

Good Medical Practice of a general practitioner



CAMFiC
societat catalana de medicina
familiar i comunitària

Why this document?

Our PHM (Public Health Model), along with our society, is in crisis, a crisis that not only is economic, but also social, democratic and, above all, it is a crisis of values.

Everyday life for a general physician¹ is full of moral conflicts: who are we serving?, at what cost?, what is the cost of it all?, what are our goals? These conflicts challenge our professionalism and create tensions. It is not an easy task for us to do...

From the group on ethics of CAMFiC we have suggested to give some elements to be taken into consideration about ethical aspects of our everyday practice. These may be useful as a guide, with the purpose of promoting a habit of assessment and improvement of everyday attitudes and behaviours.

We have considered it opportune to revitalise the **Compromís com a metges de família**, which was approved in 2005² by the members of the assembly of the CAMFiC, and summarise it following the example of our British fellows (**Good Medical Practice**). We do it by defining ideal behaviours in a good family doctor, behaviours that show the implementation of the values,³ which make us "valuable", which help us improve and feel proud of our task, and morally strong in front of obstacles and adversities.

A general practitioner can work privately or for an institution –public or private-, alone or in a team, in the city or in a little town. The conditions of our environment can be good, not so good, bad or very bad, but the good practice in the relationship with the patient depends substantially on each of us, on the implementation of the values of the profession, which determine the course towards a common goal: professional excellence. Which makes us feel satisfied with what we do every day.

This document is meant to be a kind of lighthouse that shows us the way to become a good general practitioner. An ideal we often come close to, but frequently get away from, too. An ideal that none of us will probably be able to achieve entirely.

This is not a prescriptive document to be compulsorily followed, nor on minimum requirements like the Codi de Deontologia del Consell de Col·legis de Metges de Catalunya. It is an ode to improvement, to boost our strength, our professional value. And, as such, it is also a valuable tool to teach, to pass down the values of family medicine and the behaviours adherent to it to the future generations.

Standing up for the values that are our own with the example in our daily practice means standing up for our contribution to society's health in front of it. The future of family medicine will depend on the value we are given by society, a value we must demonstrate with our practice.

It is not always easy. There are setbacks, difficulties and doubts, but we also have the power to know how important our work is for society's health. This conviction has to give us the strength to do what we understand is good to do and to refuse practices that are alien or contrary to our professional values.

The commitment to the values and the behaviours that express them have to make us better and more professionally satisfied. It must also lead the doctors who work for medical organizations to demand the conditions that favour a good practice.

Being a good gp is a challenge, it is not easy, but trying it, following the way is fascinating. It is worth it.

¹ This text is intended to be respectful towards both genders. Both male and female general practitioners will be referred to as gp onwards in this document, to make its reading easier. The third person singular he (masculine), though, will be used to refer to the gp, whereas the third person plural they will be used to refer to patients.

² You will be able to read all the process followed towards the current format and text in an appendix at the end of the document.

³ Value is what someone loves or values, that is to say, what he considers to be valuable or important.

Some recommendations to read this document

First of all, it is ESSENTIAL to read the introduction carefully and think about the intention and the scope of this document.

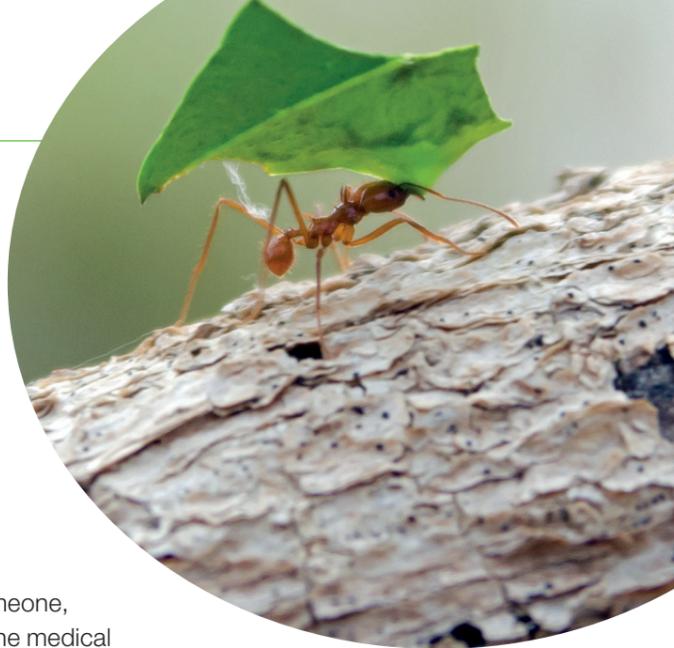
Then, it is VERY ADVISABLE to read the glossary, since it will be very helpful to understand each certain conduct refers to.

