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World Medical Association – Press release

Patient Safety and Quality of Care Should be Paramount When Task Shifting

(19.10.2009) A clear message to governments to give patient safety and quality of care the highest priority when considering task shifting in the delivery of health services has come from the World Medical Association.

In a new policy document approved at its annual General Assembly in New Delhi, India, the WMA expressed a series of concerns about the global development of task shifting - where a task normally performed by a physician is transferred to a health worker less well qualified.

Chief among the significant risks was the possibility of the quality of patient care being compromised, particularly if medical judgment and decision making was transferred. Although the WMA accepted that in certain situations task shifting might improve quality care, there could in other situations be risks of reduced patient-physician contact, fragmented and inefficient service, lack of proper follow up, incorrect diagnosis and treatment and inability to deal with complications.

The Association warned that task shifting should not be undertaken or viewed solely as a cost saving measure and should not replace the development of sustainable, fully functioning health care systems. It should be seen as only one response to the shortage of health workers and where it was implemented it should be seen only as an interim measure.

Assistive workers should not be employed at the expense of unemployed and underemployed health care professionals and task shifting should not replace the education and training of physicians and other health care professionals.

The resolution adopted by the WMA Assembly said that task shifting was often being initiated by health authorities, without consultation with physicians and their professional representative associations, and that consultation should always take place.

Dr. Edward Hill, Chair of the WMA, said:

‘We recognise the relevance of task shifting in countries where the alternative is no care at all. But the solution for one country cannot automatically be adopted by other countries.

‘And wherever this occurs it is important that tasks that should be performed only by physicians are well defined, including the role of diagnosis and prescribing. There must be a clear understanding of what each person is trained for and capable of doing, clear understanding of responsibilities and a defined, uniformly accepted use of terminology.’