

President's Page

Medical Professionalism: A Physician's Contract with Their Society

By *Virgil M. Airola, M.D.*



I invite you to think back to your days as a college undergraduate wrestling with your decision to risk your future and pursue a career as a physician. What were your expectations? Most of us were filled with the sense that we, as physicians, would help our future patients return to health from illness—we would be knights on white horses pushing back the dark demons of disease. Inherently, we understood that our patients would appreciate our skill and dedication, and that we, as physicians, would have the respect of our friends, neighbors, and colleagues because of our choice to dedicate ourselves to caring for the sick and injured folks in our communities.

What we took for granted when imagining our future careers form the implicit contract between professionals and their society. Fundamental to this relationship is the trust each partner places in the other. For generations, physicians-in-training acquired the knowledge and learned the skills required of physicians from a role model while simultaneously gaining a sense of medical professionalism; the older physician imbued the student with a sense of obligation to commit to specific personal behaviors and to hold defined attitudes upon joining the medical profession. We recited the Hippocratic Oath at graduation and accepted those obligations as the foundation of our societal responsibilities as medical professionals.

American society took no such oath, but nonetheless as professionals, our expectations of our society are numerous (see table 1). Many physicians can trace their discomfort with medicine today to the ongoing redefinition of society's "obligations" to physicians as the paramount medical professionals in the United States today. There has been an erosion of trust by the public, political leaders, and insurance companies in physicians; they no longer believe that we collectively are unquestionably moral and honest, or that we uncompromisingly demonstrate personal integrity.

Table 1. Society’s Contract with Medicine¹

Society’s Expectation of Physicians	Medicine’s Expectations of Society
1 Physicians serve as healers	1 Trust
2 Competence is assured	2 Autonomy
3 Altruism	3 Self-Regulation
4 Moral behavior and integrity	4 Health care system is
5 Accountability	✓ Value-Driven
6 Transparency	✓ Adequately Funded
7 Act objectively	5 Consult on Public Policy
8 Promote the public good	6 Shared Responsibility for Health
	7 Monopoly
	8 Status and rewards
	<ul style="list-style-type: none"> ✓ Non-financial: <ul style="list-style-type: none"> • respect • status ✓ Financial

“Morality is without question the core of medical professionalism. To gain and support patient trust, the nature of medical work requires physicians be regarded as demonstrating morality and integrity and honesty. This must occur not only when they are functioning as professionals, but in their day-to-day lives as well. It is not possible to maintain trust in a physician whose behavior inside and outside of medicine does not reflect these qualities. As Brandeis pointed out, professionals are held to higher standards than are members of other occupations and higher standards are a major expectation of the public.”¹

As medicine has grown from a cottage industry to a behemoth consuming 15 percent of our Gross Domestic Product each year, our increasingly diverse and critical society has begun to critically evaluate its “contract” with the profession of medicine. Published descriptions of physicians and other health care professionals stepping away from societal expectations abound in newspapers across the nation. The recent Las Vegas hepatitis epidemic related to nurses administering medications to numerous patients using shared syringes and shared medication vials is only one example of medicine’s failure to live up to societal expectations for safe medical care and a failure to act objectively.

President's Page (cont'd)

“At the same time, patients express a strong desire for care that is based on modern scientific medicine combined with the compassion of the physician of yesteryear. They wish respect for their own autonomy, accountability and transparency from their physicians, and, above all, the services of a competent healer. These latter qualities have come to be recognized as those traditionally associated with the skilled professional, and there is general agreement that many of medicine's failures to meet legitimate public expectations lie in the realm of professionalism.”²

Consequently, physicians have witnessed both an expansion of medicine's explicit accountability standards and a diminution in medicine's ability to influence public policy coincident with a reduction in the public's trust of physicians. Transparency in medical peer review is being demanded. The Medical Board of California will eliminate their physician diversion program this summer and physicians ill with the disease of addiction can anticipate prosecution by the Attorney General instead of treatment of their affliction unless an alternative treatment program is developed. The societal “contract” with medicine as a profession is being rewritten.

“There is no reason to doubt the possibility that medicine may fall from the ranks of professions without increased vigilance and a concerted effort to more clearly fulfill society's expectations of us.”³

In response to societal concerns and a growing lack of trust in physicians, professionalism has become an integral part of the medical school curriculum and has been incorporated into the resident evaluation criterion for accredited training programs. The traditional role model method of passing on the intrinsic elements of medical professionalism has been supplanted by explicit, didactic, and hierarchical (career stage) training of medical students and residents as they are transformed from lay person to attending physician—“multiple, stage-appropriate opportunities for gaining experience in, and reflecting on, the concepts and principles of professionalism.”² This new curriculum can adapt as professionalism evolves with social change and as each new generation of students enters physician training with their own generational values, expectations, and learning modes. The ultimate goal of teaching professionalism is to improve care for individual patients and the nation as a whole.

