Research in the Service of Ideology: the Israel Medical Association according to the Kohelet Forum

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It is not clear how one should relate to the Kohelet Policy Forum. On the one hand, the forum calls itself a “research institute.” This is manifested, for example, in its use of research writing conventions, such as the use of citations, or having its publications signed by professionals identified as researchers. On the other hand, Kohelet pursues a declared economic agenda of “broaden[ing] ... free market principles in Israel.” What this really means, as a review of its publications shows, is dismantling the welfare state, having the state reneg on its responsibility for its citizens, and eliminating trade unions; that is, the application of an extreme version of market economics on Israeli society.

But how does the scientific objectivity called for by research fit into such a blatant ideological tilt? Well, it does not and cannot fit in, because there is an irreconiliable contradiction between the two. The inevitable outcome is research in the service of ideology. This emerges clearly in the Kohelet Forum’s policy paper, “The IMA on the Operating Table—the Role of the Israel Medical Association as a Link in the Healthcare System.”

Fire first, then mark the target

The main thesis in the policy paper is composed of two mutually supportive arguments. The first is that the Israel Medical Association (IMA) is “one of Israel’s strongest labor organizations in terms of the number and strength of its powers.” The second is that the IMA uses its power in a way that inflicts harm on the healthcare system. The support for the claim regarding the IMA’s excessive power is based on the fact that the IMA engages in diverse areas of activity—what the report refers to as the Association’s “multiple hats” [1] — and does not always operate within the scope of what is considered an “ordinary” labor organization. There is no disputing the nature of the IMA as, simultaneously, (a) a labor organization, (b) a body that regulates its area of specialization; and (c) an umbrella organization for scientific associations. However, the report’s conclusion that these “multiple hats” give the IMA excessive power, and its charge that the IMA uses this power in a way that harms the healthcare system, deserve critical examination.

The question of what “professional power” is and how it can be measured is one of the most complex and fascinating in the social sciences. The many aspects of in the concept of power, as well as the complexity of reciprocal relations between the professions and elements in the public sphere, government, and the business sector, make it very difficult to offer an unequivocal answer to questions pertaining to the power of professions. This is all the more true when it comes to the medical profession. As evidence, in 2020, the same organization—the Kohelet Forum—published a policy paper dealing with the power of the Israel Bar Association [2]. To substantiate claims concerning the Bar Association’s exceptional power, the author of the paper carried out an interesting comparison with other professional organizations in Israel, including the IMA. The result of this comparison is that the IMA resembles most professional organizations, such as the Association of Certified Public Accountants, the Tax Consultants Bureau, and more. This means that it neither enjoys nor exercises extraordinary power.

How can it be that the same entity publishes, within two years or so, two publications that contradict each other? The answer is quite simple: first open fire and only afterward mark the target. When the target is the Bar Association and its ostensible power, then you portray the Association as dwarfing all other entities, including the IMA. But when the spotlight is focused on the IMA, you inflate its importance to imaginary dimensions. Unfortunately, this is easily done by using evidence selectively. Consequently, the answer to the question of the extent of the IMA’s power depends on the elements that the researcher chooses to focus on or filter out—a tactic known in academic parlance as “cherry picking.”

The author of the policy paper on the IMA sees its profusion of hats as key to understanding the Association’s power and influence over the healthcare system, while disregarding the multiple regulatory aspects that actually point to the limitations on its power. As Green noted in his comparison of the IMA and the Bar Association for Kohelet: first, membership in the IMA is voluntary, meaning that a doctor need not belong to it in order to practice medicine. Similarly, only the Director General of the Ministry of Health has the authority to issue medical licenses in accordance with the Medical Practitioners Ordinance, and not the IMA. True, the Ministry of Health has delegated responsiblity to the IMA for awarding medical specialization certifications through its scientific council. Even so, the IMA’s council is only an advisory body, and the ultimate approval authority belongs to the Ministry of Health. The Ministry of Health, and not the IMA, also has the power to apply disciplinary sanctions against a doctor, up to the suspension of his or her license [2].

In contrast, licensing and registration powers in many countries do belong explicitly to the medical association. Furthermore, there are countries that require membership in medical associations in order to practice medicine (e.g., Germany, Austria, and Italy). Medical associations in various countries are responsible for carrying out disciplinary proceedings against doctors guilty of misconduct, to the extent of revoking their medical licenses [3]. Additionally, the IMA has no control over the number of medical students in Israel—the academic institutions are responsible for this—and least of all, over the number of Israelis who attend medical school abroad.

