9-9-2021

**Medical Professionalism: Evolution and Application**

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Medical Professionalism: Evolution and Application

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Grand Rounds
Greater Baltimore Medical Center
September 9, 2021
• No conflicts of interest
Learning Objectives

• Be able to define professionalism

• List the problem areas in medical professionalism

• Explain core principles that guide in problem areas
Outline

• Evolution of Medicine as a Profession and Professionalism

• Definition of Medicinal Professionalism

• Problem areas in Medical Professionalism and application of Principles
Evolution of Medicine as a Profession and Professionalism
What words come to mind when you hear the word Professionalism?
Why is Professionalism Important

• Professionalism is central to the practice of medicine and improves:
  • Physician-patient relationship
  • Patient satisfaction
  • Career satisfaction
  • Healthcare outcomes
Professionalism in Pre-Hippocratic Period

- **Disease:**
  - Magical-religious

- Supernatural was key to survival
  - Explanation of disease = supernatural causes
    - Possession by evil spirits
    - Witchcraft, control over nature
    - Casting spell on food, drink, objects

- Doctor and sorcerer one and same person
  (Margaret Meade)

Ref: The Project Gutenberg eBook, The Origin and Growth of the Healing Art, by Edward Berdoo
Immediate Post-Hippocratic Period

• Hippocrates (460 – 370 B.C.E) Age of Greek dominance
  • Medicine based on reason and scientific knowledge
  • Believed illness outcome depended on the interaction between the patient, physician and nature
  • Need to know illness, which remedy, why it works
  • Careful observation and keeping notes
  • Followed patients until cured and detailed treatment failures so others would not repeat them
Hippocratic Oath

- Respect the scientific gains and teach the next generation
- Use all measures required to heal, but avoid overtreatment
- There is art to medicine as well as science. Warmth, sympathy, and understanding may outweigh surgery or medication
- Do not be afraid to say “I know not” nor consult another physician when appropriate.
- Respect the privacy of patients, for their problems are not disclosed to me that the world may know. Respect life.
- I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.
- I will prevent disease whenever I can, for prevention is preferable to cure.
- I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.
- If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

Medicine is a sacred trust
Industrial Revolution

• 17th century England

• Growth of urbanization

• Modernization of Hospitals
  • Conflict among physicians, surgeons, pharmacists
  • Thomas Percival wrote “Code of Medical Ethics” in 1803
    • Medicine is a profession and public trust
    • Influenced AMA Code of Ethics
1700s to 1950

- Deep distrust of all professions
  - Tended towards self-interest
  - Insular and arrogant
  - Framed as conspiracies against the public
  - Claims of expertise questioned
  - For profit medical schools

- 1950: Medicine regained trust as a profession
Definition of Profession

• “A profession is a group of men *(and women)* pursuing a learned art as a common calling in the spirit of public service, no less a public service because it may incidentally be a means of livelihood.”

• “Professions are those occupations in which caveat emptor cannot be allowed to prevail ... [and in which] the relation of the professional with the client is part of some larger complex of relations.”

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It takes a Village to Raise IM Physicians, researchers, & Leaders

- **Pre-Med**
- **Med School** (4 – 8 years, 146 MD, 38 DO)
- **IM Residency** (3 years, 540 (137U, 399C))
- **Fellowship** (1 – 5 years, ~1,500)
- **Practice** - 40+ years

**Support, Oversight, Assessment**

- **AAIM**
  - CDIM, APDIM, ASP, APM, AIM, PST
- **ECFMG**
- **ABIM**
- **ACP**
- **ABMS**
- **ACGME**
- **RCPSC**
- **IMEAB**
- **OPDA**
- **Other PD Assoc**
- **ERAS**
- **NRMP**
- **NBME**
- **AAMC**
- **CoPA**
  - Coalition for P A
- **LCME**
- **RCIM**
- **FSMB**
  - Licensure
- **Patient Care**
- **Research**
- **Med Ed**
1990s Focus on Professionalism in Medicine

• Focus on Professionalism in medicine

  • Whose interest is first among profession (patient or doctor)

  • Articles in NEJM, JAMA
    • Yellow Professionalism
    • Medicine – a profession in trouble
    • Medicine’s Rocking horse

• Define, teach, and measure

Pubmed Search for “Professionalism”
SPECIAL ARTICLE

YELLOW PROFESSIONALISM

Advertising by Physicians in the Yellow Pages

Julia M. Reade, M.D., and Richard M. Ratzan, M.D.

