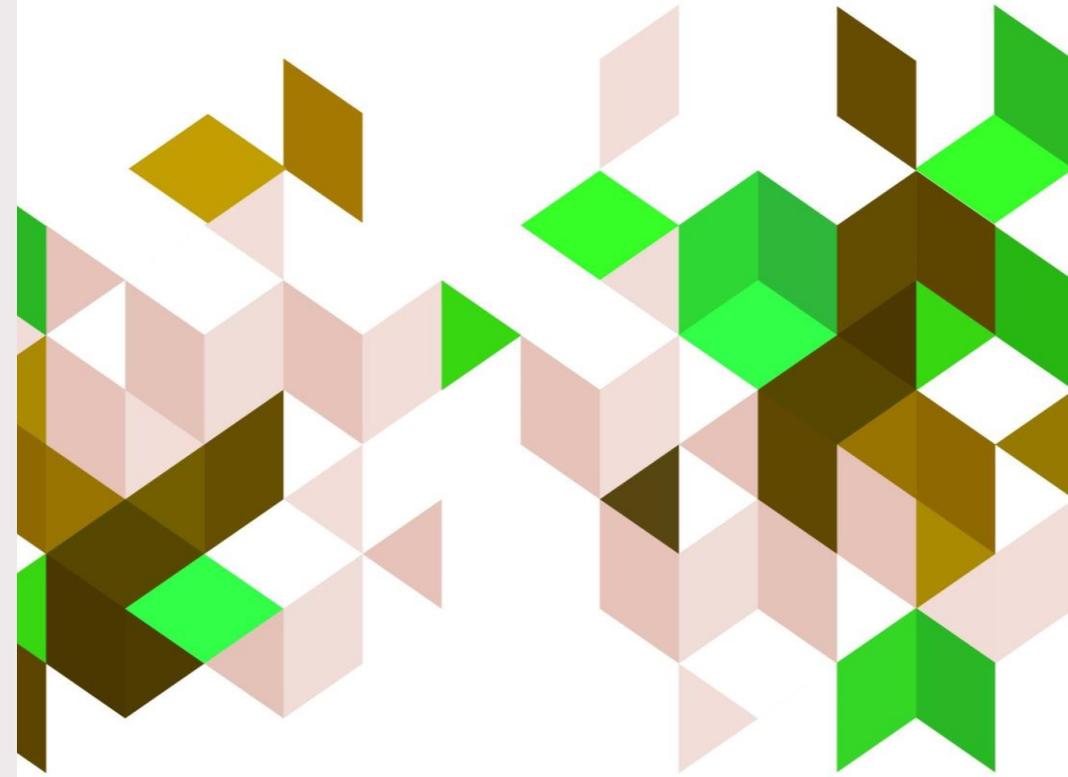


Foundations for social insurance medical professionalism - both clinically and in the administration

A project by The Norwegian Social Insurance Medical Association 2014 - 2023

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Perspectives of sympathy/impartiality in social life

- The perspectives of sympathy and impartiality are very old in human social life (cf. developmental psychologist M. Tomasello).
- In some countries, like Norway, a characteristic of social insurance medical practice is that it should balance the perspectives of sympathy and impartiality to a greater extent than in regular clinical practice.
- Sympathy, along with empathy, should be balanced with impartiality as a prerequisite for good social insurance medicine practices.
- A double role can be ethically defended within a welfare state, although it can be difficult to practice.

https://www.ntnu.no/ojs/index.php/etikk_i_praksis/article/view/2911/3191

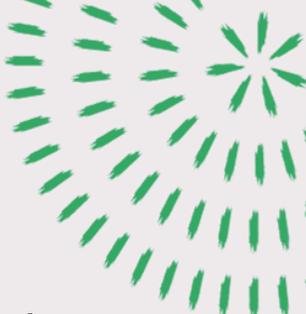
A professionalism of ethical and scientific issues

- *A medical ethics, based on the four principles nonmaleficence, beneficence, autonomy and social justice + human dignity/rights*
- Virtues, like discernment and rational compassion
- AND *scientific theoretical* topics such as:
 - - A model for describing functional ability related to work - ICF
 - - Personal resources
 - - Concepts of disease and health
 - - Objectivity
 - - Discretion

Some pertinent ethical issues I

- **Respect for human dignity**, c.f. EUMASS' «Guidelines of Conduct». The right to social participation according to the ICF. To participate in decisions regarding themselves.
- **Nonmaleficence**, the obligation not to harm the patient, like do not incapacitate, and do not deprive others of the goods of life.
- **Beneficence**, like clinical help to improve the functional ability and capacity for work, and receiving an expert assessment of whether one meets the medical requirements for receiving welfare benefits. In some situations it is important for the physician to bring up the question of what constitutes the patient's best interests in the long term.
 - *The issue of paternalism*, a basis of the welfare state. In clinical practice, however, co-determination should be the general aim.

