INTERCONNECTED ETHICS (ICE)

Connecting people and knowledge

Primary Care Psychology (PCP)

PCP is a field of application in the science of psychology based on a dynamic context model and supported by the biopsychosocial model (Engel, 1977), the Community Health Approach (WHO, 2001) and a Life Span Approach (Newman & Newman, 2009). It combines psychology with social and moral issues. Treatment is focused not on disorders and symptom reduction but on self-reliance and mental health (Smit, 2010, 2011). Primary care psychologists treat on average 75% of their clients in eight sessions and 90% in just 12 sessions (LVE, 2012).

PCP started out in 1960–1970 as a self-organized system used by young progressive psychologists who could not find a job in a time when the taboo on mental problems was slowly starting to fade. Payment rate was based on income and within 30 years, PCP had become a robust component of the Dutch healthcare system.

The PCP uses several relevant sources of knowledge.

Mode I knowledge
- Scientific knowledge (psychology, sociology, medicine, economics);
- Empirical, rational, and positivistic, monodisciplinary research;
- Importance of objectivity and predictability;
- Based on the principle of universal determinism, the principle of reduction, and the principle of disjunction.

Mode II knowledge
- Knowledge based on social issues;
- Custom-made solutions with contextual evidentiality;
- Multimethodical, interdisciplinary, collaborative;
- Based on the same principles as Mode I knowledge.

Mode III knowledge
- Ethical component to Mode I and Mode II knowledge;
- Reflection of social, professional and personal values;
- Gives meaning to social values;
- Meaningful translation from fact to value, from standard to patient.

Good care by science
- Proven effective care, focused on the disorder;
- Diagnosis and treatment are about statistics and consensus: universal and objective;
- Definition of good care is about a consentient reality.

Good care by society
- Focused on large health problems, self-reliance and low costs;
- Treatment results must be transparent and measurable;
- Society prefers gain (healthcare) without pain (costs and difficult choices);
- Good care is strongly related to society in time and as a whole.

Good care by social values
- Focused on autonomy, freedom (of choice), client centeredness, connectedness, patients satisfaction.
- Good care must match the experienced reality.

What is Interconnected Ethics (ICE)

I. Uses several relevant sources of knowledge, aware of their interconnectedness and interdependency;
II. Consciously evaluates these sources of knowledge;
III. Carefully considers the dynamics of professional actions;
IV. Justifies professional actions in a structurally meaningful way.

Principles of ICE
1. Acknowledges complexity of determining what is good care;
2. Acknowledges that healthcare problems are always interconnected (inseparable from their context);
3. Acknowledges the professional competence to determine good care in their own consulting room.

ICE rejects
A. That good care is defined solely by classical science or government, which leaves little space for individual considerations;
B. Reducing the whole of care to only a few indicators;
C. That consensus about ‘the reality of healthcare’ is truer than ‘the reality of our day to day practice’.

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