The future of medical professionalism

John R Williams, PhD

Department of Medicine, University of Ottawa, Canada

Medical professionalism is under threat today and its future is quite uncertain. In order to influence the future rather than let it be determined by external forces, physicians and their associations need to understand its past and its present status, including the challenges posed by commercialism, consumerism, bureaucratisation and unprofessional behaviour. Two future scenarios are presented, one unfavourable and the other favourable to professionalism. Unless the profession acts quickly and decisively, it is likely that the unfavourable scenario will prevail. Suggestions are offered for how a favourable future can be achieved.

'Core values, principles and competencies must be reflected upon and the question of what it means to be a health care professional and what is required to claim all privileges granted by society to health professionals should be re-appraised.'[1] Such re-appraisal is opportune because professionalism is in a state of flux and its future is quite uncertain. It is necessary to anticipate and plan for the future if health care professions, and in particular the medical profession, are to have some control over their destiny rather than letting it be determined entirely by external forces.

Since the future will be influenced by the present just as the present is the outcome of the past, this article will begin with a brief review of the history of medical professionalism and will then consider its present status. The future is unknown and difficult to predict, so two alternative scenarios will be considered. The article will conclude with suggestions for achieving the preferred scenario.[2]

Professionalism: the past

The concepts of 'profession' and 'professionalism' evolved over the centuries. Eventually 'profession' came to have two related meanings: (*i*) an occupation that is characterised by high moral standards, including a strong commitment to the well-being of others, mastery of a body of knowledge and skills, and a high level of autonomy; and (*ii*) the collectivity of individuals who practise that occupation. 'Professionalism' refers to the characteristics of a profession.

According to these definitions, there were definite traces of medical professionalism in ancient Greece and Rome, for example among the followers of Hippocrates, but there was no single medical profession, rather many varieties of medical practice. This situation continued well into the Middle Ages.[3] When medicine began to be taught in European universities, it joined law and divinity as the three recognised professions. Between the 13th and 19th centuries, the practitioners of scientific medicine in Europe, and later in the colonies, organised themselves in professional associations and gradually obtained recognition and support from political authorities. Despite these moves, they constantly had to contend with the more numerous, and often more popular, alternative health practitioners.[4]

In the 19th and 20th centuries, many other occupations claimed the title of 'profession', including engineering, accounting, teaching and numerous health practices – dentistry, nursing, pharmacy, midwifery, social work, physical and occupational therapy, among others. To obtain official recognition as professions, occupational groups had to demonstrate that they incorporated the principal characteristics of a profession, namely, high moral standards, including a strong commitment to the well-being of others, mastery of a body of knowledge and skills, and self-governance. They did this by forming membership organisations that adopted codes of ethics, established educational requirements and developed disciplinary procedures to protect the public from unethical or incompetent practitioners. In return, governments granted the associations and their members a great deal of freedom to exercise their occupation and usually gave them a monopoly over its practice.

From the 1960s onward, numerous forces challenged the status and privileges of the professions. The consumer movement and its subsidiary branches such as the patients' rights movement, along with the rapid development of information technologies, empowered ordinary individuals to question the expert advice and decisions of professionals. Indeed, thanks to the Internet, patients sometimes are better informed about their medical condition than are the physicians they consult. Well-publicised breaches of ethics, and the failure of professional organisations to deal with the wrongdoers, also contributed to the decline of public respect for professionals. Finally, the increasing bureaucratisation and commercialism of health care reduced the clinical autonomy of health care professionals, thereby weakening one of the pillars of professionalism.

To summarise: a brief examination of the past of professionalism shows a gradual development in its conceptualisation and ideals, with the result that it has been considered a desirable goal by many occupational groups. However, the past also reveals that both individual professionals and their associations sometimes failed to live up to the ideals, and even when they attempted to, they were often constrained by external forces such as consumerism and bureaucratisation. These conflicts are very much in evidence in the present.

Professionalism: the present

There is ample evidence of deep concern within medical associations regarding the present state of medical professionalism.[5] Meanwhile, physicians still enjoy a very high status in many, if not most, countries. How can these opposing evaluations of the medical profession be explained?

To begin, it is evident that medical professionals today, as in the past, experience significant burdens as well as benefits. The burdens include a lengthy educational process that often involves major financial and lifestyle sacrifices; work schedules that are longer and more inconvenient than in most other occupations; and increasing controls by government, hospitals, insurers, etc. At the same time, medical professionals enjoy great privileges such as advanced education and training (often at public expense); higher than average remuneration; considerable control over their work; interesting and rewarding (intellectually and emotionally) work; and the appreciation of patients.

