SAMLA CONFERENCE 2026

System Failure versus Individual Factors

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Teamwork

System Failure versus Individual Factors

Is South Africa's medico-legal crisis due to

System Failures

or

Individual Factors?

System Failure versus Individual Factors

In responding to this question, I would like to build on the following important takeaways from yesterday's presentations, namely that

- ethical care begins by keeping the patient at the centre,
- our focus must extend beyond managing the cost of litigation to preventing the harm that gave rise to it,
- effective clinical governance requires an environment where professionals can disclose problems openly,
- our focus must extend beyond identifying an individual to blame to understanding and correcting the system failures that allow harm to occur and
- patient safety depends on coordinated care.

System Failure versus Individual Factors

While responses to this question still appear to be inconclusive, recent literature on the topic in the field of ethics suggests a

complex, but already internationally acknowledged way out of this *impasse* that defies any simplistic either/or perspectives on and solutions to the causes of medical error.

System Failure versus Individual Factors

South Africa's medico-legal crisis as an opportunity to improve healthcare in the country

System Failure versus Individual Factors

Traces of the above mentioned internationally acknowledged approach to improving ethical conduct in healthcare is perceptible in a recent Master of Public Health study at the University of Cape Town on the topic of *Medical negligence litigation as a mechanism for understanding gaps in health system responsiveness in the South African Public health system*.

Kolawole, O. (2023). Medical negligence litigation as a mechanism for understanding gaps in health system responsiveness in the South African Public health system.

System Failure versus Individual Factors

The study argued that while procedural interventions in public health systems, such as calls for an overhaul of legislation governing medical negligence claims, may be helpful in reducing the costs of the latter,

- they do not address the underlying challenge of adverse health outcomes that lie at the basis of subsequent negligence claims and also
- display the fact that health systems' leaders rarely acknowledge the fact that the increase of medical negligence claims reflects a failure in meeting legitimate citizen expectations.

System Failure versus Individual Factors

To address the underlying challenge of adverse health outcomes that lie at the basis of subsequent negligence claims, the study employed an exploratory qualitative and interdisciplinary approach in analysing medical negligence case law in South Africa to identify possible lapses **in health system responsiveness** that may assist in understanding **patient dissatisfaction as being as much about desires for a more responsive health system as it is about seeking recompense for adverse health outcomes.**

System Failure versus Individual Factors

In its analysis of South African case law, the study identified five aspects of health system responsiveness, namely

dignity, communication, autonomy, prompt attention and the quality of basic amenities

of which that of

dignity

appeared to have been most often breached in medical negligence claims according to the feedback from healthcare users.

System Failure versus Individual Factors

Against this background, the study concluded that if the treatment of health users is as consequential for their perceptions of the care they've received as indicated by this and other studies (Vincent et.al.), significant effort should be put into better understanding the phenomenon of **health system responsiveness** and in employing it in dealing with the non-medical aspects of health care, especially in view of findings that decisions to sue are not only determined by the original injury, but also by insensitive handling and poor communication thereafter. Vincent, C. et. al. (1994), Why do people sue doctors? A study of patients and relatives taking legal action.

System Failure versus Individual Factors

However, Kolawole cautioned that to effectively use case law as a source of informing health system responsiveness, there should be a willingness among leaders of healthcare systems to

- learn from previous shortcomings and to not have an excessive combative stance towards cases brought against it, but to be open to
- identifying the factors and circumstances under which these cases were brought, as well as the healthcare workers whose actions lead to adverse interactions with healthcare users and ultimately to their decision to litigate.

System Failure versus Individual Factors

International recognition of the concept of

health system responsiveness

as the key to proper functioning healthcare systems

System Failure versus Individual Factors

The WHO has over a number of years ran an ambitious global measurement project on health systems' functioning and launched the application thereof with the release of their memorable

2000 World Health Report.

The health system performance metrics presented in this report, included the concept of

