

## **INTRODUCTION**

For many years, there have been repeated calls for a political agreement for healthcare provision with the purpose of upholding the quality and sustainability of the Spanish National Health System (SNS) as one of the essential pillars of a social welfare state based on the rule of law. However, reality often brings with it changes in health management plans and administrators, commonly for reasons other than those of the general interest, which hinder the continuity of projects and their evaluation, with the subsequent negative consequences for justice and the efficiency of the health system, ultimately posing a threat to its future.

There is great support in society for the consolidation of a quality, universal and caring SNS. Nonetheless, this consensus contrasts with the irregularity observed within the health system, with differences between the health services provided by Spain's different autonomous communities and the evident inequalities that largely affect the weakest and disadvantaged groups in society.

We should bear in mind that the sustainability of a public system for health protection does not consist of a merely ethical commitment to our society, but a genuine legal requirement that is explicitly enshrined in Spain's constitution, both in its Article 43, and in the proclamation of the nation as a social and democratic State, subject to the rule of law in its opening article. The threats faced by the SNS not only infringe the actual principle of the welfare state, but also the principles of a democratic state based on the rule of law, given that health protection guarantees both the rights to life and to the integrity of individuals and their participation in the democratic system, and the exercise of their other rights.

Within this framework, beyond the necessary involvement of politicians, we consider it relevant to encourage the common responsibility of all parties involved in the SNS: healthcare professionals, administrators, citizens, suppliers and the media.

## **HEALTHCARE PROFESSIONALS**

Every good healthcare professional must include justice within the values that inspire care for the health of individuals. Healthcare professionals must accept their share of the responsibility for the sustainability of the SNS because the daily decisions they take they have significant consequences on the distribution of resources, effectively making them administrators of the system.

The prescription of medications is a paradigm for decision-making with economic repercussions, but there are other actions that considerably impact the management of resources and productivity, such as the prescription of sick leave and complementary tests, referrals to specialists and hospital admissions. These actions must be guided by the adequate management of time and the setting out of criteria for resource allocation based on perceived benefit and fairness. In such a setting, healthcare professionals should show support for the reform of services that may be necessary in order to improve resource optimisation.

Education is an excellent way of achieving this goal, which is why university study programmes for the different healthcare professions must include contents that foster reflection on the sustainability of the SNS as an essential ethical and legal distinction.

Likewise, professional associations have a particular responsibility for the promotion of ethics and codes of conduct as a driving force and a reference for professionals.

Litigation as a result of professional malpractice is creating a tendency towards the practice of defensive medicine, which is translated into increased healthcare costs that are of no benefit to patients and pose a burden on the health system. It is necessary to introduce legal reforms similar to those of other countries in order to manage patient safety, which is closely linked to bioethical values and principles.

The implementation and enhancing of systems to detect, evaluate and correct errors and damage, and the adoption of formulas for conflict resolution that prevent litigation entering into the relationship between healthcare professionals and patients would create a climate of trust in the clinical relationship, which is a major pillar for the sustainability of the SNS.

Another line of action for institutions with responsibilities for healthcare provision and professional regulations is dealing adequately with professional conflicts of interest within the sphere of healthcare provision (e.g. compatibility of practice in the public and private systems) and economic connections that are established in the areas of education and research, so that they can be handled and resolved with transparency, enabling the independent criteria of professionals and associations to provide assurances to patients and for public opinion.

## **POLITICIANS AND ADMINISTRATORS**

The architecture of the SNS is relatively fragile, partly owing to the lack of a state-wide agreement for healthcare and to dynamics unrelated to the general interest, with an interregional council in which conflicts between regional and national authorities are played out depending on political leanings. It is vital to strengthen the coordinating role of the council in order to structure the SNS through the principle of defending public interest, with accountability and transparency.

Unjustified inequalities between autonomous regions that are of no benefit and are unrelated to the public interest must be rejected. Examples of this are the different approaches that exist to the treatment of cancer and myocardial infarction, the striking differences in newborn screening tests and vaccination schedules, the incomprehensible differences in prescription drug financing, and the lack of solidarity as regards the care shown to patients from neighbouring regions or away from their home regions, which may result in complete neglect of patients in question.