It is human nature to focus on what is bad rather than what is good, and physicians are no exception. Nevertheless, evaluation of the present state of medical professionalism should take into account what is good about it and needs to be preserved, as well as what requires improvement. Unfortunately, the current challenges to professionalism are not insignificant and need to be understood and confronted if it is not to deteriorate further. They include the following:

- **Commercialism.** Until recently, health care was a service, not a business, and physicians were considered to be professionals, not entrepreneurs. The physician-patient relationship was conceived quite differently from that of seller-buyer. Nowadays, many physicians seem to consider themselves entrepreneurs first and professionals second. They are encouraged to do so by free-market orientated governments and managed care organisations, for which cost controls and profits rank higher than patient needs. The lure of commercialism extends to medical researchers, professional organisations and medical journals;[6] its incompatibility with professionalism should not be underestimated.

- **Consumerism.** As with commercialism, there is a widespread tendency to consider health care a 'consumable' product, to be accessed like other consumer goods. Although physicians have rightly been criticised for excessive paternalism, which considered the patient role to be one of following orders, often unexplained, the reaction against paternalism has often been excessive. Many patients go 'physician shopping' until they find one who is perfectly satisfactory, and they demand treatments that in the professional judgment of the physician are unnecessary or sub-optimal.

- **Bureaucratisation.** Unlike traditional medical practice, which was primarily a one-to-one relationship between physician and patient, current practice takes place within a context of group, government and corporate interests. As physicians become increasingly obligated to or constrained by these parties, their commitment to their individual patients can be compromised. They often find themselves in 'dual loyalty' situations where they have to choose between their responsibilities to their patients and to third parties.[9] In addition, they are subject to bureaucratic controls and regulations that affect their practice, often to the detriment of their patients.

- **Unprofessional behaviour.** In addition to these external challenges to medical professionalism, individual physicians and their associations contribute to its deteriorisation by unethical behaviour, neglect of patient safety, misuse of resources and weakness of self-regulation. Evidence of unethical behaviour is found not just in dual loyalty situations but in sexual or financial abuse of patients and inappropriate relationships with industry.

The widespread neglect by physicians of basic patient safety measures such as hand-washing violates their professional responsibility to act in their patients' best interests. Physicians are also held at least partially responsible for wasting scarce medical resources, for example by ordering unnecessary tests or prescribing antibiotics for viral infections. The self-disciplinary role of professional regulatory organisations is widely interpreted as protecting incompetent and unethical practitioners rather than patients and the public.

The strength of these challenges to medical professionalism may vary from one country to another, but they are probably found everywhere to some extent. Some medical associations and many individual physicians have recognised the challenges and are attempting to deal with them. A glimpse at the future will provide some insight as to whether or not these attempts will be successful.

Professionalism: the future

The future of medical professionalism is difficult to predict, not just because of the conflicting forces at work but also because much depends on whether the profession will take steps to influence its future. The potential outcomes are limitless, but for the sake of this discussion we will examine two different scenarios: one in which the current challenges are not met and the other where they are confronted successfully.

In the first scenario, the forces of commercialism, consumerism and bureaucratisation prove overwhelming and health care is largely taken over by corporations and run on business principles. Efficiency becomes the primary value, insofar as it contributes to profits and, to a lesser extent, to customer (patient) satisfaction. Physicians serve either as employees or as owners/managers of their own health care businesses. In both cases, their primary loyalty is no longer to their patients but to the enterprise. Clinical independence is greatly reduced as physicians are expected to follow corporate guidelines for diagnosis and treatment. Medical associations still exist, but they function as trade unions whose main role is to defend the interests of their members rather than professional associations involved in patient advocacy. Professional ethics, with its focus on responsibilities, has given way to contracts for defining and protecting worker rights.

In the second scenario, the medical profession has developed and promoted a vision for the future of medicine such as the following:

Medicine will continue to be a healing profession dedicated to serving humanity. Its cornerstone will continue to be the relationship of trust between the patient and the physician. It will uphold with integrity the values of respect for persons, compassion, beneficence and justice. It will strive for excellence and incorporate progress in its art and science. It will maintain high standards of ethics, clinical practice, education and research in order to serve patients. It will encourage the development of healthy communities and of practices and policies that promote the well-being of the public. It will demonstrate its capacity for societal responsibility through self-regulation and accountability. It will actively participate in decision-making regarding health and health care policy. It will guard against forces and events that may compromise its primary commitment to the well-being of patients.[8]

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Fortified with such a vision, the medical profession will have negotiated successfully with governments to ensure that patient needs are the primary consideration in the governance of health care. Both public and private health care institutions are required to respect clinical autonomy in the determination of the medical needs of patients. Physicians for their part agree to reasonable limitations on their income-generating activities and are committed to ensuring patient safety and the judicious use of health care resources. Medical associations share with the public the responsibility for establishing and enforcing educational and ethical standards for medical practice.

