Letters to the Editor

Medical Professionalism

Hello and thank you for the recent article, "Medical Professionalism: A contract with society" (*The Pharos* Autumn 2019, p 2–7.

The article reminded me of the work we have done at Olympic Medical Center (OMC) in Port Angeles, WA.

OMC is a rural, public, nonprofit, sole community, safety net hospital. Our Olympic Medical Physicians has had a provider compact for many years. We are a group of 100+ multi-specialty providers. Recently, our compact was revised to be more simple, direct, meaningful, and on one page. Each item is a brushstroke of possibly deeper important discussion, such as communication, respect, collegiality, professionalism and attention to guidelines for patient care excellence. The OMP Way is used often within our group, with individuals, and for provider recruiting. This is our credo.

I wanted to share this with AΩA and *The Pharos*. It is a supportive response to the AΩA message.

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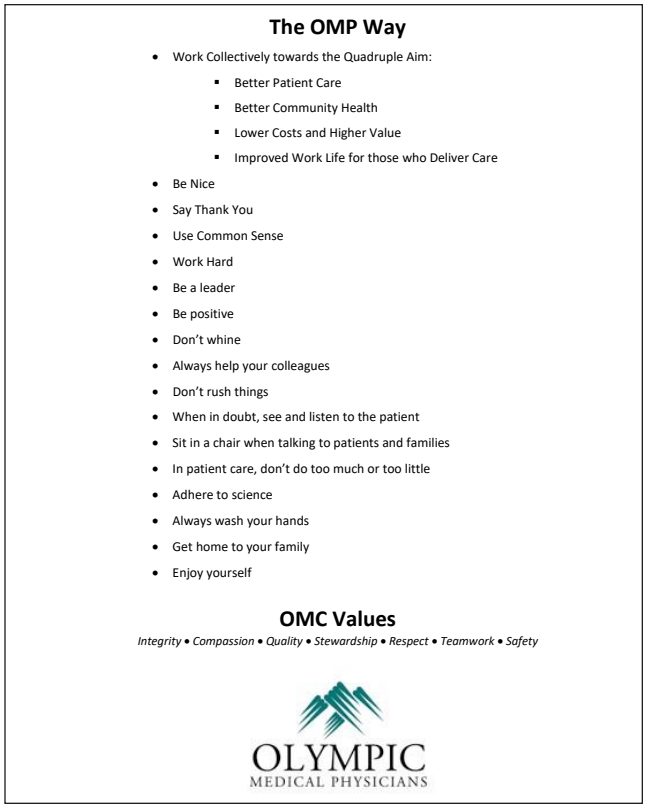

The OMP Way

- Work Collectively towards the Quadruple Aim:
  - Better Patient Care
  - Better Community Health
  - Lower Costs and Higher Value
  - Improved Work Life for those who Deliver Care
- Be Nice
- Say Thank You
- Use Common Sense
- Work Hard
- Be a leader
- Be positive
- Don't whine
- Always help your colleagues
- Don't rush things
- When in doubt, see and listen to the patient
- Sit in a chair when talking to patients and families
- In patient care, don't do too much or too little
- Adhere to science
- Always wash your hands
- Get home to your family
- Enjoy yourself

OMC Values

Integrity • Compassion • Quality • Stewardship • Respect • Teamwork • Safety

OLYMPIC
MEDICAL PHYSICIANS

Medical Professionalism: A contract with society

I appreciated the Autumn issue of *The Pharos* calling my attention to the Center for Professionalism and Value in Health Care (pp.2–7). One can hardly argue that medicine needs more of both, and I encourage the work of Dr. Phillips, his colleagues, and the American Board of Family Medicine to advance our understanding of, and commitment to, medical professionalism. I also encourage them to reconsider framing this work as part of a metaphorical social contract.