There is a lack of honest and transparent discussion regarding the services offered by each regional health service. Given that resources are limited, this leads to real although non-explicit differences between autonomous communities, and even between areas inside the same region. Furthermore, the unequal distribution of resources between hospital and primary care is increasing the historical imbalance between them. Consequently, it is an ethical and political duty to encourage public discussion and foster debate on prioritisation criteria for that will minimise the risk of unilateral decisions in this respect.

Another problematic consequence of the current context is the lack of continuity in projects for the improvement and modernisation of the SNS. Changes are made at certain times in relation to macro and micro-management that are not based on far-reaching projects, while in other cases, the lack of political will leads to lack of action in areas that require clear-cut reforms, such as the modernisation of management models. The analysis of the health policy of recent years ultimately presents a worrying and distorted situation which must also be dealt with from an ethical standpoint.

The professionalisation of management is essential in order to provide the responsible administration of economic, human and material resources of the SNS on all levels. The management of health facilities must not be allocated to directors appointed exclusively for reasons of political or personal leanings, without consideration for qualifications and experience, because the quality of care and the proper operation of a public service are at stake.

In turn, directors should must use their leadership and team management skills to increasing productivity of the different health facilities and the services they provide. It is essential to encourage the promotion of professionals with strategies

aimed at investing in 'human capital', which is undoubtedly the greatest value of our SNS. Diligent and personal attention shown to professionals by the directors of health facilities will be the best solution for improving results and contributing to sustainability.

The proper management of the healthcare professionals employed at a health facility involves education and research, and making this compatible with patient care, advancing professional promotion and the work-life balance, within the context of incentive programmes with ethical guarantees.

One last feature of the professionalisation of management is accountability, accompanied by greater corporate-style transparency in the administration of budgets and results, as in any business. In order to bring this about, it is highly advisable to create governing bodies with greater social involvement.

## **CITIZENS AND PATIENTS**

The sustainability of the SNS is not only affected by the political decisions made by public authorities or by the actions of healthcare professionals. The decisions and attitudes of the users of SNS resources also have consequences. This is why there is increasing awareness that citizens, possessing both rights and duties, must play a greater role in decisions taken in relation to the health system.

It is necessary to foster education among citizens and patients as regards the appropriate use of resources that will always be limited, even in times of plenty. Health authorities must encourage these attitudes through alliances with citizens' organisations (health councils, patients and users' associations, etc.) to implement programmes aimed at optimising the use of the health services provided by the SNS, particularly where there is free access, such as emergency departments and primary care health centres.

Users should be better informed of the alternatives as regards investment and disinvestment within the SNS, and given a greater role and leadership in decision-making bodies.

Reflection should be focused on opportunity cost, which is closely linked to distributive justice, in the health education given to SNS users, and likewise in the education of healthcare professionals. Lessons should be given on the fact that individual decisions have a direct impact on the group, given that the allocation of resources for one purpose means removing them from others.

Initiatives must be put into place that encourage the responsible behaviour of citizens with regard to the use of the collective resources managed by the SNS: the responsible use of prescription medication, not performing unnecessary or repeated tests, advance cancellation of appointments that are not going to be attended, etc.

However, although the promotion of healthy behaviours and recommendations for preventive activities are favourable factors for sustainability, blame must not be laid on individuals for any illness they suffer. While lifestyle (diet, physical exercise, unhealthy habits, etc.) influences the onset of illness, the healthy lifestyle led by an

individual does not necessarily prevent illness, given that other factors, such as genetic predisposition, socio-economic context and environment also have an impact.

Therefore, the respect deserved by all patients regardless of the cause of their illness must always be shown, given that causes cannot be precisely determined in many cases. Nevertheless, this should not hinder awareness by individuals of their responsibilities in caring for their health.