Although we recommend going in depth in the reading of the whole document, you will only find the definitions -extended- of this commitment in the heading box of each chapter. This *summary* gives a broad idea about what each value refers to and a global picture about the topics dealt with in each chapter, but it does not specify conducts.

You will find the conducts that show each value in everyday practice throughout the whole document.

We do not recommend reading the document all at once. Neither it is a check-list to try to assess us. We recommend doing it unhurriedly, value after value. First, you will find the definitions and the explanation for each definition. Stop and think. Understand its meaning in depth. Read it again. Think for a while again.

Only when we are convinced that we have understood its essence will we read the behaviours. One by one. Taking some time afterwards to think about each of them. What are we doing in relation to this behaviour? Do we need to improve? Can we improve, considering our environment? What would it take to do it?



DEDICATION

Making the attention to their health my professional centre of interest

Dedication is the persistence to achieve a goal, with attention, care and effort, using the necessary means to get it.

Dedication also means turning the results of this effort to someone, as a *commitment*. It refers to the most vocational aspect of the medical profession, the altruistic commitment with people. That is why we call it a value of professional excellence.

The task of a gp is patient-centered, he has to devote time and effort to provide the patients with the best attention.

Dedication is the value we observe when the gp tries and keeps his interest on assisting the patients, giving priority to the patients' benefit when organizing the assistance activity, together with complementary, teaching and research activities, even making his assistance hours flexible, if he considers it to be necessary.

—A good gp...

... gives priority to the patients' assistance above all the other aims and tasks. The time for consultation is "sacred".

... thinks that assistance work and self-learning prevails over complementary tasks (research, teaching, etc.) that his work environment may imply.

... devotes most of his working hours to assist patients or activities that are related to it or aimed at improving their attention (reviewing records, writing reports, auditing safety, consulting cases, etc.).

... uses work time wisely and, when there is no assistance activity, does activities which are aimed at increasing the patients' welfare (reviewing cases, self-training, etc.).

... devotes each patient all the time they need, even in appointments that have not been scheduled.

... is committed to his patients, makes an effort to understand their environment, their families and the communities they belong to.

... guides the relation with the patients towards the patients' needs, above his personal priorities, interests or obligations or those of the company he works for, given the case.

... manages the consultation so that he can offer the most of longitudinality throughout the patients' life, and accompanies them until the end of life.

... is aware that the patients' needs in primary care are unpredictable and is able to make his timetable flexible to dedicate time to direct attention.

... assists those patients that need to be assisted when they need it, using all the means at hand (appointment book, e-mail, telephone).

... is easily accessible to those patients with a serious condition or in a terminal phase; if he is not able to do it himself, sees to ensure that the doctors that will assist them have all the necessary information to do their task well.

... that works in an environment where he is expected to assist the community, pays attention to chronic or difficult patients that he does not visit, because they need his attention, too.

... knows his shortcomings with regard to knowledge and skills, and centers his training activities on them so that he can assist his patients better and avoids making an excessive use of what is more attractive or easier for him.

... collaborates, if needed, with the collective obligation to do research that this profession has, always on relevant topics in the assistance to patients and oriented to giving answers to questions and doubts originated during the assistance activity.

... does not allow that his dedication to teaching and/or research (if he is doing some) interferes with or takes time from his assistance activity.

... gets involved in the activities for improvement that are meant to make dedication to patients possible, if he works in a team.

... who is sharing the office with a resident because he is a teaching tutor keeps his attention on the patients and is available to those who request his help.

RESPECT

Respecting their dignity, their right to decide, their privacy and keeping the information I have about them a secret

Respect for the patients' dignity, their physical and emotional privacy, for everything derived from the assistance relationship be kept a secret, for their autonomy when making decisions about their health and life are basic aspects to build a relationship of trust.

No discriminating, no prejudging, knowing and respecting their values in order to incorporate them when making a decision, no giving up, avoiding that people who are alien to the assistance act are present unless there is consent for it... are behaviours that a good gp must learn and make an effort to practise.

– A good gp...

... treats people with respect towards their dignity, without prejudging them for their origin, culture, physical appearance, social status, occupation, sexual orientation or moral, religious or political beliefs.

... accepts the way of being of those people he assists and in his work takes their values, conditions and characteristics into account.

... is aware that his own values and preferences may interfere in the assistance relation, and avoids making or expressing judgements about the patients' beliefs and behaviours, unless they may be clearly maleficent.

... asks for consent to the patients if people who are receiving training or other professionals are to be present in the consultation, do them an examination or see the data in the patients' medical record.

... pays attention to know and respect the limits of the information the patient wants to have and share.

