

# AQA and professionalism in medicine—continued

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The autumn 2010 issue of *The Pharos* featured my editorial, “AQA and Professionalism in Medicine,” in which I emphasized that the profession of medicine is based on a covenant of trust—a contract physicians have with patients and society. I would like to continue that thought here.

Serving as a physician and practicing medicine must be based on core professional beliefs and values. One of our fundamental professional precepts is that those entering and practicing our profession will accept the values of medical professionalism and learn and demonstrate the aptitude and commitment to behave professionally.

Physicians work primarily for others—our patients, families, communities, and society as a whole. Our success is measured in human terms, by how well we benefit those under our care and not necessarily in financial returns. Our profession is evaluated and respected because of what we actually do and how we meet our responsibilities. At the core of our professional values is what we do in caring for patients through a healing relationship between the physician and patient and, through these cumulative relationships, improving public health. We also have complex professional responsibilities to our medical profession, society, families, and ourselves.

A physician’s work is compassionate and includes a commitment to service, altruism, and advocacy. To a large extent, the practice of medicine as a profession is self-directed and therefore self-regulating. With the privilege of self-management granted us comes professional responsibilities to our patients and society if we are to be worthy of their trust. Upholding these values requires the application of our specialized body of knowledge in fulfilling our duties with honor, integrity, and respect for our patients.

An integrated patient-centered approach to fulfilling our professional responsibilities requires both the science and the art of medicine. We use our specialized knowledge of biology, disease, and medicine combined with clinical skills and the appropriate technology in our “scientific” approach to sickness and ill health. However, we must also incorporate and understand the equally important illness framework of the patient’s unique and personal experience with suffering and being sick, worried, and anxious.

In my earlier editorial on professionalism, this table organized professionalism in medicine into responsibilities to patients and social responsibilities and advocacy.

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

All medical students and physicians must learn and understand the professional core values in medicine—they are not necessarily intuitively apparent. A growing concern is how to train medical students to think professionally. Medical students may enter the profession with altruistic ideals, but they need to understand that continual adherence to professional values is a fundamental requirement. A knowledge and understanding of our core professional values must be combined with medical school and other professional experiences to result in a professional attitude and behaviors based on those principles. I believe that professionalism is a required core competency for physicians.

Although I recognize that there is debate about the importance and value of a physician’s “oath” or “solemn promise,” I

believe that the action of making such a commitment clarifies the professional expectations for all physicians. The making of such a promise is therefore a symbol of the physician's intention to respect and uphold the stated code of professional values and behaviors.

Clear professional values coupled with the commitment to our patients should result in a consistent professional attitude, which in turn will result in a set of professional behaviors. These include the commitment to:

- Adhere to high ethical and moral standards: do right, avoid wrong, and do no harm.
- Subordinate your own interests to those of your patients.
- Avoid business, financial, and organizational conflicts of interest.
- Honor the social contract you have undertaken with patients and communities.
- Understand the non-biologic determinants of poor health and the economic, psychological, social, and cultural factors that contribute to health and illness.
- Care for patients who are unable to pay, and advocate for the medically underserved.
- Be accountable, both ethically and financially.
- Be thoughtful, compassionate, and collegial.
- Continue to learn, increase your competence, and strive for excellence.
- Work to advance the field of medicine, and share knowledge for the benefit of others.
- Reflect dispassionately on your own actions, behaviors, and decisions to improve your knowledge, skills, judgment, decision making, accountability, and professionalism.

In July 2011, AQA sponsored a think tank on medical professionalism that brought experts in the field of medical professionalism together to review the status of and challenges in the field. The meeting was based on the assumption that the last twenty years have seen good progress in defining professionalism and in devising charters, curricula, assessment strategies, and accreditation criteria. But there has been insufficient evidence to inform best practices in medical professionalism. This is especially true for interventions and remediation strategies for those who demonstrate lapses in professionalism and professional behaviors.

The outcome of the meeting was our publication, "Perspective: The Education Community Must Develop Best Practices Informed by Evidence-Based Research to Remediate Lapses of Professionalism."<sup>1</sup>

We recognize that lapses in professionalism provide important learning opportunities, both for the physician who has lapsed and for the medical community as a whole. The creation of a knowledge base of best practices to forestall lapses in

professionalism and to effectively remediate them when they occur would be of immense value to the medical profession. We also recognize that both profession-led regulation and individual self-regulation are vital to establishing and keeping the trust of patients, society, and the medical profession. Thus we must develop the knowledge, skills, and methodologies to address unprofessional behavior. Further, it is clear that current interventions or remediation programs for lapses in professionalism in medical schools, residencies, and clinical practice vary widely. The sad fact is that there are no recognized best practices.

We defined an important list of topics to be supported and funded in the following areas:

- How do we most effectively use existing data on professionalism and experiences with remediation?
- How can we generate new evidence to guide interventions for those who have displayed lapses in professionalism?

We also concluded that it is time to focus on developing evidence-based best-practice interventions and remediation to deal with lapses in medical professionalism.

AQA plans to continue to support individual program grants in medical professionalism while also sponsoring a second national think tank of experts in the field of medical professionalism this summer, with a goal to identify current best practices. The session's results will be published and disseminated by AQA so that educators and medical professionals can learn from the conclusions, adapt and adopt the processes, and evaluate their validity.

AQA has valued and supported professionalism since the society's founding in 1902. We currently support projects in medical professionalism with the annual Edward D. Harris Professionalism Award for medical faculty. And AQA continues to be a leader in the ongoing development of best practices in medical professionalism.

With the support of each of you, Alpha Omega Alpha will strengthen and grow our profession, ensuring that we continue to be worthy to serve the suffering.

#### Reference

1. Papadakis MA, Paauw DS, Hafferty FW, Shapiro J, Byyny RL. Perspective: The education community must develop best practices informed by evidence-based research to remediate lapses of professionalism. *Acad Med* 2012; 87: 1694–98.

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