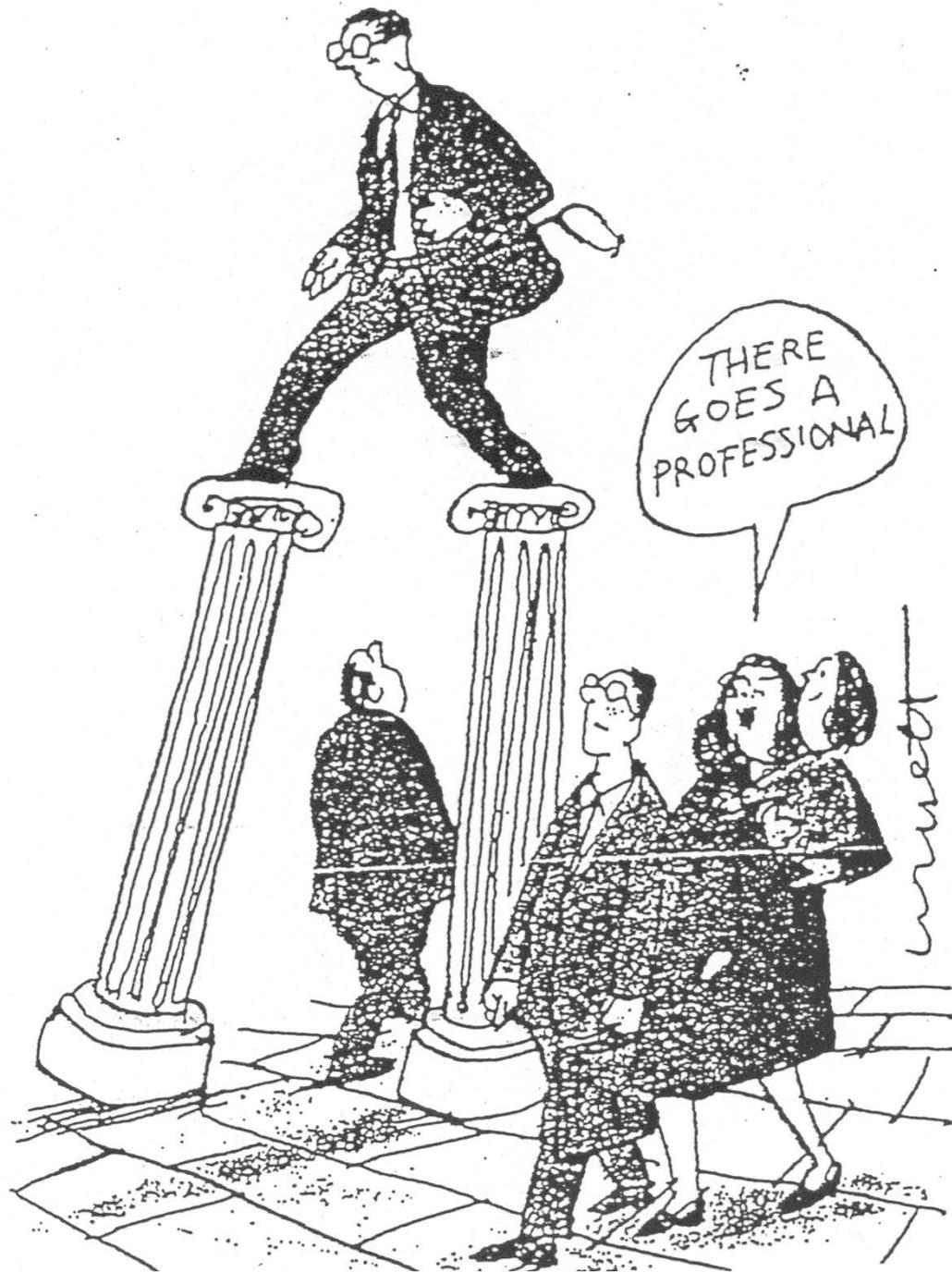


The Short History and Tenuous Future of Medical Professionalism

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"O.K., you be the doctor, and I'll be the Secretary of Health and Human Services."