the client-centredness of healthcare services

and termed the latter as

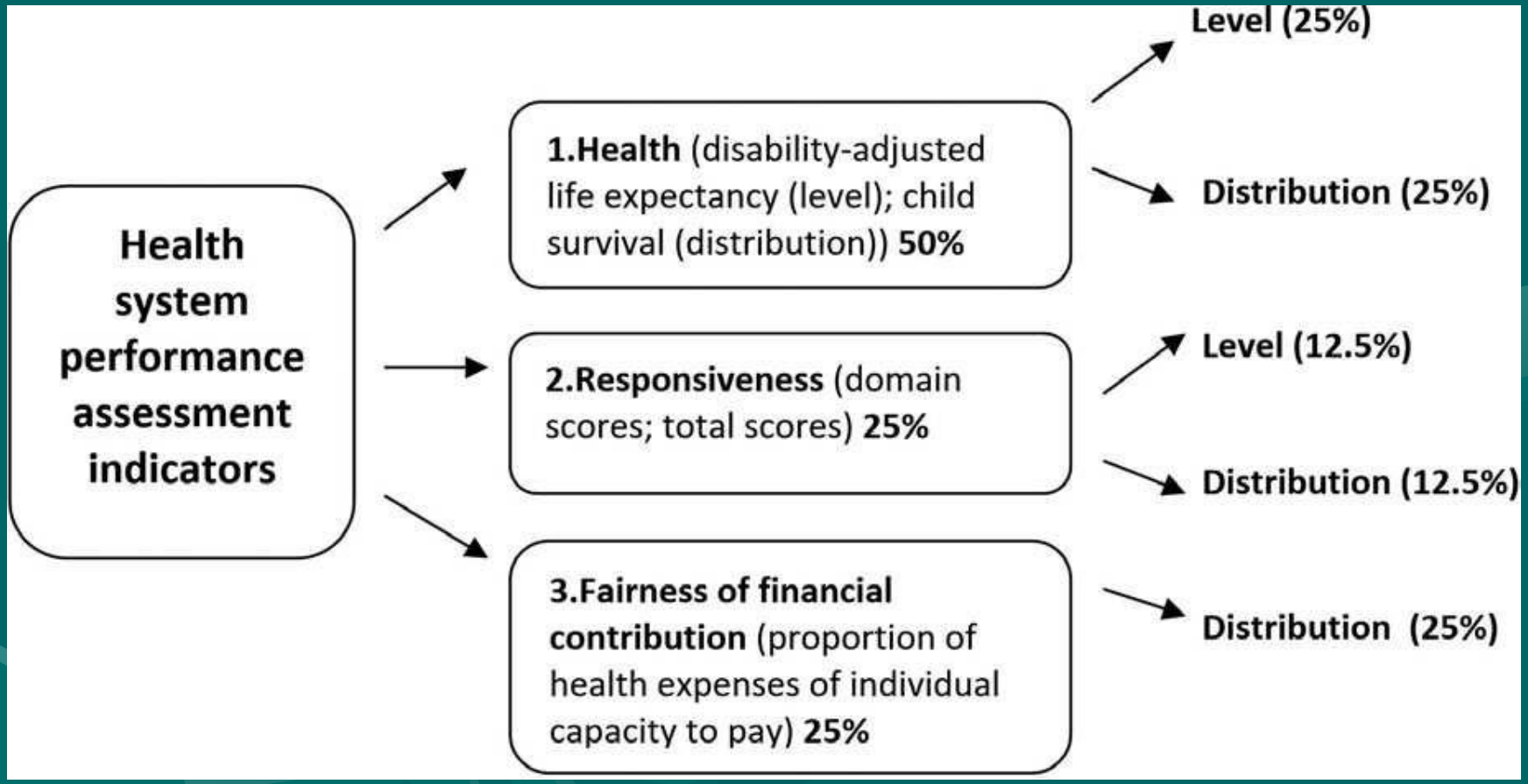
health system responsiveness.

System Failure versus Individual Factors

This report for the first time provided the industry with an **index of national health system performance**, aimed at achieving three overall goals: **health improvement, responsiveness to the legitimate expectations of the population** and **fairness of financial contribution** and noted that progress towards these goals crucially depend on how well systems carry out four vital functions, namely **service provision, resource generation, financing** and **stewardship**.

The 2000 World Health Report-Health Systems: Improving Performance.

System Failure versus Individual Factors



Health System Performance Assessment Framework

Adapted by Valentine, N. (2015). Measuring Client-Centred Healthcare using the Universal World Health Organisation Concept of 'Health System Responsiveness'.

System Failure versus Individual Factors

This system of **measuring responsiveness in healthcare systems** consisted of domains and items measuring performance levels on specified issues and identified eight domains considered to cover the most pertinent aspects of the client-health provider interactions, namely

four *client orientation/setting domains* (choice, prompt attention, quality of basic amenities and access to social support) and

four *respect for persons/personal domains* (autonomy, communication, confidentiality and dignity).