Some pertinent ethical issues II



- **Autonomy/co-determination:** Autonomy means respect for the patient's right to make decisions regarding what is important to his/her life. However, in clinical practice autonomy means co-determination. Patients cannot order their physician to do anything that the physician finds professionally or ethically indefensible. Physicians also have professional autonomy which must be respected.
 - We advocate use of a *shared decision-making* model also in social insurance medical practice. Both the patient and the physician have to comply to the legal rules, of course.
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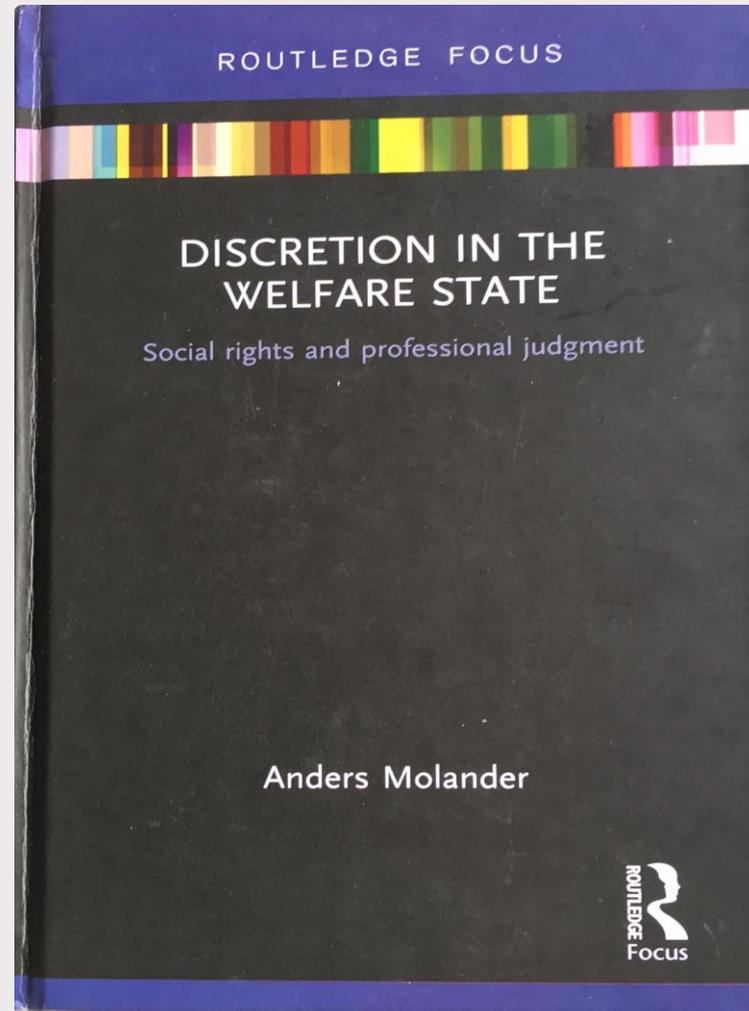
Some pertinent ethical issues III

- **Social justice** is the foundation of social insurance.
- Equality is basic - but equality of what?
- In practice, granting justice to a patient in social insurance medicine entails considering the patient as an equal by impartiality, respectfully and with empathetic interest, in terms of the criteria for material justice relative to the legal rules.

