Professionalism

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Outline

• Historical understandings
• Changing relations
• Attempts at redefining
• Roots of cynicism
• Overcoming cynicism
• Defining professionalism
Scribonius apparently coined the word “profession” in 47 AD

Professionalism

Professional

Profession referred to the profession as a commitment to compassion, benevolence, and clemency in the relief of suffering, and emphasized humanitarian values.

professio
"The eternal providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all time; may neither avarice nor miserliness, nor thirst for glory or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children.

May I never see in the patient anything but a fellow creature in pain. Grant me the strength, time and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend indefinitely to enrich itself daily with new requirements. Today he can discover his errors of yesterday and tomorrow he can obtain a new light on what he thinks himself sure of today.

Oh, God, Thou has appointed me to watch over the life and death of Thy creatures; here am I ready for my vocation and now I turn unto my calling."
While patients and societies and the concept of medical professionalism have changed over time, many of the professional values in medicine are timeless.

- “No doubt medicine is a science, but it is a science of uncertainty and an art of probability.”
- “The practice of medicine is an art; a calling, not a business; a calling in which your heart will be exercised equally with your head; a calling which extracts from you at every turn self-sacrifice, devotion, love and tenderness to your fellow man.”

“Father of Modern Medicine”

ΑΩΑ

Αξιον ωφελείν τοὺς αλγούντας

“Be worthy to serve the suffering”

“You will be made worthy through serving the suffering”

Make yourself worthy to serve the suffering
Professionalism is not a character trait but a complex multidimensional competency

### Chapter 2
The Problem with Professionalism
Catherine R. Lucey, MD

#### Table 1. Conflicts are a frequent cause of professionalism challenges

<table>
<thead>
<tr>
<th>Values conflict</th>
<th>An intern is expected to adhere to the professionalism value of excellence by leaving after she has been on a shift that exceeds work hours limits and to demonstrate altruism for her patient by staying to conduct a family meeting after that shift ends.</th>
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| Patient conflict| A faculty member demonstrates compassion for a patient who has just received bad news by extending the length of that patient's appointment; the subsequent patient views him as unprofessional for keeping him waiting.  
A physician wants to maintain confidentiality about his patient's communicable disease, but doing so puts other of his patients at risk.  
A resident is trying to actively manage a dying cancer patient's pain and therefore must defer seeing another patient whose nonmalignant chronic pain syndrome is not well managed. |
| Maslow conflict  | A medical student is assigned to care for an angry patient in the middle of the night; he hasn't eaten for fifteen hours and is very anxious about performing well. |
| Systems conflict | A resident is instructed to see all patients who are to be discharged now so that they can be out of the hospital by 11 AM. She is repeatedly called to come to the emergency room to evaluate a new admission because the emergency room resident has been told to clear out the ED before 9 AM. |

### Chapter 11
Improving Professionalism in Medicine: What Have We Learned?
Sheryl A. Pfeil, MD

- Professionalism is a behavior that is observable, measurable, and modifiable
- Professionalism is a complex competency that is contextual, dynamic, and both individual and shared
Defining professionalism in medical education: a systematic review

"I do not strive for a clear and unambiguous definition of "professionalism" because I do not believe one is possible" (Erde, 2008 p. 7).

The traditional elements of a profession are

- autonomy in action and self-regulation by members of the profession
- an identified moral code developed by those with in the profession, to which all pledge ( vow ) to adhere,
- a separate, distinct place ( status ) within but at the same time outside of the society in which they practice,

a particular corpus of knowledge, developed and maintained from within the profession, which serves as the basis for practice (Freidson, 2001, Krause, 1996, Bloom, 2002, Freidson, 2004)


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Defining professionalism in medical education: a systematic review

Outcome 1: comprehensive, universally accepted definition of medical professionalism: No such definitions were evident in the literature.

Outcome 2: closely argued view, widely accepted, concerning what such a definition should consist of. See below.

• “All professions are conspiracies against the laity.” George Bernard Shaw [The Doctor’s Dilemma]
• “People of the same trade seldom meet together, even for merriment and diversion, but that the conversation ends in a conspiracy against the public, or in some contrivance to raise prices.” Adam Smith [Wealth of Nations]

Eliot Freidson [Professionalism: The Third Logic]

• “On the contrary, when people of any trade meet together they are far more likely to talk shop than conspire to improve their economic situation. They are more likely to tell war stories, gossip about colleagues, compare working conditions, and trade new information, theories, and tricks of the trade. Doing the same work creates common intellectual and social as well as economic interests.”