Abstract We compared the specialty listings of physicians in the Yellow Pages of the 1983 Hartford, Connecticut, telephone book with the board certifications in specialties of the American Board of Medical Specialties as listed in the American Medical Association directory or the Marquis Directory of Medical Specialists. There were 1179 listings by 946 physicians under 61 specialty headings in the Yellow Pages. We found that a mean of 12 percent of "specialists" listed in the Yellow Pages were not board-certified in a specialty, although they had ample opportunity to obtain board certification.

We conclude that specialty advertising in the Yellow Pages is potentially misleading to consumers and that member boards of the American Board of Medical Specialties should consider ways to diminish this possible misrepresentation. (N Engl J Med 1987; 316:1315-9.)
Medicine—A Profession in Trouble?

If there is one immutable law, it is that no individual or organization can be protected from change.¹

We are very successful. But we are in deep trouble. Never in modern history has the medical profession been weaker. The public trusts us technically and personally but does not trust us economically. Nor does it trust us to represent its best interests. To a great extent, physicians are becoming seen as highly successful businessmen who are functioning with the business ethic rather than the professional ethic.² Furthermore, we are viewed by many as a restrictive cartel.

JAMA, May 17, 1985—Vol 253, No. 19
Public image of physicians. Solid line indicates opinion that physicians explain things well; dashed line, opinion that physicians' fees are reasonable. Reprinted from reference 5.
Countdown to Millennium—Balancing the Professionalism and Business of Medicine

Medicine’s Rocking Horse
and then performing successfully in good faith. Since governmental control countermands professionalism, order in this process can only be achieved by organized medicine if we are to remain a profession. There really is no other choice. Organized medicine, up to and into the next millennium must be obviously in the public interest and of worldwide scope. It must ensure access to care of acceptable quality for all, practice economic soundness, balance health fairly against all other societal needs, emphasize good communications, and most of all require and demonstrate goodwill toward all people.

By so doing, we can preserve our profession into the next millennium for future generations of physicians.

George D. Lundberg, MD
Fig 1.—The natural tensions that are always there between the business and professional ethics of physicians. (Artwork provided by Boon Ai Tan.)
Fig 2.—1990. The business approach is predominating and threatens to tip the profession over.
Fig 3.—The next millennium. Let’s rescue our learned profession.
Recommendations for the new Millenium

• Reestablish that we are objective and will represent the best interests of our patients and the public

• Take a leadership role in cost-containment in every hospital and clinic, while preserving quality

• We should accept reduced fees for uninsured, unemployed, and underinsured

• We should manage our offices and personal efficiently. Minimize waiting room time. Spend more time listening to patients.

• We should not allow medical liability to dictate the way practice

• We should promote full disclosure about cause of death through more autopsies (now <5%)

• We should engage in management, strategic and operational planning to bring costs under control

• We should change our image, be proactive rather than reactive, promoting rather than opposing progress. Spend more money making things right than influencing laws

