

Professionalism – the idea and the reality

Caterina Nicolaou, MB BCh V

University of the Witwatersrand

'Ethics Alive' is an annual initiative in the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg. The week aims at instilling an enthusiasm for bioethics among students and staff at the Faculty and further afield, and includes a Faculty Assembly where students and staff re-affirm their commitment to professionalism. At the Faculty Assembly this year, Caterina Nicolaou, then president of the Medical Students' Council, addressed the audience. It is interesting to see how she perceives professionalism among her teachers

Editor

Professional. Competent. Proficient. Expert. Moral. Certified. Qualified. Professionalism: one word with so many meanings. A subjective opinion. Some may perceive it to mean wearing a white coat and a tie. To some it may mean no nail polish or earrings; to others it may mean wearing high heels. To some it means keeping a distance from patients, and to others it means becoming your patients' best friend and confidant. It may mean to 'rigorously and ruthlessly train the humanity out of [us] and make [us] into something better; to make [us] into doctors'.¹ To some it may mean losing your uniqueness and individuality – to become boring.

We are often taught the perceptions our seniors have of professionalism. Very rarely do we ask ourselves what students believe professionalism to be.

In 2007 Dr Van Rooyen undertook a study at the University of Pretoria² in which students were asked to comment on the charter of medical professionalism in the new millennium from the *Annals of Internal Medicine*.³

The students' perceptions of professionalism differed from those set out in the charter. Although 60% of students felt that the charter was the ideal goal to strive towards, it was shown that students place value on the humanistic components of professionalism which were completely left out of the charter; the so-called soft skills of communication, relationships, teamwork, and ethics are significant to students.²

One of the modern-day Hippocratic oaths entails that 'there is an art to medicine as well as a science'.⁴ 'Warmth, sympathy, and understanding may outweigh the surgeon's knife or chemist's drug'.⁴ This is echoed in the views of many students and in the 1999 film biography *Patch Adams*¹ where Patch states that 'If you treat a disease, you win, you lose. If you treat a patient, I guarantee you; you will win no matter what the outcome.'¹ While many students share these ideas of humanism, it seems that in the very stressed environment our seniors face, a suit and tie is the only form of professionalism there is time for. Getting on with the treatment plan is more important than taking an extra two seconds to simply say, 'Hello sir. How are you today? My name is Dr ...'

The story of Patch Adams¹ depicts a doctor with a brightly coloured (and untucked) shirt who creates harmony in the lives of the severely ill or terminally ill patients he comes across.¹ At Chris Hani Baragwanath, dressed in his white coat, our very own Professor Blumson performs the same miracle when his calming voice says, 'Hello sir. Are you enjoying your stay with us today?'

So, colourful shirt or white coat: does it really make a difference? Can true healing of a patient not be attained regardless of the attire it comes in? Is professionalism a different aspect altogether? As Albert Schweitzer said, 'The importance of medicine is not only being a science but also an art of letting our own individuality interact with the individuality of the patient.' Should we therefore hide our true character in black and white strict attire if it is not part of who we are? Should we refrain from giving our patients a warm and consoling hug, a joke or a smile if it is in our nature to do so, because of fear of deviating from a strict code laid down for us?

In Israel a study was done using student narratives recording events that taught them something about professionalism.⁵ Results showed that although students' perceptions were shaped both by positive and negative professional behaviours and situations, positive behaviours taught more powerfully.

Students mould their behaviour according to what they see. We learn observed habits. These are things that cannot be taught from a textbook or from practice, but things that we observe and so imitate. A student who is not sure how to pose a personal or intimate question will mimic his teacher's way. A doctor who does not arrive at a tutorial one week will undoubtedly not have students arriving at his tutorial the following week. Do we become our teachers in every sense? As a child inherits his parents' bad habits, do we inherit the behaviours and mannerisms of our teachers? It would be interesting to find out how many of the doctors attending an Ethics Alive Week and symposium talks are simply present to sign the register as their students do.

We enthusiastic, driven students strive to be entirely like you. In second year a group of us bumped into Professor Tobias, and within seconds a queue had formed waiting in anticipation to receive a signature from the great man. When we are in the presence of professionalism, we want to be professional. When we are in the presence of intellect, we want to be intellectual.

As if teaching the most enquiring minds was not enough responsibility, our teachers must also uphold professional teaching standards at all times – an extra stress but a necessary one. It is inconceivable to many doctors and professors how disconcerting it can be for bright-eyed and bushy-tailed students to be faced with a doctor who blatantly refuses to teach or calls us useless in front of the patients we are supposed to treat and who are meant to trust and respect us. As it is part of our degree requirements to be in attendance, is it not part of their job description and signed contract to teach us? The future of medicine in this country partly

lies in how our doctors, our esteemed teachers, mould our every thought.

In the abovementioned study at the University of Pretoria, a student commented that people tend to see the physician as the perfect programmed machine – who is incapable of making mistakes and is not allowed to have a family life of his/her own.⁶ Not only is there an expectation to save lives, but an expectation to do it with a smile, with empathy, to give the patient autonomy, and somewhere between ward rounds and lectures to do something about social justice.

This charter,³ like many other proclamations of professionalism, tends to be based on utopian moral values that can only be attained in an ideal society. Our very un-utopian society forgets that I am Caterina Nicolaou before I am a medical student. That I am human too, just like everyone else. And with Highveld stereo constantly advertising 'Vermaak attorneys, your aid to medical malpractice', the load of expectations, constant pressure and need to be perfect is not made lighter.