System Failure versus Individual Factors

This WHO measurement protocol for responsiveness followed the standard logic for measuring quality of life through structured questionnaires with a set of well-chosen health domains (e.g. pain, mobility) and associated questions with suitable response options. For measuring responsiveness, questions asked respondents to e.g. rate their most recent experience or contact with the health system, where 'experience' is described by multiple experience questions specific to each of the 8 domains. Valentine, N. (2015). Measuring Client-Centred Healthcare using the Universal World Health Organisation Concept of 'Health System Responsiveness'.

System Failure versus Individual Factors

The WHO 2000 World Health Report was subsequently follow-up by several others:

- WHO Everybody's Business - Strengthening Health Systems to Improve Health Outcomes (2007)
- WHO Continuity and coordination of care - A practice brief to support implementation of the WHO Framework on people-centred health services (2018)
- WHO World Health Survey Plus (2023)

System Failure versus Individual Factors

An international shift from normative to behavioural ethics

System Failure versus Individual Factors

The international recognition and growing awareness of the importance of

the concept of health system responsiveness

with its emphasis on patients' actual experiences in healthcare instead of on patient satisfaction surveys, is directly linked to

a recent international shift from normative to behavioural ethics

in assessing and addressing human behaviour.

System Failure versus Individual Factors

Whereas the traditional research and teaching of ethics employs a **normative approach** by focusing on the question of how people should act when resolving ethical dilemmas, **behavioural ethics** represents a study of systematic and predictable ways in which individuals make ethical decisions and judge the ethical decisions of others that are at odds with their intuition and the benefits of the broader society.

Bazerman, H. & Gino, F. (2012). Behavioural Ethics-Towards a Deeper Understanding of Moral Judgement and Dishonesty.

System Failure versus Individual Factors

Instead of focusing on abstract moral principles, **behavioural ethics**

therefore examines how people actually behave when faced with ethical dilemmas and looks at real-world decision making and the psychological factors that influence ethical behaviour. In short, while ethics is about defining moral standards, behavioural ethics studies how people apply, or fail to apply those standards in practice.

McCombs School of Business. (2026). Ethics Unwrapped: Behavioural Ethics

System Failure versus Individual Factors

As outlined by The Ethics Institute in South Africa in a recent training event, even principled individuals make unethical decisions when influenced by psychological biases, social pressures, organisational dynamics and flawed reasoning processes and this doesn't happen because people lack values, but because decisions are often made under pressure and within intricate environments. Behavioural ethics research therefore reflects a more complex reality, since unethical conduct can arise from predictable human tendencies such as cognitive biases, group influence and role expectations.

https://www.tei.org.za/2026/04/28/behavioural-ethics-training/

System Failure versus Individual Factors

Behavioural science, as the academic foundation of behavioural ethics, is an interdisciplinary approach that encompasses the study of human behaviour and the design of strategies to change it. It draws on research and methods from various disciplines, including cognitive sciences, economics, psychology, sociology, neuroscience and decision sciences and has in recent years greatly expanded our understanding of how psychological, social and cultural factors governing human behaviour, affect policy outcomes.

OECD. (2023). Behaviour Science.



As to the reasons why good people do bad things, the noted Canadian pschycologist **Albert Bandura** in his seminal work, **Moral Disengagement**, argued that individuals in the development of their moral self, adopt standards of right and wrong to serve as guides and deterrents for conduct. They do things that give them satisfaction and a sense of self-worth and refrain from behaving in ways that violate their moral standards, because such conduct will bring self-condemnation.

System Failure versus Individual Factors

These positive and negative self-sanctions keep their behaviour in line with moral standards. However, in a pervasive moral paradox, people from all walks of life behave harmfully and still maintain positive self-regard and live in peace with themselves. They do so by **disengaging moral self-sanctions from their harmful practices**. These psycho-social mechanisms of moral disengagement operate at both the individual and social system levels.

Bandura, A. (1999). Moral disengagement in the perpetration of inhumanities.

System Failure versus Individual Factors

Bandura identified eight mechanisms of moral disengagement employed by people from all walks of life and grouped them into the following four broad categories:

1. Reconstructing behaviour to make it seem morally acceptable, which may include (a) moral justification i.e. portraying unethical actions as serving a noble purpose, (b) euphemistic labelling i.e. using sanitized language to downplay harmful behaviour and (c) advantageous comparison i.e. comparing one's actions to worse behaviour to make them seem acceptable.

System Failure versus Individual Factors

2. Minimising Personal Responsibility, which may include displacement of responsibility e.g. 'I was just following orders' and spreading responsibility across a group e.g. 'Everyone else was doing it'.