• Reestablish the caring quality of being a physician

JAMA, May 17, 1985—Vol 253, No. 19
# Constructs of Professionalism

<table>
<thead>
<tr>
<th>Old Model</th>
<th>1990’s</th>
<th>New</th>
</tr>
</thead>
</table>
| • Virtues and ethics | • Behavioral model  
• Virtues ≠ Action  
• Good physician = defined set of behaviors  
• Good physician demonstrate professionalism competencies  
• Good for assessment and research  
• Emphasis on *DOING* rather than what one is | • Professional identity formation – UME & GME  
• Incorporate professional values during educational experiences  
• Aspire to join practice of medicine with shared competence acquired from role models, mentors, experiences  
• Become practitioners, not learn about practice  
• Act, think, feel like physician |
| • A good physician has:  
• Character  
• Can curb self interest  
• Compassionate  
• Respectful  
• Caring  
• Trustworthy  
• Humanistic | • Behavioral model  
• Virtues ≠ Action  
• Good physician = defined set of behaviors  
• Good physician demonstrate professionalism competencies  
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• Incorporate professional values during educational experiences  
• Aspire to join practice of medicine with shared competence acquired from role models, mentors, experiences  
• Become practitioners, not learn about practice  
• Act, think, feel like physician |
1990’s definition

• “...professionalism consists of those behaviors by which we - as physicians - demonstrate that we are worthy of the trust bestowed on us by our patients and the public, because we are working for the patient’s and the public’s good.”

• Nine behaviors that, he asserts, constitute medical professionalism
  • "Physicians subordinate their own interests to the interests of others."
ACGME

• Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

• By demonstrating:
  • Compassion
  • Integrity
  • respect for others
  • responsiveness to patient needs that supersedes self interest
  • respect for patient privacy and autonomy
  • accountability to patients, society and the profession
  • sensitivity and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
ABIM Foundation Project

- Defined the “core of professionalism as constituting those attitudes and behavior that serve to maintain patient interest above physician self-interest.”

- Three principles
  - Patient welfare – serve the patient’s interest
  - Patient autonomy – empower patient to make decisions
  - Social justice – fair distribution of resources. Work to eliminate disparities

- Attitudes and behaviors:
  - altruism
  - Accountability
  - Excellence
  - Duty
  - Service
  - Honor
  - Integrity
  - respect for others.

Royal College of Physicians

• “[A profession is] An occupation whose core element is work based upon 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 upon it is used in the service of others. Its members 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 the right to autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those serviced and to society.”
ABMS

• Umbrella group for 24 specialties

• Created operational definition
  • Foundation for member boards
  • Suited for diversity of boards

• Medical Professionalism is a belief system about how to best organize and deliver healthcare, which calls upon group members to jointly declare (profess) what the public and individual patients can expect regarding shared competency and to implement trustworthy means to ensure that all medical professionals live up to these promises
Profession and Professionalism

- **Profession**: Occupation whose core element based on mastery of a complex body of knowledge
  - Governed by code of ethics
  - Competence
  - Integrity and morality
  - Altruism
  - Promotion of the public's good
  - Social contract (implicit agreement)
  - Society grants self control

- **Professionalism**: core values shared by members of the profession
  - Beliefs that determine behavior
  - Not the things we do but the reason we do them
Professional Responsibilities

- **Commitment to Professional Competence** – Physicians must be committed to lifelong learning and the professional must have a way to accomplish this goal.

- **Commitment to honesty with patients** – consent for treatment must be informed. Patients must be empowered to make decisions about treatment.

- **Commitment to confidentiality**
• **Commitment to maintain appropriate relationships with patients** – patients are vulnerable in the physician/patient relationship. Certain relationships must be avoided.

• **Commitment to improving quality of care** – must be dedicated to continuous quality improvement. Must work to reduce medical errors, minimize overuse of health care resources, optimize outcomes.
• **Commitment to improving access to care** – collectively work to reduce barriers to care

• **Commitment to just distribution of finite resources** – wisely and cost-effectively use and manage resources

• **Commitment to professional responsibilities** – work collaboratively to maximize patient care, be respectful to one another, participate in self regulation, including remediation and discipline members who have failed to meet professional standards
Problem areas in Medical Professionalism
Maintaining Health and Wellness as Physician

- When mental or physical health compromised, safety and effectiveness of healthcare may suffer.

