

## *Editorial*

# AΩA and professionalism in medicine

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Medicine is based on a covenant of trust, a contract we in medicine have with patients and society. Medical professionalism stands on this foundation of trust to create an interlocking structure among physicians, patients, and society that determines medicine's values and responsibilities in the care of the patient.

AΩA was founded in 1902 by a small group of medical students galled by the absence of professional values and the immaturity and poor conduct of their fellow medical students and faculty. They wrote: "The mission of AΩA is to encourage high ideals of thought and action in schools of medicine and to promote that which is the highest in professional practice." They established the AΩA motto as "Be Worthy to Serve the Suffering." They defined the duties of AΩA members: "to foster the scientific and philosophical features of the medical profession; to look beyond self to the welfare of the profession and of the public; to cultivate social mindedness, as well as an individualistic attitude toward responsibilities; to show respect for colleagues, especially for elders and teachers; and to foster research and in all ways to ennoble the profession of medicine and advance it in public opinion. It is equally a duty to avoid that which is unworthy, including the commercial spirit and all practices injurious to the welfare of patients, the public or the profession." AΩA's founding principles in fact described professionalism, though that term came later. Scholarly achievement and leadership capabilities, ethical standards, fairness in dealing with colleagues, demonstrated professionalism, potential for achievement in

medicine, and a record of service to the school and community remain the criteria for membership in AΩA and represent what AΩA stands for.

Both Hippocrates and Maimonides developed oaths codifying the practice of medicine as a sacred trust for the physician to protect and care for the patient and a set of values for physicians appropriate for their times. Both emphasized teaching and learning, and the primacy of benefiting the sick according to one's ability and judgment while adhering to high principles and ideals. These oaths were also a form of social contract that partially codified what patients and society should expect from the physician.

Apparently, Scribonius, a physician, coined the word "profession" in 47 AD. He referred to the profession as a commitment to compassion, benevolence, and clemency in the relief of suffering, and emphasized humanitarian values. While patients and societies and the concept of medical professionalism have changed over time, many of the professional values in medicine are timeless. To paraphrase Sir William Osler: "The practice of medicine is an art; a calling, not a business; a calling in which your heart will be exercised equally with your head; a calling which extracts from you at every turn self-sacrifice, devotion, love and tenderness to your fellow man." He also wrote, "no doubt medicine is a science, but it is a science of uncertainty and an art of probability."

The science of medicine has progressed dramatically in the last hundred years. Up until the mid-1900s, doctors could diagnose some illnesses, but they had few diagnostic tests or effective therapies. Thus one of the special roles



of doctors—the art of medicine—was to relieve patients' suffering. Scientific and technical advances brought more effective treatments, which paradoxically led many doctors to become less capable of compassionately caring for the suffering patient. Within the last fifty years, social changes have altered the relationship of the doctor and patient. In what is sometimes referred to as the corporate transformation of health care, many components of medicine actually became businesses that do not put the patient first and dismiss the special relationship between patients and their doctors. At the same time, the profession of medicine has not responded as effectively as it should have to protect the primacy of the care of the patient.

A few decades ago, *medical professionalism* became an important issue. Many researchers concluded that an integrated patient-centered approach was needed, one that included both the science and the art of medicine. While a disease framework is needed to reach a diagnosis and select appropriate therapy, the illness framework in which the patient's unique and personal experience with suffering, including individual worries, concerns, feelings, and beliefs, is equally important. Some recognized that what Francis W. Peabody wrote earlier was simple and profoundly important: "One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient."

In dissecting medical professionalism to better understand the concept and determine how to address issues of concern both to the profession and society, most researchers have concluded that the profound and rapid advances in medical knowledge, technology, specialized skills, and expertise have inadvertently resulted in a loss of our professional core values.

Many writers and our professional organizations have proposed a renewed commitment to restore professionalism to the core of what doctors do. It seems self-evident that we should practice medicine based on core professional beliefs and values. This represents medical professionalism. In my opinion, this relates first and foremost to the doctor-patient relationship. It starts with physicians understanding their obligations and commitments to serve and care for people, especially the suffering. Physicians must put patients first and subordinate their own interests to those of others. They should also adhere to high ethical and moral standards and a set of medical professional values. These values start with the precept of "do no harm." They include a simple code of conduct that explicitly states: no lying, no stealing, no

cheating, nor tolerance for those who do. I also believe that the Golden Rule or ethic of reciprocity, common to many cultures throughout the world—"one should treat others as one would like others to treat oneself"—should be the ethical code or moral basis for how we treat each other.

