
WMA STATEMENT ON ACCESS TO HEALTH CARE

Adopted by the 40th World Medical Assembly, Vienna, Austria, September 1988
and revised by the 57th WMA General Assembly, Pilanesberg, South Africa, October 2006

PREAMBLE

1. The Constitution of the World Health Organization states that the "enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being...." Access to health care is a multi-dimensional concept that involves a balancing of factors within the practical constraints of a specific country's resources and capabilities. The factors include health human resources, financing, transportation, freedom of choice, public education, quality, and allocation of technology.

GUIDELINES

Health Human Resources

1. National Medical Associations should join with other concerned groups from both the private and public sectors to address issues related to the supply and distribution of health human resources. Data should be collected to assess supply and distribution and determine the appropriate mix of health professionals and health workers that can effectively meet the needs of the population. Special efforts should be made to attract physicians and allied health care providers to underserved geographic areas through a variety of incentives and programs. Punitive or coercive models should not be employed. Looking ahead to long-term needs, incentives should also be created to attract medical school students who wish to work in regions where there are health human resource shortages.

Financing

2. A pluralistic financing system should be developed that contains elements of both public and private funding. The exact mix of financing may vary significantly from country to country. The system should be based on standards of uniform eligibility and benefits, and it should include adequate payment mechanisms for this purpose. These mechanisms should be clearly explained to the public so that all concerned understand the payment options available to them. Where appropriate, incentives should be provided for those in the private sector to provide care to patients who otherwise would not have access to it. No one who needs care should be denied it because of inability to pay. Society has an obligation to provide a reasonable subsidy for care of the needy, and physicians have an obligation to participate to a reasonable degree in such subsidized care. Governments have an obligation to ensure that such plans are administered fairly and objectively.

Transportation

3. Society has an obligation to provide adequate access to medical facilities for patients who live in remote areas. Transportation should also be provided to isolated rural patients who require a sophisticated level of care that can be found only in metropolitan medical centres. Telemedicine can sometimes be an acceptable substitute for transportation of patients.

Freedom of Choice

4. All health care delivery systems should provide each individual with the greatest possible personal freedom of choice in selecting a physician. To promote informed personal choice, adequate information concerning both private and public sector options should be made available to the public, employers and other payers of health care.

Public Education

5. Educational programs that assist people in making informed choices about their personal health and about the appropriate uses of both self-care and professional care should be established. These programs should include information about the costs and benefits associated with alternative courses of treatment; the use of professional services that permit early detection and treatment or prevention of illnesses; personal responsibilities in preventing illnesses; and the effective use of the health care system. Patients should be given access to, and retain, copies of their own medical records.
6. In local communities, it is important that the public understand health care plans designed for their benefit and how these plans affect everyone concerned. Physicians have an obligation to actively participate in such educational efforts.

Quality

7. Quality assurance mechanisms should be part of every system of health care delivery. Physicians, in particular, should accept a responsibility for being guardians for the quality of medical care and should not allow other considerations to jeopardize the quality of care provided.

Allocation of Technology

8. Guidelines should be developed for the allocation of scarce health care technologies in order to meet the needs of all patients and health care practitioners and to ensure the fair and equitable allocation of technology and resources across the health care sector.

CONCLUSION

Access is maximized when the following conditions exist:

1. Adequate medical care is available to every individual, regardless of ability to pay.
2. There is maximum freedom of choice of health care providers and payment systems to accommodate the diverse needs of the population.

3. The entire population has easy access to adequate and comprehensive information on health care providers.
4. There is adequate opportunity for active participation by all parties in healthcare systems design and administration.
5. Physicians are provided with transparent and efficient ethical criteria for working in overcrowded health systems that endanger health care.
6. Medical associations promote equal access to health care, both locally and nationally, through dialogue and common activities with health authorities.

RESCINDED