These are by no means the only possible scenarios for the future of medical professionalism, but they illustrate the difference that is likely to result from action or inaction. Since it is probable that most physicians would prefer the second scenario, the article will conclude with suggestions for bringing this about.

Towards the preferred future

Reflection and reappraisal, as called for by Dhai and McQuoid-Mason,[1] are the first, essential steps in shaping the future of medical professionalism. Medical associations should lead this process while inviting other health professions, patient associations, public and private sector health organisations and even government representatives to participate. Government as the ultimate authority will support the medical profession only to the extent that it is politically advantageous to do so, and this will not happen if the profession speaks only on its own behalf.

Reflection and reappraisal must lead to an action plan to strengthen and defend professionalism.[9] An important component of the plan is education in ethics, human rights and professionalism for medical students and as part of continuing professional development. The curriculum should include the professional responsibilities of physicians and the reasons for them, and it should make clear that unwillingness or inability to fulfil these responsibilities will result in exclusion from the profession. According to many medical codes of ethics, physicians are responsible not just to their patients but to colleagues and the public as well. Service to the profession, for example, by participating on medical association committees, could be required of all physicians as a condition of licensure.

The action plan should also involve co-operation between medical associations and regulatory bodies in the interests of public health. Advocacy for physicians and for the public should be seen as complementary, not opposed. The profession must be prepared to deal with physicians who are accused of unethical behaviour by ensuring first that they receive a fair hearing, second that those who are found guilty are punished appropriately, and third that there are opportunities for rehabilitation. Transparency of the complaints and discipline process is essential for the profession to receive the support of the public and governments.

Medical associations should be proactive rather than reactive in exploring other ways in which their members can contribute to the well-being of patients and the general public, for example by ensuring the provision of medical services in their own countries in rural and remote areas and during epidemics and by supporting their colleagues in developing countries.

Even if all these measures are implemented, there is no guarantee that professionalism will withstand the challenges mentioned above. However, if nothing is done, professionalism is likely to deteriorate, to the detriment of both physicians and patients. The choice is clear, and if physicians choose not to act they will have nobody to blame but themselves if the future of professionalism turns out to be its demise.

References

1. Dhai A, McQuoid-Mason DJ. What does professionalism in health care mean in the 21st century? *South African Journal of Bioethics and Law* 2008; 1: 2-3.

2. This article draws extensively on the author's involvement in two working groups of the Canadian Medical Association that produced the following discussion papers: Looking at the future of health, health care and medicine. Ottawa: CMA, 2000. www.cma.ca/multimedia/staticContent/HTML/N0/l2/working_on/futures/fullreport.pdf; and Professionalism in Medicine. Ottawa: CMA, 2001. www.cma.ca/multimedia/staticContent/HTML/N0/l2/discussion_papers/professionalism/pdf/professionalism.pdf.

3. Temkin O. *Hippocrates in a World of Pagans and Christians*. Baltimore: John Hopkins Press, 1991.

4. Brieger GH. Profession of medicine. In: Post SG, ed. *Encyclopedia of Bioethics*. 3rd ed. New York: Thomson Gale, 2005: 1743-1752.

5. Cf. inter alia: Canadian Medical Association. *Professionalism in Medicine*; ABIM Foundation, in collaboration with the ACP Foundation and the European Federation of Internal Medicine. Medical Professionalism in the New Millennium: A Physician Charter, 2004. http://www.abimfoundation.org/professionalism/pdf_charter/ABIM_Charter_Ins.pdf; Royal College of Physicians (UK). *Doctors in Society: Medical Professionalism in a Changing World*. London, 2005.

6. Pellegrino ED, Relman AS. Professional medical associations: ethical and practical guidelines. *JAMA* 1999; 282: 984-986.

7. Williams JR. Dual loyalties: How to resolve ethical conflict. *South African Journal of Bioethics and Law* 2009; 2: 8-11.

8. Canadian Medical Association. *The Future of Medicine*, 2000. http://policy-base.cma.ca/dbtw-wpd/PolicyPDF/PD00-10.pdf.

9. Blackmer J. Professionalism and the Medical Association. *World Med J* 2007; 53: 62-71.