

Is there an increasing need of conflict mediation in Swiss Oncology Departments?



Authors and Affiliations:

Dr. iur. Markus Bill (medLex Zurich, Turicum Legal Zurich)

Prof. Dr. med. Stephan Bodis (medLex Zurich, University Zurich)

Prof. Thomas D. Szucs (Uni Basel, medlex Academy Zürich)



Is there an increasing need of conflict mediation in Swiss Oncology Departments?

Authors and Affiliations:
Dr. iur. Markus Bill (medLex Zurich, Turicum Legal Zurich)
Prof. Dr. med. Stephan Bodis (medLex Zurich, University Zurich)
Prof. Thomas D. Szucs (Uni Basel, medlex Academy Zürich)

Part 1 : Abstract/Introduction

The Swiss Health Care system is in a turmoil. The challenges for all involved stakeholders are increasing. A healthy balance between finances and provided patient and staff quality is one key factor in a competitive environment. To guarantee best patient care and secure critical staff positions within the department, conflicts must be resolved with high priority and with a long lasting, positive effect. These factors are relevant for conflict solutions a) within the department, b) amongst different departments and c) between the political, strategic and operational hospital leadership and the oncology department.

Material/Methods: We (as other institutions) propose to use the tool of group mediation as one option in complex conflict situation resolutions within a clinical department and a third party (within or outside the hospital). For the mediation we propose a dual leadership of mediators (one lawyer, one health care staff), both with broad experience within the Swiss Health Care sector. The mediation follows the structures of mediation process (see literature) and changes if one, or stops if all involved parties withdraw from the mediation process. The mediation process stops also with a legal escalation. Mediators are not allowed to take sides and advise a selected conflict group in an escalated, legal conflict.

Results: So far we mediated both major and minor group conflicts within the Swiss Health Care system (Hospitals, Medical Societies, Health Insurances). In an anonymous manner we will present and discuss the start, the process and the result of selected mediation processes. Key factors for a successful mediation, based on our preliminary experience, are: Start separately, with each conflict party to discuss their interests and needs, conduct at least 3 mediation rounds with at least 2 participants from each conflict party, key decisions including responsibilities and f/u are agreed in written by all participants, plan at least 3 f/u meetings to monitor implementation of the decisions.

Conclusion: Group Mediation in Swiss Health Care deserves a platform: 1) It strengthens the involved department due to active decisions management and self responsibility 2) It needs less resources and minimizes direct and collateral damage compared to any legal conflict solution.

Part 2 : Methods (based on one real mandate)

The principles of mediation in complex health care conflicts

5 steps of a group mediation process within a Swiss Health Care Institution

1 - Preparation

-Explain principles and practice of mediation to all stake holders/interest ("conflict") groups.

-Mandate includes: Code of conduct. Frame of mediation. Timeline. Budget. Contract.

-Contact all interest groups : If agreement for mediation -> each group selects 2 delegates

2 - Start Mediation (Discussion with all groups. Round Table with group delegates on-site)

-Meet all interest groups (virtual/on-site).

-Separate back-to back round table meetings with the 2 assigned delegates from each group on-site.

-Discuss: Goals of mediation, topics and priorities. Discuss agenda for plenary round table 1.

3 - Conflict Mediation (Plenary Round Table 1 on-site)

-Interest groups represented by 2 delegates: Their conflicts. Their concerns. Their needs.

-Summary by mediators: Detoxification of presentations. Strengthen the objective content.

-Discuss potential solutions in 3 steps:

1.) In a 1st plenary round: Adjustment of summary if needed. Guided brainstorming.

2.) In 2 mixed groups with one delegate from each group.

3.) In 2nd plenary round: Presentations by the 2 mixed groups and plenary discussion.

4 - Conflict Solution (Plenary Round Table 2 on-site)

-Discussion of pre-selected solutions: Clustered by general agreement, content, priority.

-Discuss pre-final solutions in 3 steps (see above).

-Pre-final solution visualization on dash boards. Summary handed out to all delegates.

-Delegates discuss the summary within their interest group.

5 - End Mediation (Plenary round table 3 on-site)

-Solution draft: 1.) Acceptance among delegates 2.) Acceptance within the interest groups.

-Written agreement signed by all delegates of the interest groups.

-f/u mandatory: Contact persons are the delegates. f/u meetings for up to 12 months.

Part 3 : SWOT analysis for Conflict Group Mediation in Swiss Health Care Institutions

Strength	Weakness
Prevents conflict and legal escalation	Needs resources (HR /Budget)
Round table/workshops "Re-start dialogue"	Limited time period
	Needs agreement of all interest ("conflict") groups Voluntary : Can be ended anytime by any group
Opportunities	Threats
Strengthens institution Prevention for future conflicts	Des-illusion if not successful Limited effectiveness of mediation if limited resources, limited time (for implementation of solutions)