Some personal resources

- Resources of the person her/himself:
 - Abilities, capacities, competence, self-efficacy, self-determination
 - Goals: His/her own short-/long-term goals and values. Motivations.
- External resources in the environment: various adaptations in working life, support from others, good relations
- Resources between the physician and patient: recognition and a holistic view of the human being

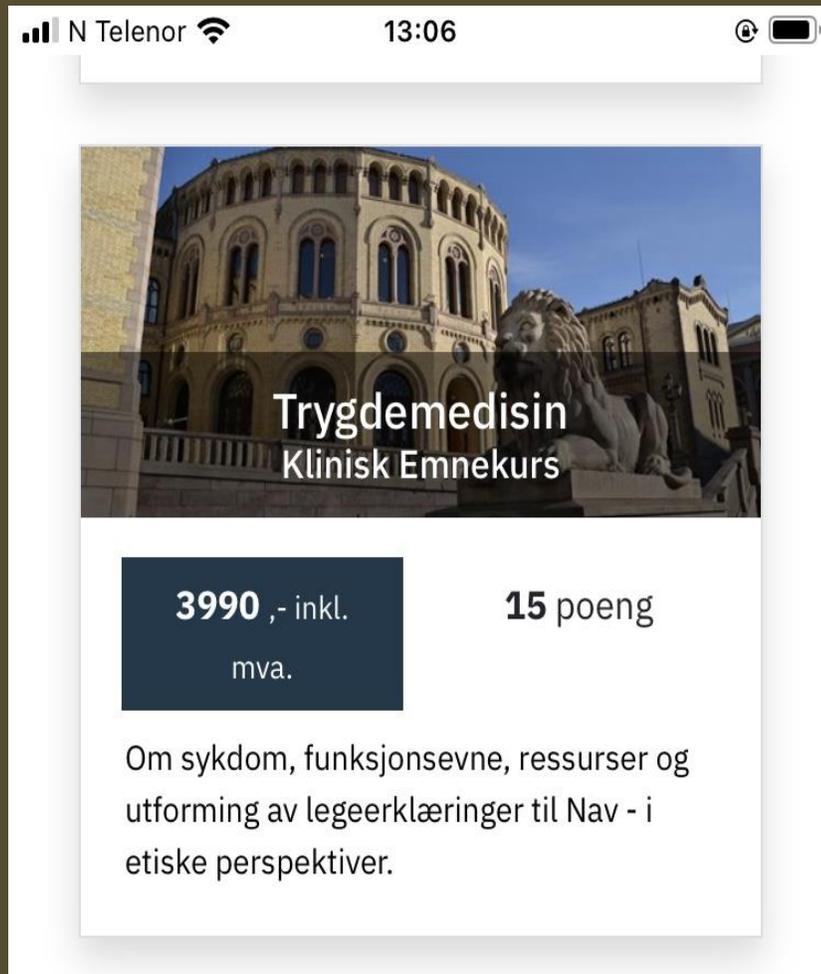
Discretion: a much discussed issue among social insurance medical officers



Results of the project:

<https://kurs.nhi.no/lege>

<https://trygdemedisin.legeforeningen.no/>



The screenshot shows a mobile app interface. At the top, the status bar displays 'N Telenor', signal strength, Wi-Fi, and the time '13:06'. Below the status bar is a header image of a large, ornate building with a lion sculpture in the foreground. The text 'Trygdemedisin Klinisk Emnekurs' is overlaid on the image. Below the image, the price '3990,- inkl. mva.' is shown in a dark blue box, and '15 poeng' is displayed to the right. A description at the bottom reads: 'Om sykdom, funksjonsevne, ressurser og utforming av legeerklæringer til Nav - i etiske perspektiver.'



The book cover features a dark blue background with a stylized lighthouse icon at the top left, casting a beam of light. The title 'Hans Magnus Solli' is at the top, followed by 'Personsentrert trygdemedisin i etiske perspektiver'. Below the title, the subtitle 'Sykdom, funksjonsevne, ressurser og objektive erklæringer' is displayed. The bottom of the cover has a wavy pattern and the text 'Norsk trygdemedisinsk forening' with a small logo.

Literature produced during the project time

- SOLLI, H. M. & BARBOSA DA SILVA, A. 2018. Objectivity applied to embodied subjects in health care and social security: definition of a comprehensive concept of cognitive objectivity and criteria for its application. *BMC Medical Ethics*
<https://bmcmethics.biomedcentral.com/articles/10.1186/s12910-018-0254-9>
- SOLLI, H. M. & BARBOSA DA SILVA, A. 2019. Physicians in the double role of treatment provider and expert in light of a principle-based social insurance medical ethics. *Nordic Journal of Applied Ethics*. https://www.ntnu.no/ojs/index.php/etikk_i_praksis/article/view/2911/3191
- SOLLI, H. M., BARBOSA DA SILVA, A. & EGELAND, J. 2015. Usefulness of an ability-based health model in work ability assessments provided by psychiatrists and psychology specialists writing social security certificates. *Disability and Rehabilitation*, 37, 771-8.