• Professionalism:
  • Refers to the institutional circumstances in which the members of occupations rather than the consumers or managers control work
  • May be said to exist when an organized occupation gains the power to determine who is qualified to perform a set of defined tasks, to prevent all others from performing that work, and to control the criteria by which to evaluate performance
• Healers
  • Attending to birth, death, responding to illness

• Guild
  • a skilled trade with restricted entry largely mediated by successful completion of a term of apprenticeship

• Social good
  • a service utility, and practitioners of medicine as civil servant

• Scientific and technical domain
  • producing important advances in the care of patients with acute and chronic disease

• Economic engine
  • a significant sector of the overall U.S. economy, accounting for about 15% of the gross domestic product nationally
Deprofessionalization


• Loss of both autonomy and authority
• Autonomy constrained by managed care, contractual provisions, utilization review
• Thought to be linked to loss of authority
• Loss of authority more difficult to measure

6 Schlesinger, M. A loss of faith: The sources of reduced political legitimacy for the American medical profession. The Milbank Quart 2002; 80: 185-236.
Doubts About Professional Efficacy

• Medical care is seen as not effective or reliable
  • Evidence that much of medical care is inefficacious
• “Health needs” are no longer seen as the appropriate standard for allocating medical resources
  • Important health needs are neglected by the medical community
• General loss of faith in science and technology
  • Evidence that much of medical care is inefficacious

Questions about Professional Agency

• Physicians are thought to have become unduly money oriented
• Physicians are seen as more concerned about controlling costs than about protecting the interests of their patients
  • Incentives to withhold treatment
• Physicians are no longer thought to be committed to meeting the needs of the populations that they serve
• Physicians are no longer thought to care for unprofitable patients
The Rise of Countervailing Authority

• Support grows for the government to be more active in the health care system
• Support grows for more active employers in the health care system
• Support grows for a more active role for individual consumers of medical care

Violation of Professional Boundaries

• Belief widens that communities should have control over health care
• Lack of trust in the political activities of the medical establishment increases
• Physicians are seen as having too much political influence over policymaking


### Table 1. Alternative Views of Professionalism in Medicine: AAMC Medical School Objectives

- Knowledgeable (scientific method, biomedicine)
- Skillful (clinical skills, reasoning, condition managing, communication)
- Altruistic (respect, compassion, ethical probity, honesty, avoidance of conflicts of interest)
- Dutilful (population health, advocacy and outreach to improve non-biologic determinants of health, prevention, information management, health systems management)

### Table 2. Alternative Views of Professionalism: Accreditation Council for GMI

- Medical knowledge
- Practice-based learning and improvement
- Patient care
- Systems-based practice
- Interpersonal and communication skills
- Professionalism (respect, compassion, integrity; responsiveness to needs; altruism; accountability; excellence; sound ethics; sensitivity to culture, age,

### Table 3. Alternative Views of Professionalism in Medicine: A Physician Charter (ABIM, ACP-ASIM, EFIM)

- Professionalism – a foundation of the social contract for medicine
- Principles: primacy of patient welfare, patient autonomy, social justice
- Commitments:
  - Professional competence
  - Professional responsibilities
  - Patient confidentiality
  - Improving quality of care
  - Appropriate relationships
  - Scientific knowledge
  - Managing COIs
  - Honesty with patients
  - Improving access to care
  - Just distribution of finite resources

### Table 4. Alternative Views of Professionalism in Medicine: A "normative definition" (H. Swick)

Physicians:
- Subordinate their own interests to those of others
- Adhere to high ethical and moral standards
- Respond to societal needs
- Evince core humanistic values (honesty, integrity, caring, compassion, altruism, empathy, respect for others, trustworthiness)
- Exercise accountability
- Demonstrate continuing commitment to excellence
- Exhibit commitment to scholarship
- Deal with complexity and uncertainty
- Reflect on their actions and decisions

