COMMENTARY:

Who are we? Who should we be?

Richard S. Panush, MD, MACP, MACR
Dr. Panush (AΩA, University of Michigan Medical School, 1966) is Emeritus Professor in the Department of Medicine Division of Rheumatology at the University of Southern California Keck School of Medicine in Los Angeles, CA. His email address is: panush@usc.edu.

> Nur ein guter Mensch kann ein grosser Arzt sein.[1]
> (Only a good man can be a great physician.)
> —Hermann Nothnagel, MD

> Seize the opportunity to do The Good Thing. No other profession will give you so many chances.[2]
> —Michael LaCombe, MD

Arthur Lazarus, MD (AΩA, Lewis Katz School of Medicine at Temple University, 1980) highlights our ethical obligations. He does so in the context of a compelling, disturbing, and provocative essay about the threat of modern-day eugenics. He challenges us to respond. And reminds us lucidly that we must do so with "moral clarity."[3] While ethical behavior permeates all that we do, we as physicians also have professional and societal obligations. These are intimately interrelated and complementary. They need to be contemplated together in considering how they instruct our conduct. We should be[1] and do[2] good. This is expressed for us as physicians upon foundational principles of ethics, professionalism, and societal responsibility.

Physicians' ethical, professional, and societal responsibilities

Ethical

We have long understood that medicine is a moral enterprise, as expounded by the iconic medical ethicist Edmund Pellegrino, MD (AΩA, NYU Grossman School of Medicine, 1944). Indeed he perceived us as a "moral community."[4] Our oaths reflect this.

Professional

Our professional imperative is embodied in the motto of Alpha Omega Alpha: "Be worthy to serve the suffering." Paul Haidet, MD, MPH (AΩA, Penn State College of Medicine, 1991) recalled this eloquently in his inaugural issue as new Editor-in-Chief of *The Pharos.*[5]

This has been articulated by many in many ways, including certain leaders in medicine. A friend and colleague, John Sergent, MD (AΩA, Vanderbilt University School of Medicine, 1966) titled his American College of Rheumatology Presidential address: "it's the patient, stupid."[6]

Eugene Stead, Jr., MD (AΩA, Emory University School of Medicine, 1944), one of medicine's "giants," considered of influence equivalent to Osler during the latter half of the twentieth century, told us as residents: "I never feel sorry for the doctor—the sick never inconvenience the well," and "the word physician equals a willingness to serve."[7] Further, Michael LaCombe, MD, a gifted medical essayist and storyteller, wrote that

professionalism was not a matter of trying but of being; that it was elusive.[8] He described professionalism beautifully and incomparably, telling of a doctor:

> Who was honest, but gentle with his honesty, and was loving, but careful with his love, who was disciplined without being rigid, and right without the stain of arrogance, who was self-questioning without self-doubt, introspective and reflective and in the same moment, decisive, who was strong, hard, adamant, but all these things laced with tenderness and understanding, a doctor who worshipped his calling without worshipping himself, who was busy beyond belief, but who had time—time to smile, to chat, to touch the shoulder and take the hand, and who had time enough for Death as well as Life.[8]

My own appreciation of this deepened when I was "on the other side of the stethoscope." Becoming a patient revealed the profundity of the precious relationship of doctors to patients.[9]

> *There is honor and professionalism in the effort to become.*

Societal obligations

Physicians' responsibilities to society were powerfully enunciated by Donald Berwick, MD (ΑΩΑ, Harvard Medical School, 1972). In his 2012 Harvard Medical School commencement address, he quoted Antoine de Saint-Exupéry: "to profess to be a healer, that is, to take the oath you take today, is to be responsible; to be ashamed of miseries that you did not cause. That is a heavy burden, and you did not ask for it."[10,11] In a subsequent editorial, he elaborated that our healing does not stop out of the office, the operating room, or the hospital. We must also rescue a society and restore a political ethos that remembers to heal. It is wrong to be professionally silent in the face of social injustice. Berwick deplored great institutions of healthcare, hospitals, physician groups, and scientific bodies assuming that they could be bystanders. He admonished that avoiding the political fray through silence is now impossible, that silence is political. "Either engage, or assist the harm. There is no third choice," he declared.[12] I had an opportunity to personally meet and briefly correspond with Berwick and was inspired to express my own exposition about our social responsibilities and our obligation to confront injustice.[13]

Is medicine a "calling" or a job?