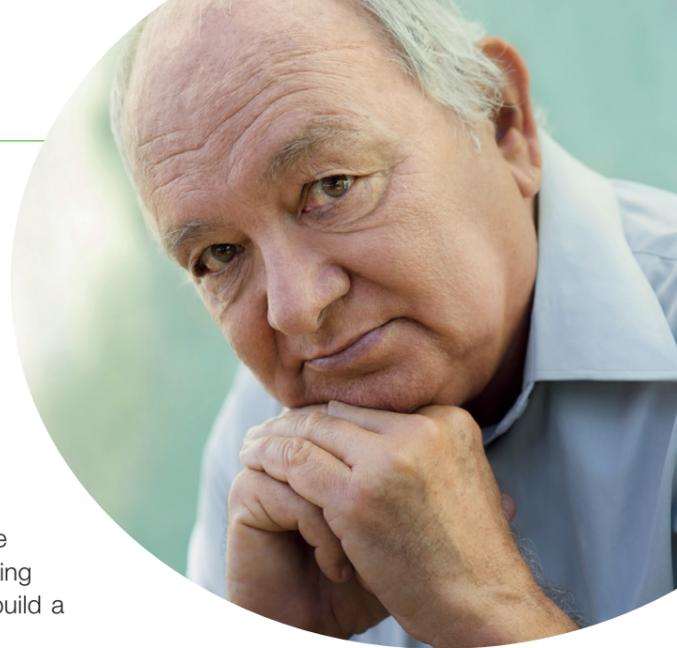
... assists the patients favouring their autonomy and self-management of their health and avoids creating dependence on health services.

... encourages the patients to make decisions about their health, foresees their will and works to achieve and respect the shared decisions.

... practises the virtue of humility in relation to his knowledge, cultural or social level, so that the patients feel comfortable.

... accepts the patients' decision, although it may not side scientific evidence or his own professional recommendation and, should the patients have habits or behaviours or make a decision that may be maleficent, he makes sure the patients understand the risks and does not give them up.

... asks for consent to do physical and complementary examinations after he has explained the reason why they have to be done and what they consist of, avoids forcing the patients to accept them, and allows the patients some time for reflection.



... informs the patients about their right to be assisted by a senior, should there be any physicians under training who are to assist them.

... avoids asking details that do not give any relevant information for medical decisions and that may cause the patients⁴ to feel unnecessarily embarrassed.

... accepts the companion that the patients bring to the consultation and makes sure they want their presence.

... offers another professional to take charge of a visit or an examination should he notice it makes the patients feel embarrassed, if possible.

... organises the space so that privacy is protected and comfort during the examinations as well as confidentiality during the medical interview are assured. He tries to avoid the presence of superfluous people and interruptions during the assisting act.

... that works in an environment of shared medical reports, makes sure the patients know and accept that all the information will be recorded and other colleagues will see it.

... asks for consent if he is to consult another colleague or specialist, always taking care to reveal only the essential data.

... does not give information about the patients he is responsible of to third parties without consent, and informs the patients about their right to reserve or reveal information about their health, regardless of who asks for it.

... does not talk about patients in a public place or with people who are not involved in his assistance, or comment irrelevant details about people, their environment or their residence.

... does not give up medical data about the patients for research or training without their consent and respects their decisions, which will not have influence in his medical assistance.

... teaches people who are training to respect the patients' beliefs, their dignity and privacy, confidentiality and the duty of secret.

... that learns about the violation of the duty of secret on behalf of a colleague or the organization, tells the person who did it. If there is not a rectification, he communicates it to the person who is responsible of the safe-keeping of data. If this behaviour is not modified, he reports it to the organizations that are devoted to safeguard the right to the protection of privacy and thinks whether it is necessary to tell the patients.⁵

... does not underestimate or question the work of a colleague in the presence of patients, unless this is clearly maleficent.

... who is teaching will inform about the presence of residents or other professionals who are receiving training, and asks for the patients' consent for those to take part in their attention.

⁴ *If because of the consultation, or for the patients' benefit, he has to ask about issues that may be embarrassing for them, he excuses himself and explains the importance of the question and the answer.*

⁵ *Loyalty to the patients must lead us to make them aware of the violations of the duty of secret (especially when they are deliberately done by the offender in order to make a profit of them). On the other hand, though, the Code of Medical Ethics asks us to be careful not to lose respect to our colleagues publicly. We must find a suitable balance, though making the patients' benefit its main value.*

CLOSENESS

Treating them with warmth, esteem and politeness, trying to understand their feelings and keeping calm in difficult moments

Being close to patients is essential in order to satisfy their needs, understand their problems and knowing them well. Closeness generates confidence and the ability to adapt the solutions to the problems each patient faces.

