

POSITION STATEMENT

PRIVATE PRACTICE SPECIAL INTEREST GROUP

THE WORLD PSYCHIATRIC ASSOCIATION

Private practitioners of psychiatry are adapting to far-reaching changes in science and society. In doing so, it is of vital importance that they should be guided by the values that through many years of practical experience have come to characterise the profession at its best. These relate to a way of providing care in which personal continued commitment, freedom of choice and confidentiality are more developed than in other forms of medical and psychiatric service delivery and where the choice of services delivered and the modalities for their retribution are mainly managed jointly within the doctor-patient dyad.

These values are double-edged, offering opportunities for both excellence and negligence. National psychiatric societies must make every effort to uphold them and guard against their abuse. This a moral and professional imperative for all concerned, whether as decision-makers in government, business, academia, nongovernmental organisations or the media, or as users and other beneficiaries of mental health care services. This means adhering to the following principles:

1. In psychiatric private practice more than in any other branch of medicine, the doctor-patient relationship is at the heart of the healing process. Hence the primary commitment of physicians is to their patients, not to the payers, employers or managers who may be involved in the organisation of care. No hidden agreement must be made that could jeopardise this duty. Financial and managerial considerations must support and protect this relationship, not undermine it.
2. The clinical service provided through private practice complements those provided by the state, helping to guarantee diversity and equitable access. The optimal combination of providers must be decided on the basis of patients' needs, not monopolistic interests or theoretical preferences.
3. The patient's needs and the ability of the doctor to meet them are the primary determinants of a just and practical fee for service. When broader economic factors must be taken into consideration they should not take precedence over private agreements.
4. The guiding principle in any system of organisation and management of care must be to maintain the highest possible professional standards. Payment or managerial guidelines must be designed accordingly.

5. Psychiatrists in private practice should participate actively in continuing education and make every effort to keep their skills and knowledge up to date.
6. Confidentiality is essential to psychiatric care. It must not be sacrificed to the demands of efficiency, research or economy.
7. Patients have the right to choose their doctors, and doctors have the right to accept, retain or refer patients. The services provided must also be chosen by the doctor and the patient. Though each can seek advice, the decision rests with them. The design and operation of systems of care must uphold these reciprocal rights rather than violate them.
8. Continuity of care, protecting the personal doctor-patient relationship where it is needed, must not be compromised to save money. When managing care, doctors should not be included in or excluded from lists of providers for reasons other than their ability to provide quality medical services. Patients should never be forced to change their doctor for purely economic reasons.
9. The holistic approach should be used with all patients. Psychotherapy, where it is judged to be the most effective treatment available, must not be discarded to save money. Provision of psychotherapy by psychiatrists, as the unique practitioners who specialise in integrating mind and brain, should be promoted. The separation of psychotherapy from psycho pharmacological treatment for financial reasons should be proscribed.
10. In the use of psycho pharmacology the psychiatrist must be free to prescribe the drugs he or she considers to be best for the patient. The selection and provision of drugs must be guided primarily by the patient's medical need, not by the need or desire to minimise costs.