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PSYCHIATRY'S AND PSYCHIATRISTS' CONTRACT WITH SOCIETY

Social Contracting

Bhugra refers to Cruess who suggests that medicine's relationship with society has been seen as a contract.^{1 2} This understanding and mutual agreement between the medical profession and society, which is usually implicit, is also referred to as a compact, and may further imply an (unwritten) memorandum of agreement or understanding in which the scope, principles, quality and outcome of this agreement are specified.¹ This implies a series of reciprocal rights and duties, privileges and obligations, as well as expectations from both sides.¹ While society would grant to the profession autonomy of practice, monopoly of use of their knowledge-base, privilege of self-regulation, as well as financial and non-financial rewards, the profession is required to, in return, regard patients' interests above their own, to assure competence of practicing members, to demonstrate probity, morality and integrity, to address issues of societal

concern and to be devoted to public good.² Society expects the services of a competent, moral, accountable and transparent healer, as well as objective advice and altruistic service, and probity in all respects.²

Medicine/psychiatry, in return, expects: trust, autonomy and self-regulation; adequately funded, value-driven health systems; as well as participation in public policy and having shared responsibility for health (Cruess).

Such a contract should therefore be reflecting respect and trust and is usually captured in policy statements, regulations and legislation, for example, with regard to the training and registering of practicing members, and also allowing for regulating structures.³ So, while the contract is usually unwritten, the ethics and codes applicable to the profession is not.¹

Multiple stake holders

Several stakeholders participate in the social contract between medicine/psychiatry and society, including:

- (1) psychiatrists (members of associations)
- (2) society (patients, carers, advocacy groups, faith-based/cultural organisations, civic organisations, political representatives)
- (3) general public and media
- (4) medical institutions (regulatory bodies; training institutions; professional associations)
- (5) other health practitioners groups involved in the multidisciplinary team- nursing, psychology, social work, occupational therapy, primary medical practice and
- (6) health service administrations, managers and funders (public and private sector, non-governmental organizations)

World Psychiatric Association (WPA) and its triennium goals

While the mission of the WPA is to promote the advancement of Psychiatry and mental health for all peoples of the world, its aims include the following, to: (1) encourage the highest possible standards of clinical

practice; (2) increase knowledge and skills about mental disorders and how they can be prevented and treated; (3) promote mental health; (4) promote the highest possible ethical standards in psychiatric work; (5) disseminate knowledge about evidence-based therapy and values based practice; (6) be a voice for the dignity and human rights of the patients and their families, and to uphold the rights of psychiatrists; and (7) facilitate communication and assistance especially to societies who are isolated or whose members work in impoverished circumstances. Considering these aims and objectives, the WPA implemented successive triennial goals and action plans during recent years, e.g. 2008 to 2011,⁴ 2011 to 2014 and currently 2014 to 2017.⁵

WPA Action Plan 2014-2017

Five parallel themes have been identified for this triennium:

- (1) domestic gender-based interpersonal violence
- (2) child sexual, physical and emotional abuse
- (3) prisoner mental health care
- (4) mental health care of underserved groups such as the elderly, the lesbian-gay-bisexual-transgender (LGBT) community, those with intellectual disabilities, migrants, refugees and asylum seekers; and
- (5) mental health promotion for all

Griffiths notes that the more important questions on medicine and the medical profession being posed now, in the early 21st century, are about “the best ways for doctors to contribute in a world which is changing exponentially”.⁶ This will require, also from psychiatrists, “to influence or provide leadership, particularly in the development of new knowledge, technical advance and consensus about best practice.”⁶

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References

¹ Bhugra D. Introduction. In: Bhugra D, Malik A, Ikkos G. (Eds.). *Psychiatry's Contract with Society: Concepts, controversies and consequences*. Oxford: Oxford University Press, 2011

² Cruess SR. Professionalism and medicine's social contract with society. *Clinical Orthopaedics and Related Research*. 2996; 449:170-176.

³ Cruess SR, Cruess RL. Medicine's social contract with society: its nature, evolution and present state. In: Bhugra D, Malik A, Ikkos G. (Eds.). *Psychiatry's Contract with Society: Concepts, controversies and consequences*. Oxford: Oxford University Press, 2011

⁴ World Psychiatric Association. Available from: http://www.wpanet.org/detail.php?section_id=25&content_id=673; Accessed May 18, 2014

⁵ World Psychiatric Association. Available from: http://www.wpanet.org/detail.php?section_id=25&content_id=1132; Accessed May 18, 2014

⁶ Griffiths H. *Psychiatry's contract with society: a personal perspective from England*. In: Bhugra D, Malik A, Ikkos G. (Eds.). *Psychiatry's Contract with Society: Concepts, controversies and consequences*. Oxford: Oxford University Press, 2011