It means accepting unconditionally the patients without judging them, accompanying them along the process of living, being ill, becoming old and dying, understanding that accompanying and comforting is one of the most important tasks of a family doctor. Closeness is treating the patients in their life circumstances, their environment, with their family and their concerns.

It means being accessible, letting them know we want to accompany them and that their experiences and values are very important, since they will be useful to evaluate the situation. It means informing, allowing them time and favouring that they set their resources in motion to face it and make decisions.

When treating and assisting people, human and coexistence values, such as politeness, being close, tenderness, understanding and sympathy are necessary.

–A good gp...

... identifies and greets the patients and their companions when they come into the consultation office and introduces himself if it is the first contact.

... works with mindfulness, listening and hearing words, expressions and feelings at both sides of the desk.

... assists with a kind and human manner, with respect and offering trust, with no familiarities⁶ that may go beyond the professionalism needed in order to give a better attention.

... allows some space to express emotions, creates a warm atmosphere, shows interest and makes an effort to understand the patients' preferences.

... listens carefully, looks at the patients when they are speaking, without interrupting them or showing urgency and uses communicational tools of active listening in order to favour that the patients express themselves.

... only looks away from the patients to consult the data in their medical record (computer or paper) when it is essential during the interview. And he tells the patients every time he has to consult it.

... tries to organise the environment to create a climate of closeness (arrangement of the computer, way of dressing, etc.).

... cares that some physical contact exists besides the physical examination (a handshake, a hand on the shoulder, a hug, offering a handkerchief at a given time, etc.) maintaining the therapeutic relationship.⁷



... includes skills to recognise and understand people's expressions of their emotions and to be able to control himself in moments of crisis to his training and teaching, if he is doing it.

... makes an effort to recognise the situations and/or patients that generate trouble or negative emotions in him, and tries to avoid that they may interfere in the quality of the attention. If he does not manage to do so, he asks for help.

... makes an effort to detect and recognise how he is every day (tired, sad, etc.) and, if it interferes in the attention, he tries to compensate it so that the patients receive the best (he gives the patients an appointment for another day, asks a colleague for advice or, simply, tells them that today is not a good day for him).

... is aware of the vulnerability of the patients' situation and tries to create a context where they can express their contradictory emotions, or those of disagreement or complaint comfortably.

... listens to the patients and tries to understand them if they are complaining about the quality of the attention. Although he can give some explanations, he avoids excuses if he is blamed for it, and apologizes even though he is not directly responsible for it.

... tries to keep calm and avoids arguing, even in conflicting situations within the relationship, before a patient that is complaining or seems to be angry. With kindness and mutual respect he transmits the fact that the recognition of disagreement is part of normality.

... is by people's side and assists them in difficult moments and shows himself clearly close to the patients, allowing them some time to understand their emotions.

... assists the patients at all times, even in difficult decisions at the end of their life.

... avoids generating unnecessary anxiety and uncertainty and, when they really exist, he makes sure to tell the patients he will be by their side while this situation lasts.

... trains himself to be able to face situations of vital emergency or high emotional suffering in a calm way, and teaches it to the residents or students, should he have any.

⁶ Familiarity is a cultural concept and it is necessary to pay attention to the culture or social group a person belongs to, e. g.: for many young people, addressing someone in an informal way is normal; for the elderly, it may be considered an excessive familiarity and non-professional.

⁷ As in familiarity, physical contact is a cultural concept and we must pay attention to the culture or social group this person belongs to; a hug may be comforting for some, whereas for others it may be intrusive.

LOYALTY

Giving them clear and sincere information about their health problems, options, risks and foreseeable benefits, and advice caring for their needs and beliefs

We talk about loyalty understood as fidelity; firstly, to the people we assist. This value focuses our professional intervention on the benefit of the people we assist.

It leads us to give them clear, complete and unbiased information; to avoid talking about their problems when they are not present; and to help them choose among the different options, taking their preferences into account.

Our essential goal as a gp is helping and accompanying patients. We are committed to the attention to the person that visits us, and it is a priority above our own or someone else's interests.

Showing loyalty towards the patients (and people around them) helps earning their trust, which is necessary for a good assistance.

–A good gp...

... is interested in knowing the values, beliefs, wishes and preferences of each patient⁸ in order to make shared decisions, both for assistance and for teaching or research activities, if he is doing some.

... offers the patients all the information they need or wish to receive, and is by their side regardless of the amount of information they are asking for.

... adapts the information to the patients' abilities and tries to avoid that they are biased by his own personal beliefs.

... adapts the language and, if necessary and possible, even the language to the patients' needs.

