

Minister of Social Affairs and Health, Ms Laura Rätty

50th Anniversary of the Declaration of Helsinki

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Subject to changes

Is there room for physician's ethics in political decision-making?

**Distinguished President of the Republic,
Your Excellencies, President of the World Medical Association,
Distinguished Archiatre, President of the Finnish Medical Association,
Distinguished Guests**

It is a pleasure and honour to be here with you today to celebrate the 50th anniversary of the Declaration of Helsinki. It is excellent that our capital and my home town is also known for this pioneering Declaration. The Declaration has paved the way for the development of medical research ethics and – as we just heard – it now provides the ethical basis on which international agreements and national laws are founded, and it will be important in leading the way in the future, too.

The physician's ethics, or more broadly, medical ethics, and political decision-making may, at first thought, appear to be concepts that are rather distant from each other. I am myself both a physician and politician, and so it is inevitable that I have to think over how these concepts are combined in practice.



An ethical way of operation has been, for thousands of years, a part of the process of growing into the role of a physician and working as a physician. Ethics is linked with the concepts morals, right and wrong, a good life, values. Medical ethics, in turn, deals with what are the values and principles of medicine and how it is possible to make ethically sustainable choices in medicine.

Among citizens and the media, an ethical way of thinking is seldom linked to politics in an equally positive spirit and as a self-evident fact as to medicine and research. It is true that there is cause for criticism. But also policy-making is based on values, and the decisions aim to improve the lives of citizens.

There are six main principles in medical and care ethics: respect for life, respect for human dignity, self-determination (autonomy), caring, justice (fairness) and maximizing of benefit. These principles can be reflected against the political decision-making that has been and is being carried out in Finland, on one hand, at local government level and, on the other hand, in central government policy.

The first principle is respect for life. In medicine we should try to promote life and avoid measures that weaken life. From the



point of view of clinical work this principle obliges to take care that a patient's life can continue as long as possible.

The issue of permitting euthanasia that has been debated from time to time in this country is associated with this. Considered in more depth, the principle of respect for life can also be thought to encourage medical research so as to find efficient treatments. [As the President of the Republic stated in his address,] there have been good prerequisites for medical research in Finland. We aim to develop them further by, for instance, supporting the establishment of biobanks by means of legislation and by drawing up a national genome strategy by spring 2015. At the same time I must however say that I understand those doctor colleagues who are worried about the financial resources for Finnish medical research. This worry is justified.

The next principles are respect for human dignity and self-determination. Every person has equal moral value, which shall be respected in medicine. According to the principle of self-determination a person has the right to decide on matters concerning himself or herself, to act freely in a way he or she considers appropriate, and to obtain assistance from others in order to implement a decision. We in Finland have been pioneers in implementing these principles in political decision-making and development of the legislation on social welfare and health



care. Respect for human dignity is one of the fundamental rights laid down in the Constitution of Finland. Furthermore, the Act on the Status and Rights of Patients, which has served as a model for comparable legislation of many other countries, was adopted in Finland at the beginning of the 1990s.

Our Parliament is considering a bill regarding the self-determination of social welfare and health care clients. The aim of the proposed law is to strengthen the clients' and patients' right of self-determination and to reduce the use of different restraint measures, such as limb restraints or preventing exit, in the care of older persons suffering from dementia in social and health services. The objective is more systematic activities and care practices that underpin the patient's human dignity and right of self-determination. The patient's freedom to choose the health care unit where he or she wants to get treatment or the doctor has not advanced here in Finland at the same pace as in the countries with which we are used to comparing ourselves.

The fourth principle is care and treatment, according to which medicine should promote people's functional capacity and alleviate their sufferings, and simultaneously avoid doing anything such that causes harm or suffering to a person. A physician is responsible for helping a person in need of care. Also politicians must act for the benefit of citizens and improve the lives of vulnerable people by all means available to them. The present gov-



ernment has continued to work to reduce poverty, social exclusion and inequality in this country. The preconditions for employment of young people, people with partial work ability and people with disabilities, who are at risk of exclusion, are being improved. The working group appointed by the Ministry of Social Affairs and Health that has discussed the matter submitted its proposal a couple of weeks ago (on 23 October). Even today, a major number of people who previously had been excluded from working life due to a disease, disability or developmental disorder – and still are in many countries – have been integrated in Finland by society’s measures into the active, working society.