3. Distorting the Consequences, e.g. 'No one was really hurt'.

4. Dehumanizing/Blaming the Victims: Viewing the victims as less than human e.g. using slurs or stereotypes or deserving of harm e.g. 'They brought it on themselves'.

Bandura, A. (1990). Mechanisms of moral disengagement. In W. Reich (Ed.), *Origins of terrorism: Psychologies, ideologies, theologies, states of mind.*

System Failure versus Individual Factors

Building on the views of Bandura, another psychologist, Arif Hassan, also notes the following mechanisms of moral disengagement used by people from all walks of life:

- **Cognitive Biases**, or systematic errors in thinking, that often operate unconsciously and affect how people perceive, interpret and respond to information which can lead to people making unethical decisions while genuinely believing that they are acting fairly or reasonably.

System Failure versus Individual Factors

- **Self-serving biases** as the tendency to interpret information or events in a way that favours oneself, of attributing successes to one's own character or actions and blaming failures on external factors.
- **Confirmation biases** as the tendency to interpret information in ways that confirm one's pre-existing beliefs, or rationalise questionable behaviour if it aligns with one's goals or values.

System Failure versus Individual Factors

- Omnipotence, which in the context of unethical behaviour, refers to a psychological state in which individuals feel entitled, untouchable, or above the rules, which leads them to believe that ethical norms and laws don't apply to them and that their power or position justifies their actions. People experiencing a sense of omnipotence often see themselves as exceptional or indispensable, believe their judgment is always right, rationalise unethical behaviour as necessary or deserved and expect others to follow rules—but not themselves.

Hassan, A. (2025). Behavioural Ethics: Why Good People Do Bad Things.

System Failure versus Individual Factors

In this regard, the article by Prof. Jacques Kriel, a former Dean of MEDUNSA, deserves mention.

Le syndrome du Bon Dieu

… a fatal malady affecting doctors

Kriel J. K. (1982). Le syndrome du Bon Dieu… a fatal malady affecting doctors. *Family Practice*, Vol. 3, No 8.

System Failure versus Individual Factors

- This is a pitfall that seems to be an integral part of the medical profession.
- In literature it is known as the 'deity syndrome' or Mr-God-complex and in French *le syndrome du Bon-Dieu*.
- One of most destructive forces that undermine the professional functioning and personal happiness of medical practitioners, because it creates a self-image that gradually isolates the latter from the reality of the world.
- The syndrome arises in the working environment of the doctor through his contact with patients, colleagues and nurses.

System Failure versus Individual Factors

- These are submissive, respectful to and supportive of the doctor.
- Professionally, doctors fall in the category of so-called 'top managers' that make the decisions and are rarely questioned by anybody.
- The very structure of the profession is therefore the seedbed for the nurturing of the Mr-God-Complex.
- A problem however arises when a shift takes place from an idolising of the profession to an idolising of the self and the assuming of attitudes such as omniscience, omnipotence and infallibility.

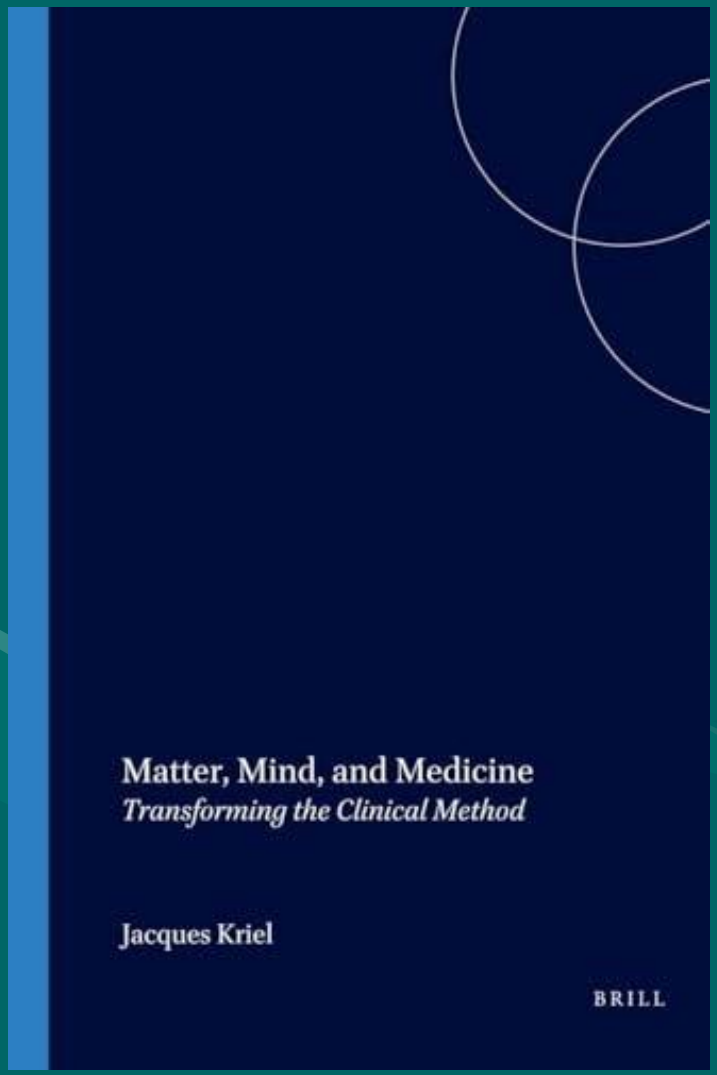
System Failure versus Individual Factors