Mediation: A fair process

Pillars of Mediation

- Voluntariness
- Self-Responsibility
- Fairness
- Confidentiality
- Neutrality



Phases of Mediation

I. Preparation Stage

Confidentiality agreement / Mediation contract

II. Information Stage

Collect and structure information

III. Negotiation Stage

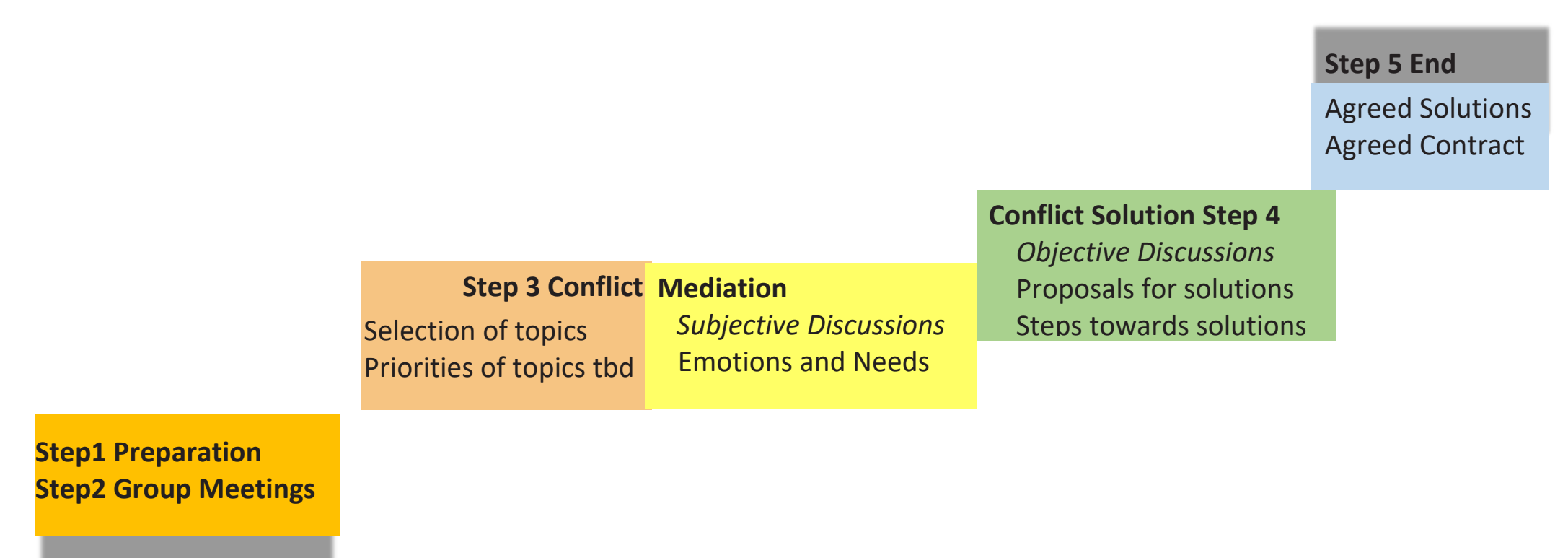
Negotiate conflicts

IV. Solution Stage

Options for solutions

Final Solutions

V. Closing: Contract, f/u



Part 4 : Preliminary Results

3 case reports mediated by medLex in 2023/2024

First case report : Conflict mediation within a swiss health care institution

1.) Preparation

-Discussion with delegates from the health care institution (leadership and staff).
Acceptance of mandate.

-Extensive discussions and meetings with all potential interest ("conflict") groups :
Individual phone and video calls with interest group delegate(s).
One interest group video call or a physical meeting with each interest group.

-Identification of 5 interest groups with specific disagreements on various levels.
Identification of the major topics after a discussion round with each interest group.

2.) Start Mediation

Signed mediation agreement by all 10 delegates (2 per interest group) includes:

- 1.) Interest for a solution
- 2.) Mutual respect within the mediation process
- 3.) Confidentiality of all discussed items and topics
- 4.) Information and press release only after mutual agreement of all delegates

3./4.) Conflict Mediation and Conflict Solution

Round table meetings with all 10 delegates.
Each interest group represented by 2 participants elected from each interest group.

Part 1: Plenary round table : Decision on topics tbd.

Part 2: Plenary round table and Workshops with 2 mixed groups (one participant from each interest group)

Part 3: Plenary round table and Workshops with 2 mixed groups: Summary of workshops, conclusions

(Part 4: Optional workshops for specific topics, for interest groups)

5.) End Mediation

Draft of written agreement including specified action points (priority settings)

- Assigned tasks
- Timeline
- Feed-back to the interest ("conflict") groups
- Internal and external communication

Agreement signed by all participants

Participants inform their interest groups

f/u meetings for up to 12 months

Challenged by limited resources, budget cuts, strategy changes
Mediation process is still active and supported by all interest groups

Communication

Mutual agreement of content released by participants to each interest group

Mutual agreement of content released internally to the hospital staff

Mutual agreement of totally 3 external press releases, so far

2nd case report: Conflict mediation within a medical society

Legal and medical/peer support for conflict mediation within a medical society

E.g. Institutional certification conducted by a Medical Society is challenged by one member institution who failed the certification process.

3rd case report: Conflict mediation between patient(s) and insurance

If interested: To discuss on site "anonymously" during the poster discussion

Part 5 : Further activities of medLex

Founding of «The medLex Academy»
Supported by an academic network of board-certified health care staff and lawyers

- Educational Workshops: Both self organized and integrated within Swiss Academic Institutions for specific seminars and in existing educational programs (in planning)

- Exchange platform for different stakeholders in Swiss Health Care (in progress)

Part 6 : Who is medLex

medLex founded by Markus Bill and Stephan Bodis

medLex Academy founded by Thomas Szucs, Markus Bill and Stephan Bodis

medLex and medLex Academy are both supported by a network of dedicated Swiss health care professionals and lawyers

Annual medLex network member meeting with an annual activity report (since 2022)

www.med-lex.ch

medLex AG

Stockerstrasse 41

8002 Zürich

Tel 058 400 72 00

e-mail: info@med-lex.ch