The valuable and growing contribution of patient associations to the health system must be highlighted, which is why they must be supported with more public assistance, in order to prevent conflicts of interest in their funding turning these organisations into lobby groups that pressure the health authorities by imposing their commercial interests to the detriment of the needs of the system and patients.

### **NATIONAL HEALTH SYSTEM SUPPLIERS (DRUG AND MEDICAL TECHNOLOGY COMPANIES)**

Throughout the twentieth century, humans have witnessed major advances in health, partly as the result of scientific progress in the knowledge of the cause of many diseases and the development of diagnostic techniques and treatments. Drug and medical technology companies have had an undeniable role, with major investment in applied research, which have led the sector to become one of the most profitable in advanced countries.

New medicines and 'high-tech' have been characterised by their very high cost. They are one of the largest items of healthcare spending, and show progressive growth that is not always proportionate to the health results obtained, while adding great stress to the sustainability of the SNS.

This industrial sector justifies the high prices of its products by the costly and lengthy processes involved. In recent years, however, despite the large number of medications commercialised, not many of these have resulted in significant therapeutic benefits to enable real healthcare needs to be met. Added to this is the controversy regarding the disproportionate margin in the prices of drugs that is dedicated to commercial promotion. For these reasons, there is a need for reconsideration in a sector whose most important customer is the SNS.

Additionally, there is concern about conflicts of interest produced by the interaction between the pharmaceutical industry and the health sector. There is currently ambivalence in both the production and dissemination of scientific knowledge and the influence of the industry over the behaviour of healthcare professionals, administrators, scientific societies, patient associations, and even governments.

We should not overlook the resolution of the Parliamentary Assembly of the Council of Europe on public health and the interests of the pharmaceutical industry (September 2015) and the call it makes on member states, including administrators, industry, healthcare professionals and citizens' associations to achieve greater interaction in the design of strategies and attention to the health needs of citizens in order to limit the influence of the markets. In this sense, the assembly called on the pharmaceutical industry, including companies and associations, to step up their efforts to increase transparency and to cooperate more closely with public authorities in the health sector.

It would therefore be desirable that suppliers should be party to an agreement for the sustainability of the SNS, by acting with shared responsibility and transparency, by contributing to policies based on the real medical needs of citizens, by avoiding the tendency to medicalise, and by submitting new drugs to the judgement of technology evaluation committees to be created by health authorities with guarantees for their independence.

## **MEDIA AND ADVERTISING**

The media also share responsibility in contributing to the proper functioning of the SNS as a public service.

The media, particularly as a result of new technologies, exert an unquestionable influence on the lifestyles of the population and on the socialisation of scientific knowledge. Accurate information is an essential guarantee for health, given that extraordinarily important rights and values at the individual and collective level are at stake, as is the construction of the social concept of health. The media can make a very valuable contribution to the health of the population by eschewing sensationalism and by not creating false expectations.

It is important that the leaders of these media and media professionals seek proper advice on scientific and medical aspects when compiling health-related contents, and that they take particular care in the way in which they are conveyed. In turn, healthcare professionals should offer to collaborate prudently in order to contribute to the health education of society.

Health has also become a consumer item, and advertising in this field has not always been truthful, given that commercial interests can conceal or

distort information, providing misleading information on very sensitive matters that can lead part of the population to take health-related decisions with serious consequences. Healthcare professionals and their associations must respond firmly and with scientific rigour to any abuses, and authorities must tighten precautions and adopt measures, including legal measures, to ensure the protection of users.

## **CONCLUSIONS**

- Our society aspires to consolidate the SNS as a public, quality, universal and caring service, for which it is necessary to achieve its sustainability.
- The sustainability of the SNS will not only be achieved through adequate funding, although this is an essential requisite.
- The shared responsibility of all parties involved in the efficient operation and sustainability of the SNS should bring about a process of reflection that offers new perspectives.
- Through the ethics of responsibility put forward in this declaration, we propose that social debate should be opened up that translates into specific initiatives and measures, subject to evaluation, in the different areas involved.

Zaragoza, 16 November 2016