... makes sure that the documents of informed consent that he uses are easy to understand.

... gives information about alternatives to the medical tests, treatments and paths for the patients to follow that is clear, easy to understand, balanced, complete and based on the current scientific knowledge.

... tries to explain the diagnostic orientation and the situation in a neutral, understandable, empathic, true and measured way.

... tries to explain the situation with hope, no deception or concealment when the news are bad and offers his help in doing everything he can: accompanying, palliating, comforting, both the patients and their families.

... tells the patients the different alternatives of action, both to complete the diagnosis and for the treatment and helps them make a decision while accepting, with no judgements, that they may change their mind.



... takes into account the different paths to follow, based on the best tests available, and adapts them to each person considering their totality, including their spirituality, beliefs and background.

... explains the probable benefits and the risks and main adverse effects of the diagnostic or therapeutic actions he proposes.

... tries to suggest, if they are suitable, non-medicalised measures, including the use of community, non-medical resources.

... explains his doubts about a health problem or treatment sincerely to the patients, should he have some, and tries to solve them, making sure trust is not damaged.

... recognises his mistakes calmly, before the patients and his colleagues, apologises, analyses them and finds the tools to avoid making more.⁹

... is honest with the patients and practises this sincerity with empathy and care.

... is responsible for his skills training in order to inform the patients well, evaluates the quality of the information he gives and shows it to the residents or students, should he have any.

... explains his reasons when he thinks a request is inappropriate, tries to come to an agreement that is not maleficent or unfair and stays by the patients' side in spite of the disagreement.¹⁰

... when he is asked to give his opinion about other professionals' actions, he answers sincerely, without charlatanism or a lack of respect towards his colleagues.¹¹

... provides the information that the patients need in order to be assisted at other assistance levels that cooperate in his assistance (referrals to other specialists, emergency, etc.).

... that is doing postgraduate teaching teaches the resident to accept and respect with naturalness the patients' wishes to be assisted by their doctor of reference.

... that is doing research gives accurate and clear information about the characteristics of the studies, the risks and the expectable benefits and always asks for the patients' consent, regardless of the extent of their involvement.

... must guarantee that the patients receive the information and assistance they need in a situation the patients are able to, and do, moral objection and ask another professional to attend them.

⁸ It is essential to take into account the cultural differences and the fact that in some cultures people do not want to share certain information with doctors.

⁹ Although it may be difficult to do so, recognising one's mistakes must be framed within a focus intended not to blame someone on the mistakes, but to analyse in order to improve.

¹⁰ This action must be adopted with patients with certain behavioural problems.

¹¹ It must be assessed whether it is convenient to make the people in charge of the medical centre and/or the Comissió Deontològica del Col·legi de Metges aware of the irregularities on behalf of colleagues.

GOOD JUDGEMENT

No acting without the appropriate information, no recommending actions that have not been enough tested, of a suspicious usefulness or safety or may bring a greater risk than benefit

Good judgement is the virtue of deciding what is ideal in each case. It is the value that is more associated to the principle of non-maleficence that forces us, first of all, not to cause any harm with our professional intervention.

It guides actions, skills and techniques towards the healing, protection and health promotion, turning the balance risk/benefit into a systematic habit, especially when the actions are aimed at prevention, avoiding other interests.

Good judgement is the way that has to guide us from the theoretical knowledge to the specific circumstances of each patient. A careful practise begins with updated knowledge and skills and ends with analysis of the specific circumstances in which they will be implemented. It involves an exercise of critical rationality: is it the best for the patient?, are there other alternatives?, do I act out of habit?, do I act under the influence of my personal fears?

–A good gp...

... evaluates the biases and conflicts of interest that may exist in the literature that he consults, searches independent sources of information and follows the recommendations of practical handbooks with guarantee of quality and impartiality.

... evaluates the quality of the training programmes in which he takes part as a teacher or as a learner and searches sources of information that are free from conflicts of interest.

... takes into account the essential data in the medical history of the patients before he makes a decision about which conduct to follow, especially if he is to prescribe some medicine.

... considers the patients' medical history a tool and not an end in itself, he uses it with good judgement and for the patients' benefit and, if he works for the Public Health, he must take into account that he has no control over the possible uses of the data it contains.

... thinks carefully and calmly when the existing information is not conclusive and collaborates thinking about the patients' well being, without causing them any anxiety.

... chooses his words very carefully to avoid creating unnecessary doubts or anxiety when he informs about a diagnosis, a prognosis or makes a therapeutic proposal.

... is aware of the influence of personal emotions in his judgement and avoids assisting his family members, relatives and friends.



... avoids medicalising life and works to withdraw medicines that are futile, unnecessary, of dubious utility or may provide more risks than benefits.

