

**Physicians' Self-Conceptions of Their Expertise in Statutory Health Insurance and Social Security Systems**Wolfgang Seger¹, Elisabeth Nüchtern²

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Type of article: Editorial**Abstract**

Medical experts who practice social medicine have a strong ethical approach for their professional positions. Their reports must reflect an objective, independent, high-quality assessment of interactions between health status and the disability of individuals. However, they must simultaneously consider the societal involvement of these individuals when determining the framework of the Statutory Health Insurance and Social Security Systems. Their task is to recommend sociomedical benefits that are tailored to suit personal needs and that respect the individual life situations of the persons involved, thus complementing the efforts of healthcare professionals in clinical settings. The editorial describes the self-conception of this medical specialty on behalf of the German Society of Social Medicine and Prevention (DGSMP). Policy makers in social insurances and social security systems generally must respect independent sociomedical recommendations as a crucial point for further realistic development activities.

Keywords: social medicine, best practice, medical ethics, social law**Introduction**

There is an increasing demand for medical experts in the practice of social medicine due to the continuing development of complex medical diagnostic and therapeutic decision processes as well as the emerging issues associated with sophisticated statutory social law. This is particularly important for social institutions in states that have developed extensive social health and security systems. Executive officers of these institutions require professional medical support to assess the needs for sociomedical benefits, such as sickness allowances, vocational or medical rehabilitation and invalidity pensions granted by social insurances or agencies. In addition, both patients and social institutions must rely on objective and independent advice to ensure that appropriate promises and authoritative decisions are made. Medical experts who practice social medicine in Germany declare the following self-conception on behalf of the German Society of Social Medicine and Prevention (DGSMP) (1).

1. Topics of Best Practice in Social Medicine

Social medicine deals with the interactions between citizens' health status and disability and their societal involvement. It is the task of the physicians who practice social medicine to assess the nature and extent of health issues, their impacts on bodily functions and structures, and the extent to which patients are impaired with respect to their functioning perform essential activities, and participate in all life situations. Such assessments may result in recommendations that sociomedical benefits be awarded and tailored to suit patients' personal needs, while simultaneously considering the framework within which social security systems function. Of course, such assessments must respect the individual life situations of the people involved. Obviously, statutory social institutions use terms that may be unfamiliar to patients, such as insured person, beneficiary, claimant, and client. Although

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there are differences between the doctor-patient relationship in acute medicine at one facility and the medical expert-examined person relationship at another facility, the term “patient” is used in this paper to describe all such relationships.

Given that general definition of what the word “patient” means, one could say that almost all practicing physicians are involved in social medicine, which is an interdisciplinary subject that is important in all medical specializations. Thus, social medicine is extending the curative perspective by focusing on the healing of diseases by appropriate therapy and relief of complaints by adding the holistic view focused on participation. Physicians who are engaged full time in the practice of social medicine provide expert reports on sociomedical issues, as required by statute, for social benefit agencies, such as social health insurance programs, pension funds, and employment agencies.

2. Patient Orientation

The patient is positioned in the center of socio-medical assessments. The intention is to allocate the appropriate and most-effective sociomedical benefits at the right time to the people who need them. Thus, individual sociomedical reports may contribute to an altered perception of the implications of peoples’ health issues, different appraisals of the degree of seriousness of a health problem, or of the resulting disability considered to be fundamentally mistaken. In particular cases, the patient may be protected from impairments of the body or from financial hardships if the procedures that are proposed are likely to be ineffective or hazardous. Experts in social medicine help patients by identifying which recommendations are transparent, comprehensible, and appropriate. In doing so, preventive aspects associated with the patients’ conditions are also given serious consideration.

3. Collegiality

Medicine is subdivided into multiple disciplines. Physicians who practice social medicine reasonably have an important role in this distribution of tasks. Healthcare professionals in a clinical setting can resolve particular medical issues by concentrating on diseases, therapy, and the patients’ issues, whereas healthcare professionals in a sociomedical setting can resolve specific medical issues by concentrating on the indication and the allocation of sociomedical (insurance) benefits.

4. Communication

Physicians who practice social medicine need timely information about diagnostic findings, patients’ functioning, and therapy, which must be supplied by their colleagues working in acute medicine, so they can allocate sociomedical benefits and avoid unnecessary or duplicate efforts and burdens to their patients. Then, general and individual information about the sociomedical criteria used to determine the allocation of benefits must be made available to the treating physicians.

5. Qualification

As a general rule, physicians who practice social medicine are experts in one of the medical specializations with extensive clinical experience complemented by additional special training in social medicine. The German Medical Council is granting a ‘Specialist Diploma’ in Social Medicine to physicians who complete a comprehensive and practical full-time training of at least 12 months, take at least eight theoretical courses with 320 hours of lectures, and successfully complete an oral examination.

6. Objectivity and Independency

Physicians engaged in social medicine generally deal with medical questions independently. They do not follow their own profit-oriented interests. They do not advocate for the patients or for the stakeholders who represent the mandating authorities. Instead, they are responsible for performing the job of a medical expert, applying highest objectivity possible concerning the sociomedical (personal) requirements for administrative decisions in accordance with social ordinances. Their competence, reliability, objectivity, and independence, are crucial in order for patients and social agencies to have confidence in the accuracy of their statements.

7. Quality of Sociomedical Reports

Social agencies must meet demographic, medico-technical, and economic challenges. They need support by physicians who practice social medicine in assessing evidence-based medical information and particular, related conditions of the social framework. To ensure the success and accuracy of this approach, reports in social medicine are subject to systematic internal and external quality assurance reviews.

8. Bridge Building Social Medicine

Physicians who practice social medicine act as “bridge builders” between medicine and social law Issues to facilitate appropriate decisions. They describe medical facts by assessing them against the background of requested or advised social benefits. They act as providers of professional services with the commitment to work effectively, efficiently, and in a service-oriented manner. If they were not available, administrative decisions might have to be made in the absence of medical expertise concerning whether patients with health problems were qualified to receive sociomedical benefits.

9. Responsibility

Sociomedical experts' reports prepared to help make decisions concerning patients' claims for social benefits follow certain medico-ethical principles, i.e., “non-maleficence,” “respect for autonomy,” “beneficence,” and “justice.” The patient can be enabled by the sociomedical expert's report to reflect and reevaluate her or his situation. As one who pays taxes and insurance premiums, he or she can rely on fair and equitable access criteria to receive sociomedical benefits by consulting with sociomedical experts, if necessary. Thus, experts in social medicine contribute to the preservation of the financial viability of social security systems.

10. Future Orientation

Physicians who practice social medicine realize that, when economic conditions are improved, future trends and needs should be reconsidered and/or adjusted to make such social systems more reliably available and beneficial to citizens who need such assistance. It would be worthwhile for politicians and representatives of statutory agencies to offer a platform for a serious social discourse focused on physicians who practice social medicine. Such discourse may result in discussions and decisions that are more compatible with the intentions of future social laws.

Conflict of Interest:

Professor Dr. Wolfgang Seger is an associate editor of *Electronic Physician*.

Authors' contributions:

Both authors contributed to this project and article equally. Both authors read and approved the final manuscript.

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