



Professionalism AND THE Medical Profession

By Dr Jeremy Lim

The recently-concluded Singapore General Hospital Annual Scientific Meeting had as its theme “**Medical Professionalism – Bridging the Gap between Society and Medicine**”, which is especially apt in these uncertain economic times and period of great system changes. The practice of medicine has become much more complex since the days of the grandfatherly family physician who catered to all the family’s needs with limited necessity or interest in interacting with other professionals in the healthcare sector. Today, healthcare is no longer merely about the doctor-patient relationship; healthcare is a complicated interplay between disease, patient, doctor, the rest of the healthcare team, the payer and society as a whole. There have been profound changes in the organisation and delivery of health and there will continue to be great changes in the healthcare system as we ready ourselves for the silver tsunami and the epidemic of chronic diseases that is already upon us.

We are living in confusing and turbulent times – Changes to the Human Organ Transplant Act, the Singapore Medical Association Guidelines on Fees, the role aesthetic medicine plays in society, Advance Medical Directives, where emergency coronary angioplasty should be offered; the list goes on. Temptations to allow self-interest to override the primacy of the patient’s best interests exist and may grow stronger as medical care involves large sums of money, and researchers who announce the most outstanding and innovative discoveries are fettered with fame and often fortune.

What is fundamental to all these changes is that we must never allow erosion of the “professionalism” of the profession and in fact must take added measures to safeguard the centrality of professionalism as the compass that guides collective and individual medical decision-making. Through all these upheavals in the system, medicine remains and must always remain a moral enterprise. Professionalism under-girdles the practice of medicine and forms the

basis for continued public trust. It must never be undermined.

What is professionalism? Professionalism takes its root from ‘profess’, which is a commitment announced publicly. Hence, professionals are distinguished by their public commitment, and in the case of medical professionals, this commitment is to the patients’ best interests and welfare.

It has been said that there are three key elements of professionalism. The first is a body of expertise, skills that differentiate the doctor from the lay person and allow the doctor to relieve, comfort and heal. The second is a codified set of expected behaviours which some would broadly categorise as ethical conduct. Society has expectations of how doctors should act to uphold the trust and high regard that society has for the medical profession. Finally and most importantly, what distinguishes the medical profession from an occupation or just a job is that medical professionals place society’s and their patients’ interest above their own. Different authors have written of the commoditisation

IN-SIGHT

of medicine and its subsequent de-professionalisation, describing healthcare as a product like any other best left to the market to separate the wheat from the chaff. This is wrong-headed and dangerous. Healthcare will always at best be an imperfect market and the unrestrained pursuit of profit endangers patients, society and ultimately the profession itself by corroding the trust built up over generations. Patients come to doctors sick, fearful and prone to exploitation. Market forces cannot protect patients; only professionalism carefully nurtured and passed down from one generation to another can.

What can be done? I am no expert on such matters but I would suggest to you that there are four aspects that we as a profession should pay special attention to:

Training and exposure. Medicine is more than a craft or a skill. It is a profession and doctors need to be well-schooled in the professionalism of medicine. Both medical schools place great emphasis on professionalism and have devoted significant curricula time to this. All trainee specialists also need to undergo a three-and-a-half day course in Professionalism and Ethics before they can be included in the specialist register. But this is not enough. With the increasing infusion of foreign doctors into our system and the constantly evolving landscape, professionalism and what it means with regards to specific societal challenges must be constantly refreshed and re-emphasised. Perhaps the Singapore Medical Council or other professional bodies should offer annual courses in medical professionalism and even consider mandatory attendance.

Recognising Role Models. Secondly, we as a profession and more broadly a society need to more strongly recognise and exhort role models. Our role models in medicine cannot be the ones who earn many millions of dollars and regularly feature in the high society pages of local media. They must instead be the doctors who without regard for wealth or fame quietly do their best for their patients, teach and inspire future generations of

doctors and leave a legacy in scientific knowledge for better patient care. SGH has devoted a large corridor wall to a mural describing early pioneers such as Sir Gordon Arthur Ransom and Prof Yahya Cohen. Note the recent media tributes to Prof Khoo Oon Teik; bringing to life their stories and reminding a younger generation of the rich heritage and traditions they should live up to will go some way in encouraging professionalism and the right values. Johns Hopkins Hospital, the veritable American hospital has wings and buildings named after some of their most famous physicians such as Sir William Osler, William Halstead and William Welch. When will we do likewise for our local heroes?

Market forces cannot protect patients; only professionalism carefully nurtured and passed down from one generation to another can.

Leadership. Third is the pivotal role of exemplary leadership. There can be no more forceful demonstration of professionalism than the profession's leaders leading the way. We should take every opportunity to not only share with our juniors what it means to be a true medical professional, but live it everyday and give them a living example of what they can and should aspire to be. Our young doctors look to their seniors and model their behaviours after them, both the good and bad. We need to teach them that the needs of the patient come first and all patients, whether rich or poor, merit the same attention and care.

System of Care Delivery. To encourage ethical and values-based behaviour, we will need to ensure that our systems of care delivery and

reimbursements encourage appropriate professional behaviour: Even as we exhort and encourage values, we must equally robustly ensure that standards of professionalism are not breached and firmly take any black sheep of the profession to task. The system should be designed so that those less able to deflect the temptation of self-interest over patients' and society's best interests do not have incentives to do so and are rapidly identified and counselled accordingly. As a profession, we should take a very dim view of professional brethren who are tempted to carry out unnecessary procedures or offer unsubstantiated treatments for the profit motive. Doctors who overcharge should be repudiated in no uncertain terms by clinician leaders and the profession as a whole. It is entirely right that a fair fee be levied for services rendered but we need to always maintain a sense of proportion.

In conclusion, I would like to say that professionalism rests on a combination of values and standards. We must promote the inculcation of sound values consistent with the noble nature of medicine. We also need to ensure that standards are appropriate to societal norms and vigorously audit to identify and expunge those who bring the profession into disrepute. Thus far, my humble opinion is that we as a medical profession should be justly proud of all that we have accomplished in establishing and engendering public trust and confidence. But this is a fragile balance and reputations of individuals and the entire profession can be swept away in a day. It is a rare privilege that society accords to us to self-regulate and all of us have a duty to uphold the highest traditions of our calling. **SMA**



Dr Jeremy Lim is Director, Research and Education in the Singapore Health Services and leads the health services research programme for the cluster. This commentary is contributed in his personal capacity.