- Accustomed to the role of the great helper and advisor, doctors find it difficult to adapt to the role of a person that needs help and advice.
- The treatment of this syndrome is extremely difficult.
- The first step towards healing lies in recognising the existence and destructive effects of the syndrome.
- The next step lies in realising the limitations of the profession in general and of our efforts in particular.
- Doctors can only heal occasionally and can relieve often but should always comfort.

System Failure versus Individual Factors

- All patients and doctors will die and therefore both illness and death need not be experiences of failure but can bring great fulfilment to both patients and doctors.
- The recognition of this syndrome is a matter of life and death, as it underlies most of the morbidity and mortality in the medical profession.
- It destroys professional competence by alienating doctors from the real world of their patients and prevents them from hearing what patients are trying to say, as they already know the answers.

System Failure versus Individual Factors



Please also refer to Prof. Kriel's publication: Matter, Mind and Medicine – Transforming the Clinical Method

The book proposes a broader model of science which overcomes the outdated dichotomy between human and natural sciences. Science is viewed as an interdisciplinary exercise generating multiple perspectives. The insights of the human sciences are essential for scientific clinical medicine.

System Failure versus Individual Factors

Cicero, a licensed psychologist and behaviour analyst, provides an interesting closing perspective on the value of behaviour analysis in addressing ethical breaches in professional practice.

He confirms that although disciplines establish and enforce professional codes of ethics in order to guide ethical and safe practice, ethical breaches still occur and are often perpetrated by professionals who are aware of their codes of ethics and believe that they engage in ethical practice. **Knowledge of discipline-specific professional codes of ethics therefore is not enough to prevent unethical practice.**

System Failure versus Individual Factors

However, when ethical or unethical decisions are conceptualized as **operant behaviour**, they can be regarded as being evoked and maintained by environmental variables, such as antecedents and consequences in the environment that can trigger unethical responses and shape future unethical conduct.

Therefore, in order to increase ethical practice among professionals, an assessment of the environmental variables that affect behaviour needs to be conducted on a situation-by-situation basis.

System Failure versus Individual Factors

It is clear from the research in behavioural ethics that the behaviour of professionals in clinical teams may be more influenced by situational factors than by issues such as whether a professional is certified or licensed, is competent in his/her work, knowledgeable of the relevant professional codes of ethics or whether he/she has been ethical in past decisions.

Clinical teams therefore have to actively promote and shape the ethical behaviour of the professionals in the team.

System Failure versus Individual Factors

This must be done by a thorough assessment of the environmental variables associated with treatment decisions and actions to assist the team in identifying stimuli that might increase the probability of unethical behaviour in order to replace them with stimuli that are more likely to evoke ethical behaviour.

The article furthermore provides a list of 12 questions for clinical teams to consider when assessing the variables that could have influenced a team decision.

System Failure versus Individual Factors

To these, amongst others, belong the following:

- Will any members of the clinical team, directly or indirectly, benefit in some way from this decision?
- Could any situational factors, such as time pressures and lack of resources potentially have exerted an influence over clinical team discussions, decisions and actions? How would the behaviour of clinical team members have been different if the situational factors were not present?

System Failure versus Individual Factors

In this regard, Cicero, with reference to Trevino et.al. notes that team members across professions are at risk of falling into the trap of unethical behaviour when solely relying on knowledge from their professional codes of ethics (deontology) and on the conviction that they are ethical people (overconfidence bias). An emphasis needs to be placed on basing decisions on objective data, considering alternate arguments to decisions and assessing consequences through differing stakeholder perspectives.

Treviño, L. et.al. (2006). behavioural ethics in organizations: A review.