The following two lists, based on definitions in the literature, were refined during half-day faculty development activities in the Faculty of Medicine at McGill University in December 1999, December 2000, and May 2002:³

List 1²

Definitions of Three Terms Important to an Understanding of Medical Professionalism

Profession: An occupation whose core element is work based on the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded on it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served, to the profession, and to society.

Heal: To make whole or sound in bodily condition; to restore to health or soundness; to free from disease or ailment; to cure (of a disease or wound).

Physician: One who practices the healing art, including medicine and surgery; one legally qualified to practice the healing art.

List 2²

Core Attributes of the Healer and of the Professional and the Attributes They Share

Attributes of the Healer

Caring and compassion: a sympathetic consciousness of another's distress together with a desire to alleviate it.

Insight: self-awareness; the ability to recognize and understand one's actions, motivations and emotions.

Openness. the willingness to hear, accept, and deal with the views of others without reserve or pretense.

Respect for the healing function: the ability to recognize, elicit, and foster the power to heal inherent in each patient.

Respect for patient's dignity and autonomy: the commitment to respect and ensure subjective well-being and sense of worth in the patient and recognize the patient's personal freedom of choice and right to participate fully in his or her care.

Presence: to be fully present for a patient without distraction and to fully support and accompany the patient throughout care.

Attributes of the Healer and the Professional

Competence: to master and keep current the knowledge and skills relevant to medical practice.

Commitment: to be obligated or emotionally impelled to act in the best interest the patient; a pledge given by way of the Hippocratic Oath or its modern equivalent.

Confidentiality: to not divulge patient information without just cause.

Autonomy: the physician's freedom to make independent decisions in the best interest of the patients and for the good of society.

Altruism: the unselfish regard for, or devotion to, the welfare of others; for example, placing the needs of the patient before one's self-interest.

Trustworthiness: worthy of trust, reliable.

Integrity and honesty: firm adherence to a code of moral values; incorruptibility.

Morality and ethics: to act for the public good; for example, conformity to the ideals of right human conduct in dealings with patients, colleagues, and society.

Attributes of the Professional

Self-regulation: the privilege of setting standards; being accountable for one's actions and conduct in medical practice and for the conduct of one's colleagues.

Responsibility to society: the obligation to use one's expertise for, and to be accountable to, society for those actions, both personal and of the profession, which relate to the public good.

Responsibility to the profession: the commitment to maintain the integrity of the moral and collegial nature of the profession and to be accountable for one's conduct to the profession.

Teamwork: the ability to recognize and respect the expertise of others and work with them in the patient's best interest.

Role models, however, remain intrinsic to this new educational process. "Professions use collegiality as a means of obtaining agreement on common goals and encouraging compliance with them. The peer pressure of respected role models remains an enormously powerful tool. Conversely, the destructive effects of role models who fail to meet acceptable standards can be equally strong. To be effective, it seems axiomatic that role models must understand and be able to articulate the roles and values that they are expected to demonstrate."²

President's Page (cont'd)

Not surprisingly, organized medicine has a distinct role to play in providing an opportunity for physicians to demonstrate their professionalism in numerous ways. Physicians have long been involved in their churches, schools, and other community organizations for the public good. Medical societies are another vehicle for physicians to pool their skills, knowledge, and energy to altruistically deliver uncompensated medical care, improve local air quality, advocate for political objectives that improve access to medical care for underserved populations, mentor K-thru-12 students interested in health sciences, and numerous other community-based social projects to benefit the public good. "There is some evidence the loss of trust in medicine as a whole during the past few decades resulted not as much from the actions of individual physicians, but those of medicine's associations, who are believed to have given priority to representing their members, rather than promoting societal good."¹

Organized medicine can advocate more effectively than an individual physician against political and financial forces that seek to overturn sacrosanct elements of medical care such as the ability of a physician, in collaboration with a patient, to determine a proper course of action in the treatment of the patient, particularly when physicians are being asked to deliver cost-effective care as society, government-based medical insurance programs, and private medical insurance companies attempt to supplant a physician's professional medical judgment with corporate policy.

"If an implicit (societal) contract exists, then negotiating the details of this contract becomes a legitimate professional activity. Obviously, the medical profession would be wise to emphasize those aspects that promote the public good, but ensuring proper conditions of work and reasonable remuneration is entirely appropriate. However, during these negotiations, which take place in a variety of settings and situations, medicine must place the public interest first as any other approach is inconsistent with the tradition of the professional and will be unsuccessful in the long term."¹

- 1 Cruess SR. *Clin Orthop* 2006; 449:170-176.
- 2 Steinert Y, Cruess RL, et al. *Academic Medicine* 2007; 82:1057-1058.
- 3 William Norcross, M.D., Clinical Professor of Family Medicine, UC San Diego School of Medicine, speaking at the February 6, 2008 General Membership meeting of the Fresno-Madera Medical Society