The principle of justice (fairness) requires that all people are guaranteed equal opportunities for obtaining the care and treatment they are in need of. Since the available resources are inevitably limited, those should be divided between the people in need of them observing the principle of justice. A fairer access to services is also one of the objectives in the reform of legislation regarding the provision of social welfare and health care.

The sixth principle is maximizing the benefit, according to which people should be provided such care and treatment whose health benefit in relation to costs is optimal. Both health



benefit and cost-effectiveness are key words in health care today. In summer a council for service choices in health care was established in conjunction with the Ministry of Social Affairs and Health; the council gives recommendations regarding which services should be covered by the publicly organised or financed health care. The purpose is to underpin the political decision-making and the implementation of the EU's patient Directive in Finland. Citizens also need information on the treatments available and on the criteria if a treatment is not supported by public funds. From the perspective of a doctor and politician it is ethically right to tell openly about those criteria to the citizens.

In addition to the ethical principles I have mentioned, an essential principle in the work of a physician is confidentiality. The basic condition for a good doctor-patient relationship is that the patient can be confident that his or her information cannot be accessed by others than the health care professionals that participate in the care of the patient. Any delivery of information to other parties is subject to the patient's consent or authorisation under the law. Today, there are many challenges for maintaining the confidentiality, among others because of the increased methods of communication. The use of social media is an everyday phenomenon, and various issues are reported there. We physicians must recognise our responsibility and see to it that patient confidentiality is ensured irrespective of the media.



Much to my pleasure, I have noticed that the World Medical Association keeps up with the times: a few years ago it adopted ethical guidelines for the use of social media. The Finnish Medical Association has adapted these guidelines to the Finnish settings. It has come to my knowledge that the World Medical Association is also preparing a Declaration on ethical considerations regarding health databases and biobanks. This theme is most topical, and I hope both as a physician and politician every success in that work so as to bring it swiftly to an end.

Maintaining confidentiality and data security have been the guidelines even when developing the electronic health care services in this country. The electronic prescription is already used by all pharmacies and in public health care. The private health care will introduce it by the end of this year.

Returning to the title of my address “Is there room for physician’s ethics in political decision-making?” my answer to this question is, in the light of the examples I’ve mentioned: There is and there must be. Politics is taking care of joint affairs, but also coordinating many interests. Political decision-makers and their supporters have their expertise and points of view on matters. For this support I’d like to thank the responsible and expert view represented by my profession. We, however, always have to compromise. The stringent financial situation brings its



challenges. Despite good will we cannot implement everything that is good.

We in Finland are aware that all those conditions where people are born, grow up, live, work and age contribute to wellbeing and health. Therefore we consider that the different sectors of society must in their decision-making evaluate the impact of their decisions on wellbeing and health. *Health in all policies* has been on the agendas of international forums at Finland's initiative for about ten years, and in spring this year the World Health Organization (WHO) adopted a resolution on the issue. Integrating health and wellbeing extensively into societal decision-making can bring concrete benefits to citizens. For instance the systematic and consistent tobacco policy conducted in Finland has reduced smoking, and the nutrition policy has improved the composition of nutrition among the population. The cardiovascular disease mortality in working-age men has fallen by 80 per cent in 40 years. The improved level of education and working conditions and the improved living conditions in general have had a favourable impact on the population's health.

When treating patients as a physician I have been well aware of the responsibility I have for the health of an individual. As a politician I have a broader responsibility to influence the population's health and wellbeing. I see this responsibility not only



as a political but also as an ethical issue. We must all act ethically so that the citizens' interests are taken into account.

The slogan of the Finnish Medical Association – my own association – is: “For the patient’s best with physician’s skills.” I am convinced also on the basis of my own experience that a physician can help a patient even in the field of politics – and a politician can help a patient without having medical education. Health in all policies is our – physicians’ and politicians’ – joint ethics.

Yes – there is room for physician’s ethics in political decision-making.

Thank you.