As Dr Luvengo of the Chris Hani Baragwanath surgical department says, 'Leave the hospital at the hospital when you go home.' But is it really possible to do this when many seem to expect us to be professional even in our sleep?

Is it possible for doctors and students to uphold the quality of care all by ourselves when other members of the medical team and government do not co-operate? Students will make such comments in a country where politicians spend a lot of money changing names of cities, sending their children overseas to study and spending millions on an inaugural party rather than financing the simplest of health care issues such as ensuring that medical supply companies have been paid so that our doctors have needles and gloves at each hospital and do not need to share between hospitals. Or simply remembering to pay the pharmaceutical companies so that an entire province does not run short of basic antibiotics for 5 weeks. Or to 'supply ARVs to rape victims and pregnant women'.⁶ It is difficult for us to uphold the responsibilities of professionalism by ourselves.

Many students wonder if Chris Hani Baragwanath's new building would ever have been erected if it was not for the soccer World Cup. Interns at Bara comment that they ordered 40 new monitors from government supplies for June 2010, in the hope that they would receive at least 10. But it's soccer fever time, and they have received all 40.

A South African medical student stated that 'we are not a bunch of loser altruists living and striving for equity and devoting our time to public health advocacy while hoping that our financial concerns will have reduced themselves by the time we get home'.⁶

At the time of the strikes an anonymous doctor wrote, 'I still take great exception to being labelled materialistic, selfish, cold or callous. If I or any of my colleagues were any of these things, we would not be working in the state sector to begin with.'⁷

Whether it is ethical or not for health care workers to be striking during their tea breaks should not be the focus. The focus should be whether it is fair to patients to have a doctor operating on them who has not eaten in 30 hours, or for a dying man to have a doctor be rude to him because the doctor has seen so many patients that he is physically exhausted, or for students to have a frustrated

doctor swearing at them and refusing to teach them. These are important issues that go against principles of professionalism, issues that are more important than strikes. 'Just because we are a third world country doesn't mean we must deliver third world health.'⁶ We cannot settle for less than our patients deserve, our students deserve and our doctors deserve. 'Poor health care is not the birthright of those born in poor countries.'⁶

Our human rights have been neglected and forgotten because they are too difficult to uphold. Has our Constitution been reduced to a mere piece of paper? What of the patient's right to adequate health care and a professional doctor, in times of strike or in times of no strike; the student's right to be taught, and to have a safe learning environment; the doctor's right to work in a safe, secure and healthy environment and to be treated with the same respect from society and from the government as he ought to give his patients? Doctors' cars are still being stolen outside the wards of Baragwanath. Female students still fear the possibility of rape at the workplace, and patients still suffer poor health care because of too few and overworked doctors and poor resources.

In this environment of low resources, how do we maintain all the idealistic principles of professionalism? With every right comes a responsibility and with every responsibility a right. A right and responsibility belongs to every game player, including our government and society at large. 'The needs and rights of patients are increasingly being brought to the forefront. The physician has to balance professionalism and moral obligations with the need for self-fulfilment and personal success.'⁶ Society is slowly forgetting the value health care workers have in their world, and yet are increasing their unrealistic expectations and demands on them. If only the public could spend one day in the life of a doctor in the public sector and see the truths we face, see the number of patients our doctors see in one day, see that our doctors *never* sit down, see how our doctors need to improvise because of inadequate and insufficient equipment, witness the filthy and unlocked sleeping quarters we are given. Society will then see why our doctors are dissatisfied and highly strung; because our rights have been completely forgotten, yet our responsibilities have increased. We are treated as less than humans and yet are expected to be more than human. No other professional human being has to deal with such unprofessional surroundings and work environment.

I refer once again to the movie *Patch Adams*, where Robin Williams says, 'I connected with another human being. I want more of that. I want to learn about people and help them with their troubles.'

The doctor replies, 'But that's what I do.'

Patch explains, 'But you suck at it!'¹

Let us not suck at it! Let us continue striving for excellence in these troubled times of ours. In the words of Patch himself, 'Give yourself to peace, justice and care.' These, I believe, are the key, principles of professionalism in its simplest form.

References

1. Farrell M, Kemp B, Minoff M, Newirth C (Producers) and Shadyac T (Director). *Patch Adams* [Motion picture]. United States: Blue Wolf, 1999.
2. Van Rooyen M, Treadwell I. Pretoria medical students' perspectives on the assessable attributes of professionalism. *South African Family Practice* 2007; 49(4): 17.

Opinion

3. Project of the ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new millennium: A physician charter. *Ann Intern Med* 2002; 136(3): 243-246.
 4. Nova Podcasts: Hippocratic Oath – modern version. Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, 1964. http://www.pbs.org/wgbh/nova/doctors/oath_modern.html (accessed 4 June 2010).
 5. Karnieli-Miller O, Vu TR, Holtman MC. Medical students' professionalism narratives: a window on the informal and hidden curriculum. *Acad Med* 2010; 85(1): 124-133.
 6. Van Rooyen M. The views of medical students on professionalism in South Africa. *South African Family Practice* 2004; 46(1): 28-31.
 7. Doctors' strike and South African health care collapse – a doctor's view. [wonkie.com/2009/06/22/doctors-strike-sa-public-healthcare](http://www.wonkie.com/2009/06/22/doctors-strike-sa-public-healthcare) (accessed 4 June 2010).
-