### Table 5. Alternative Views of Professionalism in Medicine: “The duties of a doctor” (General Medical Council)

- Make the care of your patient your first concern.
- Treat every patient politely and considerately.
- Respect patients’ dignity and privacy.
- Listen to patients and respect their views.
- Give patients information in a way they can understand.
- Respect the right of patients to be fully involved in decisions.
- Keep your professional knowledge and skills up-to-date. Recognize the limits of your competence.
- Be honest and trustworthy.
- Respect and protect confidential information.
- Make sure that your personal beliefs do not prejudice your patients’ care.
- Act quickly to protect patients from risk (from physicians).
- Avoid abusing your position as a doctor.
- Work with colleagues in the ways that best serve patients’ interests.
• altruism, honor and integrity (e.g., ethical, honest, moral)
• caring and compassion (e.g., sensitivity, tolerance, openness, communication)
• respect (e.g., for patient’s dignity and autonomy, for other health professionals and staff, relationship building)
• responsibility (e.g., for self-evaluation, motivation, insight)
• accountability (e.g., dedication, duty, legality, service)
• excellence and scholarship
• leadership
A Flag in the Wind: Educating for Professionalism in Medicine 2003

1. The major elements of what most of us in medicine mean by ‘professionalism’ have been described well.

2. Among these descriptions, there is a high degree of congruence, probably because our general understanding of the attributes of a virtuous person serves as a foundation for our thinking about the needed qualities of the trustworthy medical professional.

3. What the literature and rhetoric of medicine lacks is a clear recognition of the gap between these widely recognized manifestations of virtue in action and what we actually do in the circumstances in which we live our lives.

4. We may be unconscious of some of this gap, but even when conscious we are silent or inarticulate about the dissonance and, in our silence, do not assist our students to understand our challenges when attempting to live up to our profession’s ideals.

5. In the process of becoming medical professionals themselves, our students learn powerfully from the systems in which we work and what they see us do (the ‘hidden’ and ‘informal’ curriculum), not only from what they hear us say (the formal curriculum).

6. Under present circumstances, students become cynical about the profession of medicine – indeed, may see cynicism as intrinsic to medicine - because they see us say one thing and do another.

7. Additional courses on ‘medical professionalism’ are unlikely to fundamentally alter this regrettable circumstance. Instead, we will actually have to change our behaviors, our institutions, and our selves.

The Hidden Curriculum

• What we clinicians actually do
  • How we model our roles

• Most powerful influence on student’s understanding of professionalism

Thomas S. Inui, Sc.M., M.D. Petersdorf Scholar-in-Residence Association of American Medical Colleges
Cynicism

- an attitude or state of mind characterized by a general distrust of others' motives

- One active aspect of cynicism involves the desire to expose hypocrisy in order to point out gaps between ideals and practices
Hypocrisy

- contrivance of a false appearance of virtue or goodness, while concealing real character or inclinations
- the practice of engaging in the same behavior or activity for which one criticizes another
- the failure to follow one’s own expressed moral rules and principles
Hypocrisy not restricted to medical education

• A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution

• Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks

• The Principles of Medical Ethics of the AMA do not prohibit a physician from performing an abortion
What happens when you fail?

I nearly failed several basic science requirements in the first year of medical school in the course of what would be described generously as a bumpy transition from the big concepts of a liberal arts education to the many, many specific facts of reductionistic science. Even worse was the fear on my part that both gross anatomy and neuroanatomy had been inadequately learned for the career that lay ahead. In a plan to patch this serious hole, I hatched a plan to enroll in summertime pathology elective between my second and third years. One of the strong features of this elective was the opportunity to conduct post-mortem examinations from initial gross dissections through all subsequent specimen cultures, standard histology, special stains, and final case summary. Early in the summer, I was carrying out the en-bloc removal of the abdominal organs with my preceptor, Dr. Sheldon, in all his Germanic tall rectitude standing behind me. I was doing a grisly tango with the bloc, holding the viscera close to my front as I tried to dissect the organs from the front of the vertebral column, when I perforated the stomach with my scalpel. I froze, as the abdominal cavity was suddenly flooded with gastric contents, obscuring all landmarks and limiting any further observations. From over my shoulder came the heavily accented voice of Dr. Sheldon. “Do you know, Doctor Lui, vaht is the differenz between you und me?” “No, I said in a small voice. “I’, he said and paused, “I haf made more mistakes than you.”
Professionalism defined

- Belief that through the practice of my art in the service of humanity I will achieve my own good
- The successful practice of my art requires communion fellow practitioners and with pursuing ever increasing virtue
- Virtue is necessary to my art in order to be found worthy of trust which is the foundation of all genuine human interaction