



The IMA's Operations: The Israel Medical Association's Role in the Healthcare System's Ills

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This paper scrutinizes The Israel Medical Association (IMA) and the impact of its three functions:

- 1. A representative workers' union operating as an Ottoman Association*
- 2. The sole regulator of medical internships in Israel*
- 3. The umbrella organization for all medical professional associations*

This paper demonstrates how exercising all three functions simultaneously creates a conflict of interest that harms the public good, the healthcare system, and at times the doctors themselves.

The **first three chapters** lay out the background, with the first describing the IMA, its history, and its institutional features; the second detailing its three functions; and the third briefly reviewing doctors' numbers, focusing on salaries and the official category of "medical specialties in crisis", since the IMA has direct influence on these.

The **fourth chapter** presents the main discussion of the conflicts of interest – each set of two functions create a clash between the political interests of the administration and the good of the healthcare system or some of those it represents. In both cases, the public welfare is ultimately harmed.

The **fifth chapter** reviews doctors' organizations in other states, showing that in no other does the national medical organization exercise the three functions the IMA does.

The **sixth chapter** presents examples of important and desirable reforms that were stalled or never carried out due to IMA obstruction, demonstrating how IMA political considerations have a direct impact on its management of the healthcare system, even when the IMA has no official authority.

The **seventh and eighth chapters** outline recommendations and summarize the paper.

Summary:

The IMA, considered one of the most powerful workers' unions in the state, is the representative body of doctors employed by the Israeli public sector. Its representatives work to promote legislation and public policy in medical areas, and its members, representing 95% of doctors in Israel, hold the most senior positions in the Ministry of Health – especially those associated with regulation.

Aside from its function as a workers' union, it holds two other parallel authorities, the existence of which creates a conflict of interest for its administrators, representatives, and heads of professional

associations (which exist for every specialization, such as the “Israeli Surgical Association”). These additional authorities are its role as the sole regulator of medical internship procedures (via its scientific subsidiary “The Scientific Council”), and its operation as the umbrella organization for all professional associations in the field of medicine.

Since the IMA serves simultaneously as a representative workers’ union and as the regulatory body of medical internship, its administration’s political considerations are taken into account when managing doctors’ internship. Because the IMA is a representative organization, its administration is not concerned that young doctors will terminate their membership. Thus, it takes advantage of their hardships to promote its own political aims. For example, it leverages the shortage of doctors interning in fields considered “medical specialties in crisis” and in non- central hospitals to substantiate the false premise that the healthcare system faces imminent collapse, something which demands, according to them, the investment of ever more resources into the healthcare system. As a matter of course, such additional resources in the form of raised salaries are allocated primarily to senior, older doctors and not to the younger ones. The Scientific Council seems to disappear from public discourse whenever a subject arises about which there is a conflict of interest between the good of the interns and the public on the one side, and the good of the IMA administration on the other, such as the length of shifts- this seems connected to said conflict of interest.

Since the IMA is also the umbrella organization of all professional associations, professionals who are considered authorities in their field and respected by policymakers are often governed by improper considerations. One example of this is the participation of the medical associations in the Healthcare Basket committee, without reporting on their conflict of interest arising from connections between the companies being discussed in the committee and the professional association the experts belong to, which often benefit from the very same companies’ contributions. So too, associations’ leadership, in a manner that calls their professionalism into question, either avoid interfering in anything that has the potential to impair the IMA administration or the Scientific Council’s status as the ruling body for medical internships, or voice opinions that toe the IMA administrations’ line.

The IMA is not the only national organization for doctors that holds other authorities, i.e. a representative body that holds sole regulatory authority over medical internships or also serves as the umbrella organization of all professional associations, but it is certainly rare to find one assuming all three simultaneously. In fact, out of all OECD countries, Israel is the only one to have such an arrangement - in more than a third, the national organization of doctors has no other role.

The IMA’s extreme power affords its administration a large degree of control over the medical field in Israel, expressed, among others, by IMA members peopling the senior positions in the Ministry of Health – even explicitly regulatory ones. Moreover, the salaries of these senior officials are determined by collective agreements that IMA representatives are signatories to. The IMA representatives often intervene in the decision-making processes of various substantive issues surrounding medical public policy in Israel. Despite attempts to attach to the IMA the aura of the Public Health Defender, inducing the public to believe that the public good is the organizations’ first priority, its administration often chooses to impede reforms aimed at improving the healthcare systems’ efficiency and public services. Certain reforms, such as the legislation of the 1994 National Health Insurance Law were ultimately carried out, but no less important reforms, such as granting some medical authorities to clinical mid-level practitioners have not been carried out to this day.

Recommendations:

To solve the conflicts of interest in the IMA, these structural changes are necessary:

- Remove the “Scientific Council” from the IMA’s hands and make it a statutory organization charged with the regulation of all medical training in Israel.
- Remove the immunity granted to medical associations’ operations by the IMA’s Ottoman Association status and transfer authorities to them.
- Restrict the IMA to the function of a representative body alone.

Other changes are necessary to address issues of transparency, fair representation and quality of care:

- Ensure that interns’ interests are fairly represented in negotiations for medical associations’ salary agreements.
- Change procedure rules so that doctors participating in “health basket” committees must declare conflicts of interest arising from membership in professional associations.
- Incorporate additional medical professional representatives in “health basket” committees in addition to doctors who are not IMA members.
- Cancel the procedure by which the salaries of senior Ministry of Health officials are determined by collective agreements that IMA administrators are signatory to.
- Apply quality measures to individual doctors, health maintenance organizations’ clinics (*kupot cholim*) and hospital departments.
- Transfer some of the authorities exclusive to doctors to other clinicians.
- Collect information for the Ministry of Health regarding doctors and medical internship in a way that is independent from the IMA.
- Cancel the IMA’ status as an Ottoman Association.

[Full paper in Hebrew](#)