... thinks about the security before any action, and he communicates so to the patient, evaluates risks and benefits carefully and avoids futile, not enough tested actions, and those with an unnecessary risk.

... evaluates the risks that are associated to therapeutic strategies, both in the short and in the long term, and as soon as they are unnecessary or new evidence of their lack of utility appears, he interrupts them.

... finds a balance between the strategies that have been suggested by other specialists and his own strategies, avoiding actions that have not been enough tested or may have risks for safety, centering it on the patients' benefit.

... takes the consequences that his recommendations can have for the community into account, especially related to antibiotics or vaccines.

... only uses the rules of Careful Prescription before using therapeutic novelties and reads and understands the fact sheets of the medicines he uses.

... admits his mistakes, evaluates them and uses them to improve knowledge and skills.

... uses the means he has at hand to communicate side effects and risks for the safety of the patient.

... increases his zeal even more when he practises preventive medicine and makes sure, still more, that the possible future benefit is greater than the risks at present.

... supervises the resident closely if he is doing postgraduate teaching and only leaves the resident on his own if he has achieved the competences that are required for the difficulty of the task.

EQUITY

Treating everybody with equal interest and making a good use of the resources I have for the community as a whole

From Latin *aequitas* (equality) equity is the value which is most related to the ethical principle of Justice.

Aristotle defined it as “justice in particular”, adjustment of the rule according to the particularity of each case, defeating its rigidity, since it would become unfair if applied in the same way in all cases.

Working with equity involves knowing and considering the people that are sitting at both sides of the desk and the resources we have. Equity forces us not to prejudge or discriminate and to distribute the resources we have, especially concerning time for assistance, in the fairest way possible, according to the needs of each patient and the population as a whole.

–A good gp...

... detects the situations in which help is essential, such as the end of life, the diagnosis of a serious disease, situation of fragility... and dedicates more to it, making sure that the patient will be assisted when he is not available.

... is aware of the inverse care law, and if he is working in a community, acts to fight it.

... avoids that personal preferences (patients who are flatterers, or give him presents, patients who are friendly, or similar to him, have problems with an easy solution, patients he likes, those who follow his advice...) interfere in his assistance.

... refuses preferential treatment for himself, his family members or friends just because he works for the Public Health.

... detects, and bears in mind in order to face them, situations that may influence his assistance negatively (body odour or a patient that shouts, comes without an appointment, is late, insists a lot, has a problem he does not know or cannot handle, does not express well, does not speak a language he knows, has a psychological disorder, etc.).

... looks for and uses tools when there are communication barriers, be them related to language (translators), culture (mediators) or due to intellectual or physical disability (support).

... that is doing undergraduate and postgraduate teaching is aware that the quality of a future doctor depends on his assessment; therefore, his assessment will be fair and objective, regardless of their bonds.

... devotes more time to the situation that needs it the most, trying to schedule the appointment book in order to adjust time to each patient, in each case, both at the beginning and at the end of the consultation.



... that is working for a community, makes sure that the individual assistance and benefit does not come at the expense of the rest of the population.

... that works in a team, makes sure that each person carries out the task he can do best, taking equity into account (for example, a family doctor should not do any administrative work or nursing tasks and vice versa).

... avoids referring patients to other specialists for health problems that he could solve or due to personal reasons or interests in the results.

... keeps the same guideline in similar situations (physical explorations, complementary tests, priority in referrals, treatments, duplicity of tests, controls) without favouring people who are close to him or those he has a particular bond with or interest in.

... that works in the public or mutual system, knows all the resources he has in order to assign the patient what is more advisable according to the needs, preferences and resources.

... has into account the cost/benefit of treatments, complementary tests and prevention tasks.

... that works in the public system demands the suspension of programmes and directives that do not benefit the patient, and slow down the visit or compromise the useful time he has for the patient, and does not apply them.

... uses his actions to give elements for the health education of the patients, so that he makes a better use of health resources, be they public or private.

... avoids giving in to unjustified test demands, benefits, temporal disabilities, adapting this guideline only for the patients' benefit and the doctor-patient relationship.

... makes sure that the research tasks, if he is doing any, are oriented towards subjects that are essential and useful to improve the patients' assistance. If he works in the public system, he makes sure they do not compete with the time for assistance.

... asks for time to be able to do some research without it being at the expense of the assistance to patients.

... that is working in a team of professionals, tries to guarantee that patients in similar situations are given similar actions by any of the doctors that form it and that all services are available to everybody.

... that works in a team, reviews the approach to patients and the best use of medical resources with his colleagues.

... that works in a medical organization, suggests improvements in order to favour equity in the use of the resources that are available.