System Failure versus Individual Factors

Therefore, by identifying environmental variables that may increase the likelihood of unethical behaviour prior to making a decision or engaging in a response, professionals may have greater confidence in the ethicality of their clinical behaviour.

Conceptualising ethical behaviour in this way shifts the focus away from blaming a breach of ethics solely on a person and towards blaming variables within the environment for having evoked the ethical breach by the person.

Cicero, F. (2021). Behaviour Ethics- Ethical Practice Is More Than Memorizing Compliance Codes.

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The OECD (Organization for Economic Co-operation and Development)

as foremost exponent in providing the ethical considerations required in a responsible application of behavioural science to public policy.

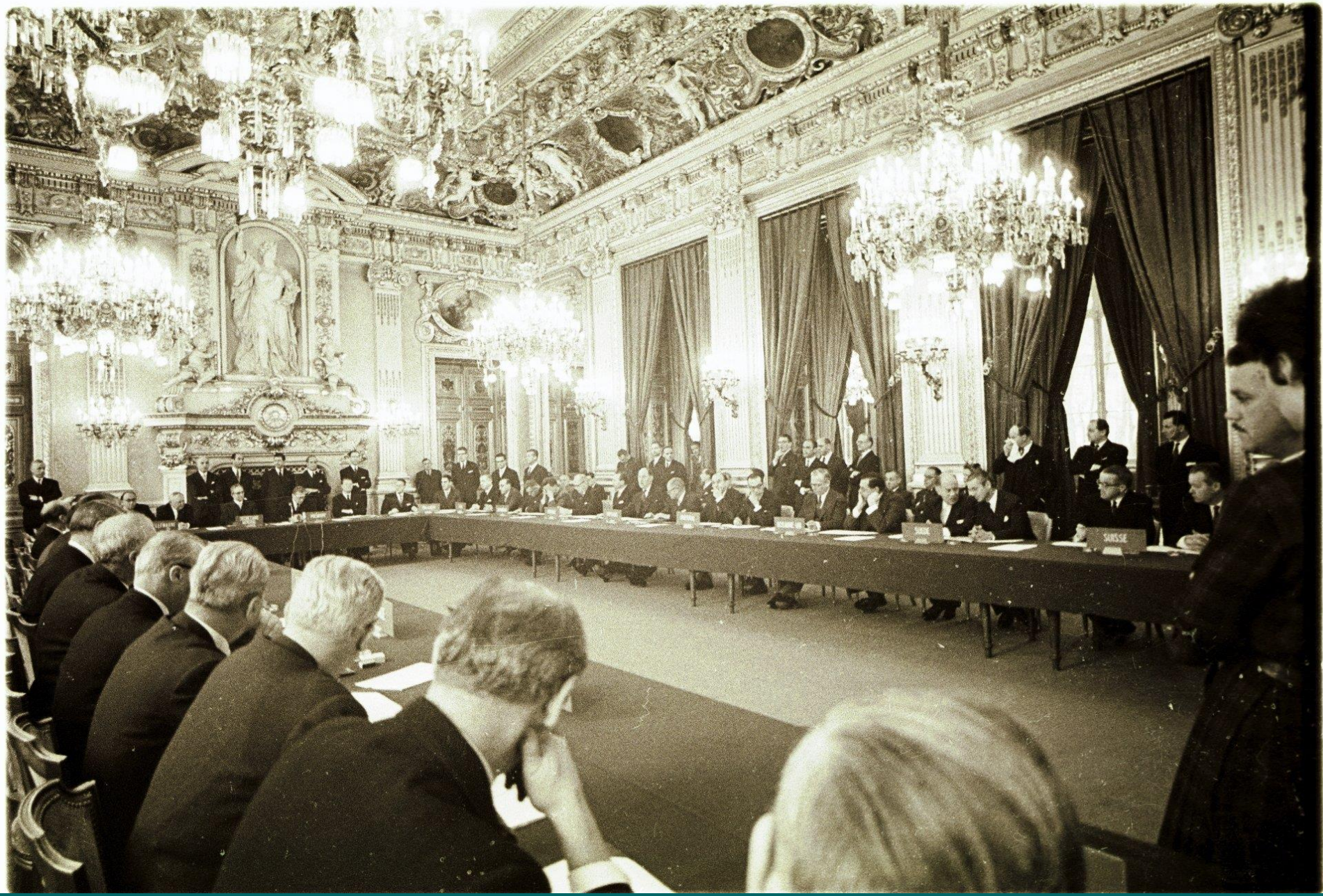
System Failure versus Individual Factors

After World War II, the Secretary of State of the United States, General George Marshall, enabled European economic reconstruction thanks to American aid under the European Recovery Program, better known as the Marshall Plan.

