# Editor's Notes

## Professionalism: Do We Know It When We See It?

*By Stephen Jackson, M.D., Editor*

A couple of months ago, as Chief of Staff Elect of the 900 physician staff members at the Good Samaritan Hospital, I participated in a JCAHO survey, which thankfully, and deservedly, we passed—and with praise. In the process, I became aware of the JCAHO's recent (January 1, 2007) agreement with—and adoption of—the six areas of general competency jointly established by the American Council for Graduate Medical Education and the American Board of Medical Specialties. "Professionalism" is one of these competencies; the other five, for completeness, are patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal communication skills, and system-based practice. As such, the JCAHO now requires that all physicians must be evaluated and assessed for "professionalism" as a criterion for credentialing and recredentialing! Integrating these concepts into their standards now allegedly allows the "organized medical staff to expand to a more comprehensive evaluation of a practitioner's professional practice." Moreover, we are informed that the JCAHO credentialing process is to "serve as the foundation for *objective, evidence-based* decisions regarding appointment to membership on the medical staff."

So, how can we get our bearings on this new requirement? Because professionalism is a somewhat intangible concept, defining it is a challenge. What topics should be included in discussions of medical professionalism? And, beyond the general definition, are there specialty-specific elements that should be included in this definition? Interestingly, two presidents of the American Society of Anesthesiologists have admitted that they may not know how to define professionalism, but they know it when they see it. Well, to fill this epistemological void, the ASA has suggested that professionalism is a set of values, attitudes, and behaviors that focus on commitment to service, and among its core attitudes and behaviors are integrity, availability, accountability and altruism. The American Board of Internal Medicine emphasizes that three fundamental principles of professionalism should hold sway: the primacy of patient welfare, patient autonomy, and social justice.

I think that we would agree that the anesthesiologist/patient relationship—whether in the OR, L&D, ICU or pain management clinic—extends beyond our technological, physiological and pharmacological skills. Our relationship with our patients and their families is interwoven with moral values that

involve trust, rights, duties, truthfulness, confidentiality, integrity and fairness. Indeed, our practices are suffused with moral value—the act of doing good.

Before progressing any further, we might want to briefly visit two of the great questions in philosophy: "What is morality?" and "What is ethics?" The moral dimensions of our daily experiences are pervasive and inescapable. They concern the welfare of other people and our responsibility to them. Moral precepts and dilemmas involve actions that may harm or benefit others. Ethics, in turn, is the study of the moral problems, precepts and codes of a society, a scholarly effort to analyze these rules, customs and beliefs. Indeed, ethics involves the study of intentional human actions that we choose to carry out with sufficient knowledge with respect to their being right or wrong.

In the Western cultural literature about morality, some moral philosophers have described the qualities or character of persons that might lead to praise or blame. Other moral philosophers and theologians have reflected on the duties and obligations that bind humans to perform certain actions—and to refrain from performing others. Still other philosophers have dwelled on linking individuals to social communities; that is, how the existence of communities is related to the purpose of individuals. These three themes—character, duty and social responsibility—are recurrent topics of ethical reflection, and they also are the threads that bind medicine and morality, what has come to be known as medical ethics.

The writings attributed to the School of Hippocrates focused on the characteristics of the "good physician"; that is, the decorum of physicians' interactions with their patients. Physicians should be gentle, pleasant, comforting, discreet and firm, and these qualities should reflect true virtues. These characteristics have remained constant throughout the history of western medicine and have their counterparts in other cultures. A more grave morality involves the injunctions that define the duty of the good physician: to benefit the sick and do them no harm, to keep confidences, to refrain from exploiting patients, and to show concern and caring—even at the cost to one's health and wealth. These collective duties are more profoundly linked to deep moral beliefs than to the admonitions of decorum, and the paradigm of these moral imperatives is embodied in the Hippocratic Oath. Moreover, as ethical professionals, physicians must define their place in society, demonstrating their worthiness of social trust and their deserving of social authority and reward.

Whatever our personal reasons for becoming a physician, that choice always involves the acceptance of specific moral responsibilities. We physicians are members of a learned profession, one that is defined by our educational breadth, our importance in satisfying fundamental human needs, and society's granting us permission to use these special powers and privileges. In return,

societies have expected that its citizens will be served by physicians whose primary concern is that of their patients' well-being. This concept of serving patients' interests rather than our own is related to the concept of fiduciary responsibility, inherited from common law. The special claim of the medical profession lies less in physicians' knowledge and expertise, and more in their altruistic dedication to something other than self-interest. The ethical insistence on clinical competence, caring and trustworthiness define the core of medicine's professional responsibilities, but it is a physician's unique commitment—his or her promise and dedication to the welfare of those who seek their help—that makes medicine a moral enterprise.

The ethics of the medical profession is the moral code that regulates its actions, sets standards for its members, assures high levels of competence, strengthens relationships among its members, and promotes the health and welfare of both individual patients and society. So, let's now return to professionalism, a morally-based, structurally stabilizing protective force in our society.

Professionalism includes—but is not identical with—acting in a moral way. From a practical point of view, I believe that we should emphasize how physician behavior should be guided rather than look only at general moral principles. Professionals protect vulnerable persons and social values, although this is not their exclusive province, and assuredly, professionals have abused the power granted to them by society. Because medicine is a moral community, professionalism in medicine requires the physician to behave altruistically, serving the interests of the patient above one's self-interest. Professionalism aspires to accountability, commitment to adhere to the highest standards of service and behavior, upholding professional codes, and respect for patients and our professional colleagues. It also demands a commitment to the generation and dissemination of scientific knowledge and being responsive to the health needs of society as a whole.

We are anesthesiologists, but we are physicians first. Medicine is the most humanistic of the sciences as well as the most scientific of the humanities. Our professionalism is demonstrated by our personal qualities of humanism, altruism, compassion, competence, integrity, acceptance of responsibility and accountability, and respect for others. Other universal attributes of professionalism include good citizenship, providing quality assessment, learning throughout one's medical career, supporting teaching and research, and addressing interpersonal relationships and communication issues.

Finally, be certain to read Mark Singleton's President's Page for his profound reflections on professionalism. I welcome letters for publication on this matter that has been thrust upon center stage for our discourse.