At this point, Yael Yishai’s study is also worth noting. According to Yishai, the IMA does not have, and has never had, a partisan power base. As a result, it has not managed to weave a complex network of political connections. Yishai adds to this the tendency of doctors around the world, and in Israel as well, to distance themselves from political issues and public activity [4]. While Ishai’s extensive discussion of the question of whether the IMA’s decentralized structure is a source of weakness or power results in no definitive answer, she does point to the IMA’s decentralized structure as a potential source of weakness. This is due to the threat it poses to the Association’s internal cohesion—a threat that has intensified many times since Yishai conducted her study due to the tendencies to fragmentation in the medical profession.

For good reason Yishai reached the conclusion that the IMA’s influence on government health policy is limited and that the IMA has no special status in the legislator’s eyes. Indeed, this is reflected in Green’s analysis for Kohelet comparing the IMA and the Bar Association. Similarly, writing in 2013, Borow et al. showed that the IMA’s regulatory powers do not deviate from what is acceptable among corresponding associations abroad [3]. This conclusion is confirmed by Levi et al. in their 2014 international comparison of medical associations, including the IMA, in terms of their involvement in activities to advance quality in the medicine profession [5].

Are the “multiple hats” bad for health?

The “mythical” ability of the IMA to do almost anything it wishes in the healthcare system, as described in the Kohelet document, is overstated at best and imaginary at worst, perhaps even rising to the level of libel against the doctors of Israel and their organizations. For example, it is outrageously insinuated that the IMA board may order the skewing of doctors’ data that are shared with the Ministry of Health in accordance with the IMA’s interests—a baseless and very grave accusation. Clearly, medical associations around the world collaborate with state authorities in gathering, monitoring, and processing data from medical personnel, including sharing them with international organizations such as the OECD, it being understood that reliance on government databases alone often yields an insufficient picture of the supply of medical human resources [6]. Should we infer from the policy paper that medical organizations around the world corrupt national and international databases intentionally?

The claim that doctors who hold executive posts at the Ministry of Health are beholden to IMA interests is also groundless. They do, of course, represent the Ministry of Health, but the IMA itself has no grip on the ministry. This argument is tantamount to saying that attorneys should not work for the Ministry of Justice because they belong to the Bar Association and, therefore, are tainted with conflict of interests. Similarly, following this line of reasoning, CPAs should not work in the public sector because they are members of the Association of Certified Public Accountants, and so on. From this standpoint, the Kohelet Forum’s attack on the IMA is actually an attack on the professions at large. Similarly, the allegation of inadequate representation of interns in wage discussions is groundless in view of the wage increases and grants that interns have received in order to attract them to understaffed specialties and peripheral areas in the 2011 collective agreement [7].

Beyond all this, even if some concentration of responsibilities in the IMA’s hands exists, it does not constitute a blow to the healthcare system. On the contrary: as for the “first hat,” IMA’s identity as a labor organization, it is the state more than any other party that is interested in having the IMA continue as the sole bargaining agent in order to prevent the chaos that the healthcare system would face if different doctors’ organizations decided to negotiate with the employers separately. There is good reason that about a decade ago, the Israel Supreme Court ruled that the IMA is the sole bargaining agent of Israel’s physicians [8]. In this respect, the IMA resembles the British Medical Association, for example [9].

As for the “second hat” of regulating medical specialization, the IMA’s responsibility for this field resembles that of its counterparts in Germany and the Netherlands. In fact, the IMA “voluntarily” undertakes to provide a state service of immense importance to Israeli society, as is the norm in other developed countries such as Germany and the Netherlands [3]. As for the “third hat,” the IMA’s role as an umbrella organization for scientific associations, the Kohelet paper totally disregards the great benefit that this form of organization provides, especially for quality-maintenance activities, such as writing clinical guidelines, position papers, and consent forms. The IMA is the body that organizes, navigates, and regulates the creation of these documents for dozens of scientific associations and companies—thus preventing contradictions and conflicts among them.

