

MEDICAL PROFESSIONALISM – WHY, WHAT AND WHO OF IT?

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Recent trends of the abolition of the professional guidelines on fees, the promotion of medical tourism, the earlier relaxation of the advertising rules and the ownership of medical establishments by non-physicians, together with their listing in the stock market all point to the inevitable classification of medicine as a business. However, recent changes in postgraduate training to the residency programme seem to have given a renewed impetus and interest in the teaching of professionalism. Programme directors are forced to search for and develop programmes to teach professionalism in an explicit manner. The ACGME stipulates that doctors in residency will be trained in professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles (professional behaviour) and sensitivity to a diverse patient population (cultural sensitivity). Questions on the what, when, who, and why of professionalism, as well as how do we teach or learn professionalism are being discussed. While we struggle in this state of ambivalence of deciding whether medicine is a business or a profession, this article attempts to answer the basic questions of medical professionalism.

What is medical professionalism?

Healthcare Professionalism encompasses a set of Competencies, Values, Virtues, Behaviour (professional conduct), Outcomes (performance) and Relationships that aim to achieve the Goals of Medicine, and promote Trust and Confidence in the healthcare system¹. It can be described as the professional credo or professional philosophy.

Why is professionalism necessary?

Medicine is a complex system with numerous uncertainties. The science is imperfect and probabilistic at best. The knowledge and technology is vast and fast changing, such that it is almost impossible to master or make sense of its appropriate use. Sometimes, therapy has to be instituted even when diagnoses are incomplete and even applying evidence-based medicine does not always result in certainty and predictability in outcome. However, professional judgment always has to be exercised in situations of inadequate information and time. Patients with their own unique illnesses are vulnerable, anxious or fearful and bring along their own unique expectations, concerns and issues. Doctors working in teams are expected to communicate

and perform consistently, swiftly and humanely. Like all humans, doctors too bring along their own vulnerability and fallibility.

Professionalism as an ideology and applied philosophy provides a framework that allows some stability and certainty in medical practice by the building of trust, confidence, and a sense of solidarity among all the stakeholders in medicine. The pillars of professionalism that promote and preserve trust and confidence in the healthcare system are marked by competence, ethical behaviour and altruism. The trust and confidence created by professionalism enables effective management of the uncertainty and complexity of medical practice, thus enabling healthcare professionals to meet the challenges and expectations in their work.

What are the goals of medicine?

As one of the aims of medical professionalism includes the achieving of the goals of medicine, it is important to reflect periodically on the established and appropriate goals of medicine to keep our bearings. The established and primary goals of medicine include:

Relieving of symptoms of pain and suffering caused by maladies;

Care and cure of those with a malady;
 Improving the functional status and maintaining the compromised status of those who cannot be cured;
 Preventing untimely death and promote a peaceful death;
 Education, counseling, care and support of patients;
 Promotion and maintenance of health and prevention of disease².

The secondary but nevertheless important and legitimate goals of medicine that support the primary ones include medical research, medical education, clinical governance and professional governance. The controversial goals of medicine that are thrust upon the medical profession by societal issues include participation of medical practitioners in aesthetic medicine and cosmetic surgery, enhancement medication and procedures, physician-assisted suicide, euthanasia and termination of pregnancy.

However, all medical professionals must be cognizant of the undesirable and inappropriate use of medical knowledge and skills such as in commercial exploitation of the sick and vulnerable, police or prisoner interrogation, torture, assistance and participation in capital punishment and experimentation or research without consent. These would be considered as inappropriate goals of medicine.

What does competency in medical professionalism entail?

One concise and precise definition of professional competency provided by Epstein and Hundert is “The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served”³.

What are the values of medical professionalism?

The values of medical professionalism are embodied in the four cardinal principles of beneficence, respect for patient autonomy, non-maleficence and social justice. It is in addition expressed in the professional obligations of veracity (truth telling), preservation of privacy and confidentiality, fidelity or non-abandonment. The values are further expressed in the professional commitment to the scientific basis of knowledge, research, lifelong learning and teaching, and healthy collegial relationships based on mutual respect and support⁴.

What would be considered fundamental virtues in medical professionalism?

A virtue is a trait of character that is socially valuable. A professional virtue is one that is valuable to the practice of the profession. A virtue to be effective and habitual has to be internalised and expressed into a habitual professional behaviour. The seven core virtues that are important and relevant in professional medical practice include integrity, discernment, compassion, trustworthiness, conscientiousness, humility and courage¹.

Why are relationships important in medical professionalism?

The most important relationship in medical practice is the therapeutic relationship between the doctor as a healer and his patient, marked by mutual respect, empathy and sincerity. The fiduciary nature of the relationship, which places the interest of the patient above that of the clinician and other third parties, is pivotal in promoting the trust and the healing process. Maintaining an appropriate and professional doctor-patient relationship supported by integrity and loyalty (non-abandonment) is an important professional responsibility. Continuous improvement of access and quality of care are hallmarks of the doctor-patient relationship based on patient advocacy. As the family is considered an integral health unit of the patient, similar cordial relationship is extended to the patient’s family.

Medical professionals in addition have several other relationships and roles which include the scientist-researcher (interacting with the research subject and other research colleagues) and the scholar-teacher-student in the lifelong journey of medical education. As the team and resource manager, the clinician has to interact and develop effective relationships with others such as hospital administrators in the healthcare system.

Medical professionals have an important obligation to build healthy collegial relationships not only with other medical colleagues, but also with other healthcare professionals (previously known as allied health) to promote a harmonious sharing of knowledge and decision-making for the benefit of the patient.

Healthy collegiality promotes teamwork for the common purpose of achieving the goals of medicine.

Who is responsible for promoting and developing medical professionalism?

Medicine belongs to society. Doctors and healthcare professionals are the

promoters and custodians. It is the primary responsibility of the leadership of the medical profession to promote and preserve medical professionalism. However, this can only take place effectively if all the stakeholders in medicine play a responsible role in creating suitable social fabric, culture and environment for professionalism to thrive in. Stakeholders in medicine include health administrators, regulators, policy makers, politicians, legislators, the press, the public and patients. Ambivalent messages about the commitment to and status of professionalism in medicine by non-clinical stakeholders is a sure way to undermine the efforts of the medical teachers and postgraduate programme directors, not to mention the doctors in training.

Conclusion

In conclusion, while oscillating in this bipolar state of business or profession, trade or a calling, I would like to leave readers with a quote from Dr Relman, physician, former medical editor and emeritus professor in medicine to reflect on the value of medical professionalism in a mercantile society, “Professionals have an ideology that assigns a higher priority to doing useful and needed work than to economic rewards, an ideology that focuses more on the quality and social benefits of work than its economic profitability”⁵ SMA

- 1 Low YH, Omar E, Thirumoorthy T. *The seven virtues in medical professionalism. SGH Proceedings 2009; 18(3): 74-79*
- 2 Hanson MJ & Callahan D. *The Goals of Medicine: setting new priorities. Hastings Center Report 1996; 20(6): S1-S28*
- 3 Epstein EM & Hundert EM. *Defining and Assessing Professional Competence. JAMA 2002; 287: 226-23*
- 4 Blank L, Kimball H, McDonald W & Merino J. *Medical Professionalism in the New Millennium. Ann Intern Med 2003; 138: 839-841*
- 5 Relman AR. *Medical professionalism in a commercialized healthcare market. JAMA 2007; 298(22): 2668-2670*



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