Professional organizations and leaders in medicine have recently defined the fundamental principles of medical professionalism. CanMed2000 stated it well: "Physicians should deliver the highest quality of care with integrity, honesty, and compassion and should be committed to the health and well being of individuals and society through ethical practice, professionally led regulation, and high personal standards of behavior." The American College of Physicians and the American Board of Internal Medicine have developed a physician charter with the following fundamental principles: the principle of primacy of patient welfare or dedication to serving the interest of the patient and the importance of altruism and trust; the principle of patient autonomy including honesty and respect for the patients to make decisions about their care; the principle of social justice and to eliminate discrimination in health care for any reason.

These professional organizations have also developed a set of professional responsibilities. I also believe explicit rules and values are important in medicine and I have taken the liberty to rephrase some and add others in the table on page 3.

Learning requires a clear, straightforward set of expectations combined with learning opportunities, reflection, evaluation, and feedback, and these principles may provide an important basis for physician learning. While I hope that most physicians understand, practice, and teach with professionalism and its core values, the literature indicates that unprofessional behaviors are common. This raises the question: Can you teach professional behaviors to students and physicians? Although medical schools would like to select students who already have professional values and ethics, they lack reliable tools to find those candidates and so primarily rely on academic performance for admission.

Medical schools transmit knowledge, teach skills, and try to embed the values of the medical profession. During this curriculum and learning process do students learn to put the needs of patients first? Most of the data indicate that students begin with a sense of altruism, values, and open-mindedness, but they learn to focus on what is tested to pass examinations. They observe self-interest, a focus on income, and nonprofessional behaviors by their seniors in our profession

Professionalism in Medicine	
<b>Responsibilities to patients</b>	
The care of your patient is your first concern	Care for patients in an ethical, responsible, reliable, and respectful manner
Do no harm	Respect patients' dignity, privacy, and confidentiality
No lying, stealing, or cheating, nor tolerance for those who do	Respect patients' rights to make decisions about their care
Commit to professional competence and lifelong learning	Communicate effectively and listen to patients with understanding and respect for their views
Accept professional and personal responsibility for the care of patients	Be honest and trustworthy and keep your word with patients
Use your knowledge and skills in the best interest of the patient	Maintain appropriate relations with your patients
Treat every patient humanely, with benevolence, compassion, empathy, and consideration	Reflect frequently on your care of patients, including your values and behaviors
<b>Social responsibilities and advocacy</b>	
Commit and advocate to improve quality of care and access to care	Respect and work with colleagues and other health professionals to best serve the patients' needs
Commit and advocate for a just distribution of finite resources	Commit to maintaining trust by managing conflicts of interest

and unfortunately grow progressively more cynical and less professional, especially once they get to clinical experiences. This is worsened by the lack of moral and professional values in the business and political components of medicine that often disregard the patient and the patient's needs and interests. Although most schools have curricula related to professional values, what students learn and retain is from what is called the "hidden curriculum"—the day-to-day experiences of students working in the clinical environment while watching, listening, and emulating resident and physician behaviors. It is not a good story. Fortunately, some schools and teaching hospitals have implemented effective interventions to improve medical professionalism and some have attempted to develop

methods of evaluating aspects of professionalism. A few courses do not seem to make the difference in learning professionalism and professional behaviors. The most effective programs, so far, lead by changing the entire culture and environment to respect and reward professional behavior and to diminish the negative impact of the "hidden curriculum." Many of these interventions are top-down and bottom-up institutional changes that focus on faculty, house staff, students, and staff members, and have shown promising reports of changes in professionalism. Little has been done about practicing physicians.

After reading the literature and this editorial, you could become pessimistic, but we call it "the practice of medicine" because we are always practicing our profession to learn and improve. Our work in medical professionalism is a work in progress. Our goal is not perfection, but continuous learning, improvement, and focusing on what is best for the patient. We recognize medical professionalism as an important issue for doctors and society that must be taught and then practiced in the interests of both patients and our profession.

We have begun to make progress, but the challenges are huge. AQA developed the Edward D. Harris Professionalism Award a few years ago as our society's contribution to promote professionalism in medicine. We have made some interesting awards, but haven't had a clear focus about AQA's leadership role and how AQA's programs and projects can make a difference. Is it curriculum reform, remediation, or some other important step toward the future?

To enable us to focus our efforts and define our role in the development of professionalism in medicine, AQA will host a "think tank" meeting in late July to discuss these issues and others with experts in the field. I hope to learn how to make it possible for AQA to provide leadership in medical professionalism. Because many AQA members are leaders in medicine, we need to recognize that leadership in medicine must always be grounded in professional values. The combination of leadership and professionalism can have a synergistic and positive impact on our members and profession.

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