Chapter 8

A Normative Practice Approach to Health Care

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ABSTRACT

This chapter explains how and why healthcare might profit from a normative practice approach (NPA). This approach sketches a conceptual and normative framework that helps to locate and identify relevant points of view for clinical practice as well as for policy making in healthcare. The chapter starts in medias res: in the consulting room, in the encounter between clinician and patient. What kinds of relations are relevant for the understanding of what is going in the patient who feels ill and between the patient and the doctor (or nurse)? Are there normative principles and values which guide these relationships? The focus then broadens to the meso- and macro-contexts of current medicine and healthcare. The NPA will be re-introduced. Its relevance is shown for topics like the increase in the administrative burden in medicine, the role of expert knowledge, the hospital and its purposes, and the changing focus of medicine given the rapid changes in the macro-sphere. The chapter ends by saying that the NPA may help in different ways: by taking it as a point of reference; by relating the different normative dimensions to core responsibilities of doctors, other employees, and stakeholders beside medical professionals; and by relating these core responsibilities to the relevant contexts in which these doctors, other employees, and stakeholders are working.

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INTRODUCTION

This chapter highlights and investigates the fundamental potential and the practical use of the Normative Practice Approach (NPA) in healthcare. The NPA offers a conceptual and normative framework that helps to locate and identify relevant points of view for clinical practice as well as for policy making in healthcare. The chapter starts in the consulting room, in the encounter between clinician and patient. What kinds of relations are relevant for the understanding of what is going in the patient who feels ill and between the patient and the doctor (or: nurse)? Are there normative principles and values which guide these relationships? The NPA will be re-introduced. Its relevance is shown for topics like the increase in the administrative burden in medicine, the role of expert knowledge, the function of the hospital, and the changing focus of medicine given the rapid changes in the macro-sphere. The focus then broadens to the meso- and macro-contexts of current medicine and healthcare. The chapter ends by saying that the NPA may help in different ways: by taking it as a point of reference; by relating the different normative dimensions to core responsibilities of doctors, other employees and stakeholders beside medical professionals; and by relating these core responsibilities to the relevant contexts in which these doctors, other employees and stakeholders are working.

NORMATIVE DIMENSIONS OF CLINICAL PRACTICE

The argument will be built-up bottom-up, from clinical practice up to the normative practice approach as general heuristic framework. I will make use of Figures to emphasize the complexity and value-ladenness of the relationships that evolve during the clinical encounter.

The Patient Is More Than Her Illness

Let us start in clinical practice, with patients and doctors (nurses, other healthcare professionals) who are consulted by their patient. The patient has a problem, looks for help, and visits the professional. Figure 1 is a depiction of this initial situation. The professional listens to the story of patient, asks certain questions, performs a physical and/or mental examination, does some testing (blood, X-ray, other diagnostic procedures), comes to a conclusion and shares this conclusion with the patient. All these activities are indicated with arrow 1 in the Figure. Professionals pay attention to more than the illness alone, however. This is indicated by the other arrows. Professionals focus on how patients deal with their illness (Beck et al, 2005), but also on how contextual factors influence the manifestations and the course of
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