In addition, the international comparison presented in the Kohelet paper is totally devoid of context. It makes no reference to the environment and the specific circumstances under which medical associations operate. This is an important dimension of comparative studies, one that may explain a medical association’s modus operandi and place in the political field. In Israel, for example, the unusual power of the Ministry of Finance and the concentrated structure of the healthcare system—in which the state and two large HMOs (Clalit and Maccabi) are main employers that dominate the labor market—is quite conspicuous. Therefore, the existence of a cohesive and resilient medical professional organization as a counterweight may serve the public interest well.

Attention to critical questions for the healthcare system, such as developing the roles of medical assistants and nurse practitioners and formulating quality indicators, is an inseparable part of the IMA’s activity. Here, too, the Kohelet position paper is not accurate. For example, the paper should have noted that the IMA was the first to place the issue of medical assistants on the agenda for discussion already in 2009 [10]. In 2021, a committee tasked with examining the patterns of doctors’ work in hospitals, appointed by the IMA, recommended adding medical assistants to the healthcare system in order to make the hospitals’ work more efficient and even facilitate reforms in specialization [11]. It is with the issue of nurse practitioners that the basic argument of the Kohelet report, that the IMA wields greater power than do its counterparts abroad, can clearly be seen to be completely unsupported. Given that the IMA opposes the transfer of powers to the nursing profession, according to Kohelet’s position, Israel should be the last place where the profession of nurse practitioner would evolve. Amazingly, however, Israel preceded most European countries in passing legislation that would allow authority to be transferred to nurses (and to pharmacists), for reasons associated with the conceptual traditions of bureaucratic systems around the world rather than any professional dominance [12].

The discussion of the doctors’ opposition to quality indicators in the Kohelet report is also biased and one-sided. It should have devoted more attention to the adverse consequences of measuring and publishing personal outcomes in relation to quality of care and patient safety [13]. It is for good reason that many healthcare systems around the world are wary of publishing personal indicators, particularly regarding health outcomes, in order to prevent harmful competition between caregivers and healthcare institutions [14].

Hippocrates, not Adam Smith

The social sciences have come a long way in their attitude toward the medical profession. The dominant economic paradigm tends to reduce all human activity, including medical activity, to a profit and loss calculus that can verge on absurdity and fail to acknowledge the range of human motivations for action. Over the years, however, other conceptualizations have taken a more sympathetic approach toward the professions in general and the medical profession in particular, emphasizing the importance of the “social contract” between those in the profession and the public at large. These perceptions attribute to various professions a key role in maintaining the stability of social and economic life and consider their organizations as entities that avoid the bureaucratic rigidity of the state institutions on the one hand, and the pursuit of profit in the business market on the other [15].

Only more recently have more critical outlooks begun dominate public discussion. These analyze a profession in terms of competition, professional insularity, and power-seeking, influenced by, among other factors, the rise of extreme market approaches, such as the one promoted by the Kohelet Forum. These approaches, often heard in conservative circles in British and American politics and academia, are usually poorly suited to Israeli society. Truth to tell, it is questionable whether they are even suited to their countries of origin as well. As one of the presidents of an American medical association once put it, “Our mentor has always been Hippocrates, not Adam Smith.”

A brief visit to the IMA website might have balanced, however slightly, the demonic manner in which the association is portrayed by the Kohelet paper. Thus, the reader might have learned about the IMA’s extensive public activity for improving public health, for example, by legislation to discourage smoking and encourage healthy nutrition, human rights, and medical ethics; advancement of equality in health; and advocacy for the public health system. The Kohelet writer might have added a “fourth hat” of public activity to the three already identified as the IMA’s mission. Presumably, however, that would not have been consistent with the agenda of the Kohelet Forum.

It bears emphasis that pertinent criticism of any institution anywhere should always be heard because it may lead to needed reforms and corrections. This is all the more important in the case of an organization representing a profession that lives and breathes scientific judgment and criticism. What should not be accepted, and what must not become a norm in Israeli public life, is the use of pseudo-science to promote a politico-economic agenda. When an entity that aims to weaken organized activity to the extent of de facto obliteration by placing the representative organization of Israel’s doctors “on the operating table,” the outcome of this medical procedure is foreseeable and its failure inevitable. In the world of medicine, such a surgeon would face immediate loss of his or her license. Even the IMA, with its three hats and its “formidable” power, could not offer salvation.

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