HONESTY

Keeping my knowledge updated, consulting another trustworthy professional whenever it is necessary, and avoiding other personal interests to alter this commitment

The value of honesty refers to the personal decision of refusing lies and deceptions. Honesty is the simple respect for truth, in relation to facts and people, expressing it with sensitivity and searching empathy when in contact with the other person.

It is directly related to integrity, which means thinking and doing what is right in all circumstances.

Being honest involves responsible self-training, not deceiving our patients with lies, half-truths or hiding information, thinking before acting, knowing how to recognise the limits of our responsibility and learning from mistakes. Being honest means thinking about the correctness of our actions and recognising when we are wrong. Being honest means knowing and recognising which our conflicts of interest are, in order to avoid that they determine our action.

–A good gp...

... takes responsibility for improving his knowledge and skills constantly: he is updated.

... devotes time to his continuous training in order to be updated.

... takes on the responsibility to keep his knowledge updated and collaborates in his colleagues' training, should he have any.

... recognises his limitations and expresses it to his patient: when he has doubts and thinks he is able to solve them, he does; if he thinks he is not, he consults a colleague who is more experienced.

... knows and takes into account the competence of the colleagues he refers the patient to and, whenever he is able to, he consults the best.

... that works in an environment where he cannot choose the specialists to consult, he tells the patient and, if he detects inappropriate behaviours, he communicates them to whom it may concern.

... thinks about the elements that may determine his medical practice, what influences him, his own circumstances and the ones that surround him, his career, professional moment and conflicts of interest.

... declares his conflicts of interest publicly when he is doing assistance, training or research, collaborates in teams that work on scientific subjects or takes part in the development of guides on medical practice.

... works to avoid that economical, personal prestige or scientific interests determine his medical practice.



... that works for a company, takes its interests into account, as long as they do not determine his medical practice to the detriment of the patient.

... does not relate with entities or companies other than the one he works for, which have economic interests in the medical activities and does not accept presents or other economic or training aids.

... is aware that the information provided by the supplying companies about their own products and services (medicines, technology, foodstuff, etc.) is biased and it can determine the security of patients and, therefore, corroborates it with independent sources of information before he takes it into consideration.

... that is doing research, evaluates the pertinence of a study accurately before he takes part in it and, whenever it is possible, makes the results of the investigations public, although they may not be the desired ones.

... that is doing some training, is as accurate in his medical practice when there is a resident or student with him as he is when he is alone.

Appendix: The process of elaboration of the document

This document on good practice originated from the debates in the meetings of the group on ethics in spring 2013.

At the beginning, a small commission was created that was in charge of reviewing the existing bibliography on similar documents, like the *Good Medical Practice* from the British doctors. The *Codi Deontològic* was also reviewed and it was considered that the goals of the document were different.

A debate was generated on the way to present the good practices. It was decided that it would be linked to the values in the **Compromís del metge de família**, since this document was approved by the assembly of members in 2005, based on a previous two-year work the group did.

In May 2014 we devoted a work day to discuss about the behaviours each value inspired us. From it, the members of the group started to work in pairs in order to review and work on the values.

In November 2014 we did another work day to evaluate and make the document uniform, once the values had been discussed in pairs.

In December 2014 it was sent to the external consultants so that they made the corrections that they considered necessary. We read and thought about the corrections and made some modifications.

In April 2015 the group on ethics did a work day, open to the public, which people could attend in morning or afternoon format, so that they could collaborate in the content of the document.

Some corrections on the form and behaviours were made, which were considered and modified in some cases.

During the summer of 2015, the contribution of the work day of the CAMFiC was made uniform and a new document was created. It was presented to the council of the CAMFiC in November 2015 and they made some comments and corrections, which were incorporated after a joint meeting with the council in February 2016.

From March 2016 a regular telematic delivery explaining value after value is made to all the members of the CAMFiC, in order to know if they agreed or disagreed with the sentences of the document and wanted to add the comments they believed to be appropriate.

The results of the survey were reviewed in pairs once more to evaluate both the level of acceptance and the suggestions.

And now, finally, in October 2016 the document is finished with a definitive format which, as you can see, is the result of a participatory process open to all the members. It has given us a document meant to be a model on good behaviours in family medicine. As it is already stated in the introduction, it does not have to be seen as behaviours that can be always followed, but as a lighthouse that tells us where we want to head for.

Glossary

This little glossary that goes with the document includes the definition of some of the words used in this document, explaining their different aspects in the use they are given, when necessary.

