

SEVEN PRINCIPLES OF GOOD MEDICAL PRACTICE FOR GENERAL PRACTITIONERS

A summary of the results of the brainstorming session in 2000-2001 of [the former] Norsk selskap for allmennmedisin (Norwegian Society of General Practitioners)

The world of medicine in the year 2001 is characterised by increasing possibilities for medical treatment, but also a growing trend towards commercialisation and medicalisation, an emphasis on rights, and greater consumer awareness.

A new description of general medicine practised by general practitioners shall

- *clarify the general practitioner's areas of responsibility*
- *promote the safe and appropriate use of medical technology*
- *provide a basis for the content of basic, continuing and supplementary medical education*
- *create realistic expectations of the health service*
- *assure the professional identity of, and security for, the general practitioner.*

Principle 1. At the heart of general practice is the relationship between doctor and patient. The most important element is the personal encounter and dialogue with the patient over time

Principle 2. Do what is most important

The principal duties of the GP are diagnostics and treatment. The doctor is

- *an interpreter* of the patient's symptoms and illness: prioritising patients with conditions in need of treatment, and sparing patients from wrongfully being treated as sick
- *a guide and a teacher*: helping patients to understand their own health situation and how best to manage or alleviate it
- *a witness and a partner*: following the patient and his/her relatives, carers and partners through illness and suffering

Principle 3. Give most to those whose need is greatest

The expectations of a GP exceed both ideal and practical possibilities. The GP must organise his or her everyday practice to accommodate those patients who are in most need of help. The GP must also take into account the costs of treatment. If several treatment strategies are equally effective, the GP shall choose the cheapest, so that the resources saved may benefit others.

Principle 4. Use words that are health-promoting

The GP shall give patients confidence in their ability to master and manage their own daily lives and to care for their own health. General practice shall develop a language which limits the focus on risk conditions and restricts the use of medication with little beneficial effect.

Principle 5. Invest in continuing and supplementary education, research and professional development

The practice of medicine shall be based on documented knowledge, practical skills and evidence-based knowledge. The profession shall develop terms which link illness and suffering to relations in society and provide an understanding of how life and life events leave their imprint on the human body. Medical ethics shall describe how respect for human dignity is a prerequisite for healing and recovery.

Principle 6. Describe experiences of practice

Preventing sickness and ill-health is often a question of bringing about change in social conditions. The doctor shall systematise and share his/her knowledge with health administrations and politicians of the panorama of sickness and suffering within his/her patient population.

Principle 7. Take leadership

The GP shall actively take responsibility for ensuring good coordinated interaction between actors and partners in the health and social services. The GP shall assist in ensuring that specialist services are prioritised for those in greatest need. In interaction with other health workers and professionals, the GP must work actively to ensure the optimal use of professional resources. Doctors who head a medical practice must see to it that their staff and colleagues have the opportunity to develop professional and personal competence.