In 1948, countries established the Organisation for European Economic Co-operation (OEEC), a precursor to the OECD, to help administer the Marshall Plan.

On 14 December 1960, 18 European countries, the United States and Canada signed the Convention of the Organisation for Economic Co-operation and Development.

In September 1961, the Convention entered into force and gave birth to the OECD. The OECD | Business at OECD


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Today, the OECD, with its Headquarters in Paris, joins together more than 100 countries and draws on more than 60 years of experience and insights in shaping policies that foster prosperity and opportunity and are underpinned by equality and well-being in ***building better policies for better lives.***



System Failure versus Individual Factors

The past decade has seen a rapid increase in governments turning to behavioural science to inform decision making across all policy areas.

Behavioural Insights (BI)

has since 2010 been playing an important role in advancing the **use of evidence** to inform policy decision-making. Based on empirical data, BI challenges assumptions about human behaviour by demonstrating that individuals' actions and decision making are not always rightfully categorised as 'rational' or 'irrational', but sometimes better understood simply as *human*.

System Failure versus Individual Factors

Also employed in the programmes of the OECD, the findings of BI are quite specific in that they include evidence about how people respond to risks, how they are affected by inertia, how they can be affected whether a program is ‘opt in’ or ‘opt out’ and how seemingly small features of policy or program design can have large effects on outcomes.

OECD. (2022). Good Practice Principles For Ethical Behavioural Science in Public Policy.

System Failure versus Individual Factors

As such, the OECD also provides guidance on the application of behavioural science in the establishment and maintenance of healthcare polices and through its

Health System Performance Assessment (HSPA) Framework,

provides a structure to assist in understanding, analysing and describing how countries should go about in achieving high-performance, resilient and people-centred health systems as a key goal in any healthcare system.

OECD Learning through National Health System Performance Assessment HSPA (2026).

System Failure versus Individual Factors

According to this framework, people-centredness should start from the legal framework of the health system and possibilities for citizen participation in health policy-making and extend to ensuring people-centredness at the level of service delivery and beyond.

Although trust is not an element of people-centredness, approaching it through the prism of people-centredness, interrogates the notion that the more people-centred health systems are, the more trust they will gain from the population.

System Failure versus Individual Factors

Transforming healthcare systems to become more patient- and people-centred, entails both structural changes and cultural shifts.

A decisive step in achieving this goal, is to move from the traditional health professional-patient model to a co-operative partnership model that requires a comprehensive review of the responsibilities of all stakeholders, including a focus on empowering patients and promoting self-management.

System Failure versus Individual Factors

Such a collaborative approach requires of healthcare professionals, patients and their carers to work together to actively involve patients in their care, ensure that information is not only comprehensive, but also understandable and to overcome important barriers such as time constraints, differing attitudes to shared decision making and different levels of health literacy between healthcare professionals and patients in reaching informed decisions on the patient's healthcare.

OECD. (2023). Assessing Health System Performance

System Failure versus Individual Factors

South Africa
as a Key Partner of the OECD

System Failure versus Individual Factors

The use of behavioural insights (BI) helps governments identify the systems and processes influencing human behaviour.

Its rise in popularity among governments interested in enhancing public safety and health has led to a simultaneous increase in the number and types of frameworks designed by the OECD to assist policy makers in diagnosing lapses in their healthcare systems and to apply BI in their work.

OECD (2022), Good Practice Principles For Ethical Behavioural Science in Public Policy

