

Medical Professionalism

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Abstract: *This article will define, describe and discuss medical professionalism. Medical professionalism is how we conduct ourselves as physicians while serving our patients and society in our roles as healer, medical professional and medical scientist. Medical professionalism is the basis for the trust in the patient-physician relationship.*¹

A Definition

Medical professionalism is our behavior as physicians. It is how we conduct ourselves as physicians in our interactions with our patients and society. Medical professionalism is a behavior that is predicated on our personal beliefs and our ideas. It encompasses the values, behaviors, and attitudes inculcated into us by our medical school education and post-graduate training along with our daily experiences interacting with patients and fellow physicians. Medical professionalism is greatly influenced by our contemporaneous social values and norms. Therefore, it remains a flexible concept from age to age, despite maintaining a core set of values.

Medical professionalism is a behavior that defines our relationship as a physician to our individual patients and our relationship to society. It serves as the infrastructure for the trust absolutely necessary to the patient-physician relationship.

Physician Roles

As physicians, we function as healers, as medical professionals, and as medical scientists. The roles of healer and medical professional are separate and distinct ones. The authority of both roles is derived from separate origins and originates at different points in history. The role as a healer traces back to the Oath of Hippocrates, originating about 2500 B.C. The role of medical professional has more recent origins, stemming from the societal creation of the concept of professions in the guilds of the Middle Ages. As medical scientists, our expert authority is based on our knowledge (medical science) and our expertise (extensive training). The art of medicine is to bring the science of medicine to the bedside.

Role as a Healer The origin of our role and authority as healer dates back to the Oath of Hippocrates. It is one of the most enduring oaths of Western civilization, having originated in antiquity.²

The Oath of Hippocrates or some derivation of it is taken by most, if not all, medical school graduates.³ It is our entry into the medical profession. Taking the "Oath" is "the moment when the newly graduated physician enters the profession, not when (he) she receives (his) her degree 'doctor of medicine'."⁴

The Oath enjoins us as physicians:

1. To a commitment to service (duty) and to commit to the best interests of our patient (beneficence). It declares a respect for human life and as pointed out by the sociologist Margaret Mead, "a dedication to life under all circumstances."⁵

2. To not take advantage of or exploit the patient-physician relationship, including any sexual relationship. All forms of discrimination are to be avoided.
3. To preserve confidentiality. To be truthful.
4. To place the needs of the patient above our own needs (altruism). To suppress our own self-interests when the welfare of others requires it.⁴
5. To obtain assistance when greater knowledge is needed. To be collegial.
6. To remain current with the medical science (lifelong learning), to advance the science, and to teach the science.
7. To conduct our lives and maintain the patient-physician relationship on the highest level. To sanction and censure incompetent physicians.⁶

Our role as a healer therefore has its origin and authority in the public declaration of our principles of conduct embodied in the Oath of Hippocrates. The Oath serves as a public statement about our professional obligations, and it is an affirmation of the social and personal responsibilities of the profession.

Role as a Medical Professional The role and authority of the medical professional has more recent origins. As society grew and advanced, the increasingly specialized forms of work, service, and knowledge evolved into the medieval guilds. The guilds came to control the work (knowledge, service), the participants, the productivity, and the costs of service or work. The guilds would provide the service for society, advance the knowledge base, and self-regulate their membership in exchange for autonomy, respect, and a fair livelihood, as long as society's needs were met.⁷

Our current medical profession is a derivation of the guilds and represents a covenant between society and the medical profession. The covenant is dynamic and evolves to meet the changing societal medical needs (HIV/AIDS, diabetes, access to care, obesity, the uninsured, etc). Our ability or authority to practice our profession is granted through state licensure, with the state acting in the best interest of society (the patient).

The covenant changes as the relationship between society and the medical profession changes. If the profession fails to meet the needs of society, the privileges granted can be taken away.⁸

Our medical societies and associations at all levels (AMA, FMA, DCMS, hospital medical staff organizations) serve very important functions. They develop programs to meet societal needs, interface with government and corporations, aid in self-regulating and self-disciplining and serve the vital function of the preservation of our profession. Note further discussion of "medical professionalism on the American Medical Association (AMA) website at www.ama-assn.org under the section "Medical ethics/standards".

Role as a Medical Scientist For centuries, physicians possessed little more medical knowledge than did non-physicians

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claiming to be healers. In addition, physicians often served only the elite or affluent members of society. With the industrial revolution and the associated scientific revolution, the body of medical knowledge grew and evolved. Medical schools were established and improved and ultimately provided a mechanism for learning and advancing the science of medicine. The industrial revolution increased the available wealth, and the scientific advances made the health care worth purchasing, so the role of the physician as the medical scientist and professional authority was established.⁹

Our professional authority is based on knowledge and expertise. As physicians, we use our professional authority to act as an intermediary between the patient and a body of knowledge, which generally is not possessed by the patient or society. Therefore, the physician possesses professional authority based on expert knowledge in his/her role as medical scientist, and patients benefit from this authority but are also vulnerable to its potential abuse.

Medical professionalism establishes the trust that enables the physician to exercise his/her expert or professional authority. The use of this professional authority must be in the best interest of the patient. Trust is at the heart of the healing relationship and the core of the profession, and trust is predicated on the integrity of both the individual physician and the profession as a whole.

Our role as healer dates back to antiquity, and its authority is based on a covenant with the patient. Our role as medical professional dates from the Middle Ages, and its authority is based on a covenant with society. We as physician-scientist are charged with the responsibilities of meeting the health-care needs of our individual patients and of society.¹⁰

Patient-Physician Relationship

The goal of the patient-physician relationship is healing, and the basis for the relationship is trust. The basic trust is that the physician will always act in the best interest of the patient (altruism). A sick person is a vulnerable individual and must be reassured that the physician will act in his/her best interest and will not take advantage of the trusting relationship. The sick person must be reassured that the physician will recognize the basic worth of the patient, will preserve the patient's confidentiality, and will not take liberties with the patient's body. The oath that we take as physicians is a public profession of these values and a public pledge to honor them. The act of taking an oath as a physician demands ethical integrity, which serves as the basis for trust in the patient-physician relationship, and in the relationship of the physician to the science of medicine.¹¹

Recent Writings on Professionalism

These definitions of professionalism and the role and authority of the physician are based on the more traditional concept of professionalism. Recently the writings on this topic have taken different directions.

A number of papers have called for an updated definition of professionalism.^{12, 13} Some have questioned the validity of the concept of professionalism and the need to continue this social concept. Multiple articles have focused on teaching professional behavior to medical students and post-graduate trainees. A number of articles have called for a reaffirmation of the basic principles of professionalism with a shift in emphasis from factual knowledge, procedural competence and technical advances to the humanistic qualities of professionalism. These

interesting writings are reflective of the malleability of the concept of professionalism from age to age. (See "Additional Reading" at the end of this article)

Summary

We are physicians with the roles of healer, medical professional and medical scientist. How we conduct ourselves and our behavior in the performance of these roles, is our medical professionalism. This behavior is the expression of our personal values, the values and ethics expressed in our medical codes, and the covenants we have with our patients and society.

Our medical science empowers us as physicians with the professional authority to provide the best healing in the patient-physician relationship. Our codes and covenants are evolutionary and must always meet the needs of our patients and the medical needs of society. The price of failure to meet these needs would be the loss of our medical professionalism. Medical professionalism is an ideal toward which we as physicians must always be striving.

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