

Anatomy of Professional Discretion in Social Insurance Medicine

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Disclosure

- We have no conflict of interest to report

Background -

a challenge of professionalism in social insurance medicine

- How should general medical knowledge, also evidence-based, be applied to an individual, embodied claimant?

...by use of discretion

- Discretion – a judgemental and decisional activity.
 - «Cautious and correct judgement» (Webster's Comprehensive Dictionary)
- Latin: *Discernere* – to distinguish or discriminate between.
- German: *Ermessen*
- Old-Norse: *Skyna*
- Discretion as a) space and as b) reasoning

Senses of discretion as reasoning

- Something intuitive: “tacit knowledge”, “professional intuition”, etc ?
- Something rational: an argument, with grounds and conclusions?
 - Toulmin’s argument model
 - de Boer et al. (2008) introduced Toulmin’s argument model into social insurance medical research:
 - These researchers studied the grounds or data of arguments in disability assessments, according to the model.

Interesting short book

- Anders Molander: Discretion in the Welfare State. Social rights and professional judgement
 - London and New York: Routledge, 2016

Aims

- To analyse if use of discretion in social security certificates can be understood as reasoning according to Toulmin's "argument model".

Material and methods

- Textual analysis and interpretation of social insurance certificates
 - 86 certificates from 66 psychiatric patients sick-listed for > one year, written by psychiatrists and clinical psychology specialists

The certificates' conclusions

- All certificates have conclusions related to questions whether
 - appropriate treatment and occupational rehabilitation have been carried out, or not,
 - Whether the work ability is reduced or not: how much and for how long time.
- All conclusions are value-laden (i.e., normative), related to the main question: what should be done with this person/patient/claimant?
- Clinicians do not decide which benefit is to be granted to the claimant.

Warrants

- Warrants answer to the question of how the data or the facts of the claimant are logically linked to the conclusion.
- Necessary warrants in social security medicine are:
 - 1. Theoretical and empirical knowledge, controlled and uncontrolled
 - 2. Models of functioning/ability/disability
 - 3. An understanding of the claimant as a fellow human being, professional ethics
 - 4. Guidelines

Choice of warrant affects which data are chosen as relevant

- Biomedical disability model: descriptions centred on the question if disease is the main cause for the permanent disability – or not.
- Ability based health model: description centred on the concrete person's social relations, environments, abilities and goals.

Conclusion

- Discretion as reasoning consists of three main components:
 - 1) Data or facts
 - 2) Arguments with warrants in terms of
 - Standard medical knowledge
 - Models of functioning/ability/disability
 - Professional ethics
 - Guidelines
 - Etc.
 - 3) Conclusions
- The use of discretion in the certificates was consistent with Toulmin's argument model.