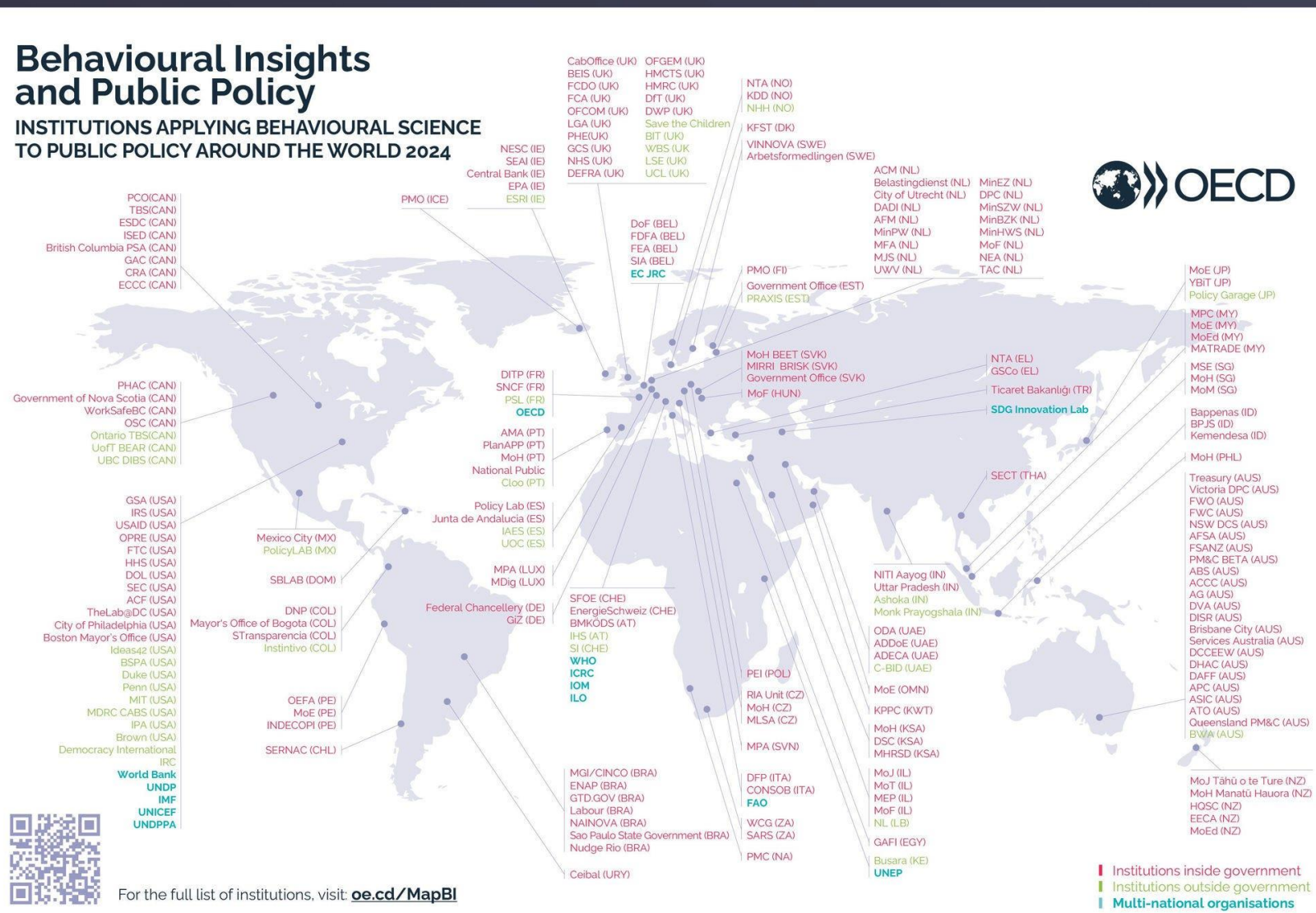
System Failure versus Individual Factors

South Africa has already since 2007 and alongside countries such as Brazil, China, India and Indonesia, been

a Key Partner of the OECD.

As one of Africa's largest economies, South Africa has been working with the OECD for many years in a variety of areas, including macroeconomic policy and structural reform, debt management, fiscal policy, public governance, anti-corruption and tourism.

Institutions applying Behavioural Science to Public Policy around the world



System Failure versus Individual Factors

The OECD's Whole of Society Approach

Public integrity is, first and foremost, the responsibility of governments, but is not just a matter for the public sector: individuals, civil society, companies and associations shape interactions in society and their actions can harm or foster integrity in their communities.

The OECD's whole-of-society approach asserts that as these actors interact with public officials and play a critical role in setting the public agenda and in influencing public decisions, they also have a responsibility to promote public integrity.

OECD. (2020) Whole of Society-OECD Public Integrity Handbook

System Failure versus Individual Factors

The OECD supports countries in setting up national HSPAs (Health System Performance Assessments), tailored to their unique local contexts and specific needs.

A national HSPA framework development follows a systematic and highly consultative process to ensure sustainability and stakeholder buy-in, promotes international best practices and builds national HSPA capacity through focused knowledge exchanges and study visits.

System Failure versus Individual Factors

Perhaps South Africa – or even SAMLA - should, like many other countries and associations around the world, respond to the open invitation of the OECD to join them in improving ethical conduct in healthcare in the country through their complex, but internationally acknowledged approach that defies any simplistic either/or perspectives on and solutions to the causes of medical error.

Thank you