Recent communications have explored some aspects of these essential precepts. Lisa Rosenbaum, MD, in her stimulating series, asked whether medicine today is a calling or a job. Some respondents were deeply disheartened, uninspired, and disappointed with their personal experiences in medicine. Rosenbaum noted loss of ambition, rejection of "hustle culture," and rise of "quiet quitting," or refusing to go "above and beyond" at work. Concluding, she wondered why the notion that sacrifice is worthwhile was increasingly unacceptable?[14]

I will elaborate my view as I conclude this essay. Briefly, I consider medicine a profession, perhaps the most honorable one, and certainly not a job. I appreciate that how we interpret and express our professionalism (and ethics and societal activities) may be a continuum. I aspire to be a doctor, a "good" professional, worthy of Northnagel[1] and do the Good of LaCombe.[2] I aspire to be "great" but don't expect to get there, although I must try. There is honor and professionalism in the effort to become.[2,15]

The physician of the future

An interesting piece speculated about the doctor of the future. I suppose I shouldn't have been surprised to learn how much patients don't trust us and say they don't need us. For example, about half of young people surveyed believed that those who do their own research can know as much as a doctor; approximately 40 percent followed advice on social media and not that of a medical provider, and trust in doctors has reached its lowest in decades. Medicine can no longer take its cultural authority for granted. Doctors must now convince patients of the value of their expertise and, at times, compete with other kinds of providers.

Perhaps it's time to think of ourselves as what we have always been: healers.[16] This calls for us to focus on empathy, compassion, and humanism. That's what people have always expected from their physicians. It's what they will expect however medicine evolves in the future.[17,18]

Physician's oaths

It's not necessary here to discuss in detail the oaths we take. It is important to affirm that the most important traditional and modernized physicians' oaths—those of Hippocrates,[19] Maimonides,[20] Lasagna,[21] the World Health Organization,[22] and their modifications—almost all reflect elements of ethical, patient care, and societal responsibility.

Discussion

Who are we? What should we be?

How do we respond to Lazarus'[3] and Berwick's[12] exhortations to confront injustice or challenges to our codes of ethics, professionalism, and social responsibility? We should be and do good, like Northnagel[1] and LaCombe[2] espouse. In my faith, this derives from the Talmudic precept that "it is not our obligation to complete the work, but neither are we free to desist from trying."[9,15]And to do so, not just for our patients, but also for those who aren't, for our profession, for others, for society, and for our world. This tenet includes, as possible, doing and acting. I have thought this exemplified a kind of "caritas," an idealized care for patients, others, and humanity.[9,13,15,23]

This is expressed for us as physicians upon the fundamental principles of ethics, professionalism, and social responsibility. Pellegrino[3] and Lazarus[4] remind us that medicine is essentially a moral undertaking. Haidet,[5] Sergent,[6] Stead,[7] and LaCombe[8] evoke our professional expectations. Berwick cogently advocates active societal participation.[10,12] Rosenbaum[14] and Khullar[16] tell us that while these remain core attributes, we need to doctor in ways that appropriately reflect evolving societal and cultural change.[17,18]

I perceive the challenge of being and doing good as doctors on a spectrum, or continuum, of possible responses; a process of becoming, reflecting our individual understandings of ethical, professional, and societal imperatives, our caritas. Some will approach the perfect idealized physician. Few will achieve that, or maybe not even want to today, and individuals will be in different places and progress, or not, differently. But it's the trying, the becoming, the aspiring to do good and be our best, as we can, that is important.

It is the succession and compilation of individual efforts to be and do good that offer the hope and potential to make a difference, to change things, to make the world better. This was similarly expressed in the Howard Zinn poem cited by Haidet[5] "… to live now as we think human beings should live, in defiance of all that is bad around us, is itself a marvelous victory."

It is the succession and compilation of individual efforts to be and do good that offier the hope and potential to make a difference, to change things, to make the world a better place.

I have always considered medicine extraordinary, special. Where else do we have such opportunity to indeed be good and do good? The privilege to participate in the lives of others? To try to help? To make the world better one patient at a time? The real and perceived exigencies of today notwithstanding, few others in the world have our education, stature, and income, and our honor to serve and care for others.[9,13,15,23]

My hopes for the future are for a kinder, safer, more tolerant, ecologically sustainable world. My colleagues and I recently wrote, like Lazarus,[4] that we will surmount challenges not by technical sophistication, however exciting it may be, but rather from our moral clarity and integrity, from aspiring to be great doctors, from sustaining the highest standards of professional and educational excellence, and from providing expert, artful, science-based, ethical, compassionate, equitable care to alleviate suffering and to be and do good for all patients and for our world, a kind of caritas, as we evolve and adapt to cultural change.[17,18]

How we do this—doctor—will evolve, as it has and should. If we do this imaginatively, thoughtfully, responsively, and with integrity, consistent with our values, we will continue to thrive.

> What choice should a person make? That which honors him and mankind.[24]
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> —Talmud Avot 2:1

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