Attitude

Someone's opinions or feelings about something, especially as shown by their behaviour.¹²

Attitudes are the consequence of beliefs-values. It is an evaluating tendency regarding facts, things or people. They reflect how we feel towards something or somebody and predict our inclination to act in a certain way and define our behaviours.¹³

Autonomy

It is the capacity of people to deliberate about their personal objectives and to act under the direction of the decisions they may make. All individuals must be treated as autonomous beings and people with reduced autonomy have the right to be protected.

Behaviour

Behaviour is the way someone behaves;¹² it refers to the conducts and is defined by people's attitudes.

Beliefs

Basic assumptions about ourselves, the others and the world that surrounds us. They are thought structures that have been developed and settled throughout our learning, which explain us reality and are previous to and shape values.

Careful prescription

The criteria for a careful prescription, once the need for it has been established are, in hierarchical order, efficacy or effectiveness, toxicity, convenience (series of properties that make its accomplishment easy or difficult) and cost.

Conflict of interest

A conflict between the private interests and the official responsibilities of a person in a position of trust.¹⁴

Futility

Something is described as *futile* when it has little importance or it is insignificant.

In the rest of the paper, *futility* is defined as a clinical action serving no useful purpose in attaining a specified goal for a given patient, and it can be considered futile according to the professional's, the patient's (or his family's) or society's judgment. There is also futile information.

Futility does not imply that the solution that is considered futile is ineffective in itself. Futility exists when it does not serve a purpose in some specific circumstances when, in some cases, using it may be even maleficent.

Gp

Gp= General practitioner (male or female): The intention of the document is to avoid all kinds of gender biases, but keeping the whole explanation throughout the document would result into a dense reading. For this reason, we have chosen to use the abbreviation *gp* throughout the whole document.

Justice

Equity is the distribution of responsibilities and benefits. The criterion to know whether a conduct is ethical or not, from the point of view of justice, is assessing if the conduct is equitable. It must be possible for all who need it. It includes refusing discrimination for any reason. It is also a legislated and public principle.

Inverse care law

Proposed by Julian Tudor Hart in 1971, it shows that, contrary to what is desired, “the availability of good medical care tends to vary inversely with the need for it in the population served”. That is to say, those people who need medical care most are the ones who receive it to a lesser extent.

Longitudinality¹⁵

According to Barbara Starfield, it is “the presence and use of a regular source of care over time”. Barbara Starfield says that the essence of longitudinality is maintaining the responsibility and personal relationship professional-patient over time (regardless of health problems and even of the existence of health problems). As a consequence, a trust relationship is established between the patient and the health professional, so that patients identify these health professionals as their habitual source of cures.

Non-maleficence

This is the “*primum non nocere*”. Doing no harm and preventing it. It includes no killing, no causing pain or suffering, no causing disability. Doing no harm.

Research

In its traditional sense, research is “investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories or laws in the light of new facts, or practical application of such new or revised theories or laws”.¹⁴

In the dominant and reductionist archetype, research is understood as a synonym of *primary investigation* and *publishing*.

In a broad sense, research is understood as the search for answers to clinical questions appeared in habitual practice, increasing knowledge and competences; the attention to the patient is thus improved. This search does not have to necessarily crystallise in primary investigation or generate scientific publications.

Teaching

Impart knowledge to or instruct (someone) as to how to do something.¹⁶ Sharing knowledge among profession colleagues (students, residents, colleagues), patients and their families.

According to Edmund Pellegrino:¹⁷ “The physician’s knowledge, therefore, is not individually owned and ought not be used primarily for personal gain, prestige, or power. Rather, the profession holds this knowledge in trust

for the good of the sick. Those who enter the profession are automatically parties to a collective covenant—one that cannot be interpreted unilaterally”.

Value

The degree to which someone or something is important or useful.¹²

What is estimable, honourable or worth honouring. It is the main idea around which the essential elements go. Importance or significance of a thing for something (example: for health).

Values are deliberate elections or strategic preferences for some ways of acting before others. They are strategic learnings, which are relatively stable in time, in which one way of acting is better than another in order to achieve that things go well for us.¹⁸

They are represented by words: the value of trust, prevention, tranquility, etc.

¹²www.macmillandictionary.com

¹³Translator’s version. Original source for the Catalan text: García S, Dolan S. La dirección por valores. Madrid: McGraw-Hill/Interamericana de España; 2003.

¹⁴www.merriam-webster.com

¹⁵Starfield, Barbara: *Primary care: Balancing Health, needs, Services and Technology*. 1998; 227.

¹⁶<https://en.oxforddictionaries.com>

¹⁷Pellegrino, Altruism, Self-Interest and Medical Ethics *JAMA*. 1987; 1939-40.

¹⁸Translator’s version. Original source for the Catalan version of the document: García S, Dolan S. La dirección por valores. Madrid: McGraw-Hill/Interamericana de España; 2003.