It is easy to appreciate the attraction of the social contract metaphor, an idea that goes back to Plato and has been part of our political discourse since Thomas Hobbes, but this overworked trope is neither historically nor philosophically justifiable in describing medicine's relationship to society. It can be counterproductive by implying that professionalism is a bargaining chip and physicians are owed something (status, autonomy, etc.) for acting professionally.[1,2]

In suggesting a deal with society, the metaphor often leaves us feeling sorry for ourselves. Phillips writes that our professionalism is being challenged and our work is becoming commoditized, presumably despite our best efforts. This is not new ground. New York surgeon and public health reformer Stephen Smith wrote in 1860 that his medical brethren constantly complained about their lot, "We think, indeed, that many a [physician] is led, at times, to believe that our age is about the most trying upon which he could have fallen."[3]

The challenges today are not the same, but medicine has always been hard and doctors have always felt put upon. Perhaps we need to move beyond this.

AΩA, has long wrestled with medical ethics issues. It's time to consider whether medicine has a separate relationship with society that is materially different from each physician's moral relationship to his/her fellow humans. Thoughtful American physicians have argued for more than 150 years that we don't, that a physician's obligations and commitments can be distilled to The Golden Rule.[4]

If we want to include social contract theory in our discussions, I suggest that we expand our view and consider the vast body of philosophical literature that builds from Rawls' *A Theory of Justice*.[5] In particular, I recommend Donaldson and Dunfee's *Ties that Bind* as a practical starting point.[6]

References

1. Harris JM Jr. It Is Time to Cancel Medicine's Social Contract Metaphor. Acad Med. 2017; 92: 1236–40.

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3. Smith S, editor. Past and Present. Amer Med Times. 1860; 1: 334–5.

4. Carroll AJ, Peters JC. The Code of Ethics. The (NY) Medical Gazette. 1869; III: 126–27, 138–9, 150–2, 162–3, 174–5, 186–7.

5. Rawls J. A Theory of Justice. Cambridge (MA): Harvard University Press. 1971.

6. Donaldson T, Dunfee TW. Ties that Bind: A Social Contracts Approach to Business Ethics. Boston (MA): Harvard Business School Press. 1999.

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Tobias Venner: A 17th century Oslerian prototype

The article, "Tobias Venner: A 17th Century Oslerian Prototype," *The Pharos*, Autumn 2019, pp. 8–12) was a reminder of the shining lights that illuminated our path to today's technologically-blossoming medical care. The article was also a sad reminder of a relatively new phenomenon, burnout, that has exploded into the medical consciousness.

A plethora of articles, conferences, grand rounds and faculty lounge conversations have highlighted the tragedy of the loss of medical students, residents and faculty to what has become a widespread problem in medicine. What has been the driver for this? Why did we allow ourselves to devolve into what has quickly become a crisis?

Forty-five years ago, when my fellow residents and I were working 110-hours per week, we accepted always being tired, never having adequate time with family, being without a complete weekend off for fun, or better yet, rest. During those years, we didn't even consider burning out or leaving our residencies, and we looked forward to long productive careers. What has happened to change this?

In 1970, the three most respected professional positions in the United States were the President, Supreme Court Justice, and physician. Today, physician has fallen to fourth place behind nurses, military officers and grade school teachers. It is not just that our position has fallen one place, but we have now come to be known as providers. We are frequently not making decisions regarding the best practices for our patients, but rather we spend our time bargaining with, and sometimes begging, insurance companies to allow us to do what we know is right. Patient-physician loyalty has been co-opted by rapidly changing insurance coverage. Essentially, our status in the community is being markedly eroded.

Five decades ago when someone said they were going to become a physician, it was what they were going to be, not what they were going to do. Our self-perception reflected in societies' changing view of who we are, what we do, and the value of our efforts, often leads to physicians-in-training having underdeveloped self-esteem and resilience. These are qualities absolutely necesary to tolerate the vagaries of residency, and the subsequent pressures of medical practice.

Researchers must look at what has changed in medicine to really understand why there is this impending epidemic of burnout. They must delve into what the changes in medicine have done to the psyches of those who choose to become doctors, and find ways to reinforce those noble ideals with which most of us began our careers.

Once, not so many decades ago, the ghosts of Venner and Osler whispered in our ears that we could strive to become shining lights. Young physicians must be reminded that they are not just training for a job, but that they should be seeking the emotional and intellectual rewards that once existed for a physician.

These are definitely areas to study, and if it is true that we are no longer in touch with the wonders of our profession, our leadership, through training and example, should direct their efforts to correct the problem and bring us back to the path that was followed by the "shining lights" of the past.

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