

Medicine and law

Health and justice in partnership

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THE JANUARY-FEBRUARY ISSUE of this journal has traditionally focused on organisational and professional aspects of general practice. The topics in this month's theme, medico-legal concerns, lie closer to medical law (the rights and responsibilities of doctors and patients in law) than to legal medicine (applying medical knowledge to legal problems).¹⁻⁴ These topics are ones in which medical professionals are likely to rely heavily on the expertise and advice of lawyers and indemnity organisations.

Nevertheless, it is important for doctors to have a working knowledge of medical law. There is evidence that improving doctors' legal literacy improves patients' rights.^{5,6} Collegiate practice standards and accreditation may also reduce the legal sanction of practitioners.⁷

Some clinicians may have received requests for guidance on other aspects of law. A 2012 landmark survey reported that one in five Australians experience three or more legal problems in a year, related to family breakdown, accidents, crime and debt.⁸ In the study, 30% of respondents sought help from a lawyer, and 18.9% sought legal advice from a doctor. People with a chronic illness or disability were more likely to experience legal problems.

Doctors also need to consider the concept of the rule of law. This can be defined as 'a system of rules and rights that enables fair and functioning societies' by upholding principles such as universal accountability, independence of the judiciary and general consistency.⁹ The World Justice Project places Australia as 10th of 113 countries in its overall index. Australia's ranking is less favourable in specific rule of law areas such as discrimination in criminal law, and

accessibility and affordability of civil justice.⁹ This is noteworthy because the rule of law has been directly correlated with infant and maternal mortality rates, and cardiovascular and diabetes-related mortality.¹⁰ Further research is needed to confirm and explore this correlation, and to add to the compelling body of evidence of the pervasive relationships between psychosocial and structural factors, disease and healthcare.¹¹ It may be that a country's legal framework creates a context that affects health and the social environment.

Such evidence also raises the question of whether there are limits to health improvements achievable through medical care alone. Understanding the overlap of legal and health inequalities may provide scope for innovative solutions, and highlights the need to place service users at the centre of any reform.¹² Rather than expecting individual patients or doctors to navigate complex structures, evidence-based policies and user-centred service models may improve health and justice outcomes. Two early examples from the RACGP are the benchmarking standards of healthcare in prisons and in immigration detention settings.^{13,14} Another evolving area seeks to embed legal help within healthcare teams.¹⁵

When people are vulnerable to intersecting health and legal problems, they may be more likely to seek help from services they know, access and trust. Given most Australians visit a general practitioner (GP) annually, and have a preferred GP,¹⁶ general practice is well placed to help design, deliver and evaluate collaborative partnerships with the legal profession.

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