

need whilst determining the scope of public provision by discussion, whether at health authority or at the national level.

The Provision of Services

5. It is for government to decide on the broad resource questions which relate to the National Health Service both in terms of the overall financing of the service, the provision of equipment and the employment of personnel. Recently attempts have been made to eliminate postcode rationing, by establishing a national body (the National Institute for Clinical Excellence (NICE)) to advise on appropriate healthcare provision with regard to new and current technology. Within this national framework health authorities and boards, and in the future, primary care groups, will have important roles in commissioning services, thus deciding on priorities if not choices”.

GMC/Ethical Guidance/Priorities and Choices
<http://www.gmc-uk.org/standards/default.htm>

Professional Guidance

General Medical Council

Management in Health Care - The Role of Doctors ***May 1999***

“7. Conflicts may arise when doctors are called upon to make decisions about the use of resources and about patients' care, when the needs of an individual patient and the needs of a population of patients cannot both be fully met. Dilemmas of this kind have no simple solution. When taking such decisions, doctors should take into account the priorities set by Government and the NHS and/or their employing or funding body. But they must also be clear about their own role. As clinicians, doctors must make the care of their patients their first concern, bearing in mind the effects of their decisions on the resources and choices available for other patients. As managers, doctors must allocate resources in the way that best serves the interests of a community or population of patients. In both roles, doctors should use evidence from research and audit to make the optimum use of the resources available”.

GMC/Ethical Guidance/Guidance/
<http://www.gmc-uk.org/standards/manage.htm>

Priorities and Choices ***July 2000***

“The Duties of Care

2. The three main duties of care of a doctor are to protect life and health, to respect autonomy and to treat justly. These duties can conflict. For example, the duty to respect autonomy means that a competent adult has the right to refuse treatment, even if to do so will result in death. The duty to protect life and health is not absolute; the availability of modern technology to maintain life does not mean that it should always be applied if, for example the overall consequence might be to cause distress in a patient who was dying.

3. To treat justly or to ensure equity in the provision of treatment and care is at the centre of the NHS. It means that no-one should be discriminated against because of their ability to pay, their social position, their health status, their race, religion, sex, lifestyle or their age. Indeed, those whose needs are greatest, for whatever reason, even if their illnesses are to some extent self inflicted, have the same rights as anyone else and if equity is to be respected they may well require a greater share of the available resources to maintain life or restore health. But treating justly in a way which meets everyone's needs is impossible where resources are limited. This duty of care, therefore, may be in conflict with both the need to protect life and health and to respect autonomy.

4. Resources are usually thought of in financial terms, but there are other resources which are limited, such as the availability of doctors, nurses, other health professionals and carers or the availability of equipment or other resources such as organs for transplantation. Under the NHS, the approach has been to attempt to ensure equal access to all citizens and then to prioritise access according to clinical