- We have responsibility to:
  - Maintain health and wellness
  - Prevent and treat chronic diseases, including mental illness
    - Healthy lifestyle habits
    - Have a personal physician who is not compromised
    - Prevent transmission of dz to patients
  - Ensure colleagues are able to provide safe care
Use Social Media Professionally

- Social network support personal expression, enable professional presence, foster collegiality within profession, disseminate health messages
- Cognizant of patient privacy – do not post identifiable patient information
- Informed consent when posting pics
- Use Privacy settings
- Separate personal and professional content online
- Bring unprofessional content to attention of individual so can be removed
- Content online may negatively affect reputation of physician and colleagues
Reporting incompetent or unethical behaviors by colleagues

• Medicine is self-regulated based on commitment to safeguard patient’s welfare.

Unethical behavior

• Report to state board when conduct in question poses threat to patients or violates state laws.
A patient says that she does not want to be examined by your medical student. What do you do?

1. Discharge the patient
2. Send someone else to perform the examination
3. Explain the benefits of care from medical student
Involving Medical Students in Patient Care

• Having contact with patients is essential for medical students - both the patient and public benefit. Balance this with the patients freedom to choose from whom they receive care.

• Share benefit of care form medical students

• Inform patient or surrogate of student identify and training status

• Confirm that patient is willing to have student
You code a janitorial worker who survives. The next time he sees you, he brings $1000.00 in bills and offers it to you.

1. Take the money and pocket it
2. Take the money and have a party for your staff
3. Refuse it
4. Ask him to make a donation to your favorite charity
Accepting Gifts from Patient

• Patients offer gifts to a physician for many reasons.

• Some gifts reflect patient’s cultural tradition.
  • Accepting gifts offered for these reasons can enhance the patient-physician relationship.

• Some gift may be to secure influence or preferential treatment.
  • May damage physician-patient relationship

• Decline inappropriately large gifts

• Consider asking that pt make charitable contribution
Addressing Disparities in Healthcare

- Differences in treatment not based on clinical needs or preferences ➔ inappropriate variations in health care.

- May worsen outcomes for populations
  - Provide care that meets need and respects preferences
  - Avoid stereotyping patients
  - Examine practices – PBL
  - Encourage shared decision making

- Support research that examine health disparities
Managing Conflicts of Interest

• The primary objective of the profession is to render service to humanity; reward or financial gain is a subordinate consideration.

• Physicians must not place their financial interests above the welfare of their patients

• Where the economic interests of the hospital, health care organization, or other entity are in conflict with patient welfare, patient welfare takes priority
Other areas

• Civility among colleagues

• Consultations
  • Arguments in the medical record
  • Complaining that consult is inappropriate
  • Complaining that a consult is late

• Documentation
  • Timely, clear, accurate

• Commitment to lifelong learning

• Involvement in Improvement activities
Medical Professionalism and CoVID

• CoVID Pandemic has expanded our concept of Professionalism

  • Historically, self sacrifice and service to humanity
  • Good doctor prioritizes her patients
  • Knowing what patient needs yet not able to provide it creates moral distress
  • Should the public side of professionalism include physician wellbeing and workforce planning?
Continuous Evolution of Professionalism

- Medical advances and complexity of care
  - Sequencing first human: $1 billion & 13 years
  - Today, it’s $3,000.00 and one day
- Technological advances
- Expectations of the public
- Accountability
- Stronger sense of responsibility for the way the wider system of healthcare works
- All dimensions of quality
- Constant improvement in what the clinicians does
- Accepting change as an asset rather than threat
- Building evidence
- Working across organizational boundaries in a multidisciplinary fashion
- Improving quality is not just an “add-on”; it is a core value in the new model of professionalism
- Actively work to influence the environment to deliver better care
- Improving quality of care is a core value of professionalism
Take Home Points
Fig. 2. — Caption for Fig II. The attributes traditionally associated with the healer are shown in the left hand circle and those with the professional on the right. As can be seen, there are attributes unique to each role. Those shared by both are found in the large area of overlap of the circles. This list of attributes is drawn from the literature on healing and professionalism.
Professional Identity Formation

• Identity: Set of characteristics that distinguished one thing from another
  • How others perceive you and how you perceive yourself

• Students enter medicine with one identity and seek to acquire the identity of a physician
  • Internalizes values and norms
  • Through:
    • Experience and reflection on experience
    • Role models, mentors