

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;
- Awareness normativity of given care;
- 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 consent 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'.