Outline

1. The evolution of professionalism in medicine
 - From personal oaths and sects to uniform professional codes
 - Inherent tensions of professionalism (or, What is professional autonomy?)
2. Professionalism as an “ideal type”
 - Alternatives to professionalism
 - Structures needed for professionalism to work
3. The roles of professional associations

Disclosure and Disclaimer

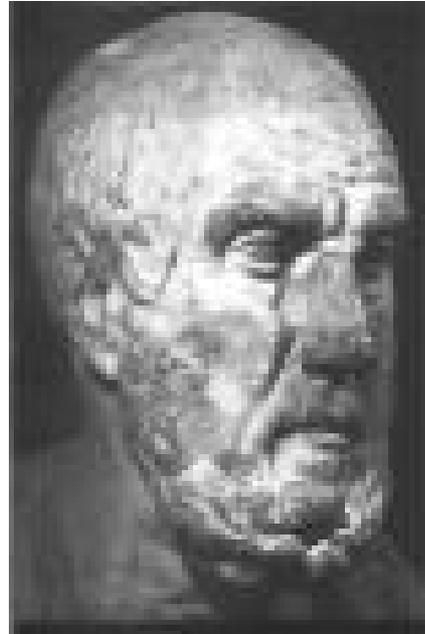
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Views and opinions expressed are mine alone and should not be construed as statements of the American Medical Association

Part I

The Evolution of Professionalism in Medicine



Hippocrates of Cos (c460-370 BCE)

Hippocratic School

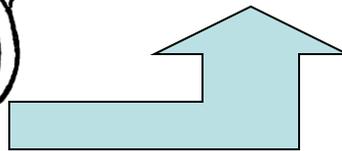
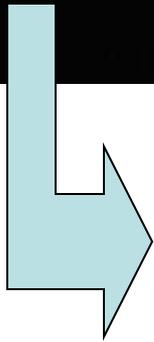
- Combined physicians' scientific and ethical promises
- Injunction to refrain from *intentional* harm the central ethical duty
- Written communication vs oral tradition
- *Humility* a core virtue

“Life is short, the art long,
opportunity fleeting,
experiment treacherous,
judgment difficult.”

Hippocrates
Aphorisms

“Professionalism” in the Hippocratic Era?

- “Throughout the primitive world, the doctor and the sorcerer tended to be the same person. He with the power to kill had power to cure... [With Hippocrates] the distinction was made clear.”
 - Margaret Mead
- Yet, in Hippocratic times “there does not appear to have been anything like a medical profession.”
 - Albert Jonsen



The Middle Ages to the Renaissance



The Anatomy Lesson of Dr. Nicolaes Tulp (1632)

Thomas Percival (1740-1804)

Shared Professional Responsibilities



- Manchester Infirmary rules: 1792, 1794, 1803
- Recognized the increasingly complex medical environment of hospitals
 - Invented clinical rounds, presenting cases in reverse hierarchical order → Teamwork
- Coined terms “medical ethics” and “professional ethics”
- Profession’s “tacit compact” with society

Percival's Medical Ethics

“By the adoption of the register... physicians and surgeons would obtain a clearer insight into the comparative success of their hospital and private practice; and would be incited to a diligent investigation of the causes of such difference.”

-Medical Ethics, 1803

Have a seat Kermit. What I'm about to tell you might come as big shock...



paishiloco.com

1847 Code of Medical Ethics of the American Medical Association

- Marks the birth of “professionalism”
 - First national code of ethics for any profession
 - Hailed for being as important, and as revolutionary, as the Declaration of Independence
- Derived directly from Percival’s work
- An explicit professional *social compact*
 - Obligations to patients, colleagues and community
 - Reciprocity
 - social/economic rewards for those in the profession in exchange for putting patients’ interests first, guaranteed competence of practitioners, and guarding public health

Dean Roscoe Pound (1870-1964)

A profession is
A group of men
pursuing a learned art
as a common calling
in the spirit of public service,
no less a public service because it may
incidentally
be a means of livelihood.

Justice Louis Brandeis (1856-1941)

A profession is an occupation for which the necessary preliminary training is intellectual in character, involving knowledge and to some extent learning, as distinguished from mere skill; which is pursued largely for others, and not merely for one's own self; and in which financial success is not the accepted measure of success.

Herbert Swick, MD

...professionalism consists of those behaviors by which we - as physicians - demonstrate that we are worthy of the trust bestowed on us by our patients and the public, because we are working for the patient's and the public's good.

Definitions of Professionalism

Medical Professionalism Project

ABIM Foundation, ACP-ASIM Foundation, and
European Federation of Internal Medicine

- 3 Principles:
 - ✓ Patient welfare
 - ✓ Patient autonomy
 - ✓ Social justice
- 10 Commitments
 - ✓ Competence
 - ✓ Honesty
 - ✓ Confidentiality
 - ✓ Appropriate relations
 - ✓ QI
 - ✓ Access
 - ✓ Fair distribution of resources
 - ✓ Science
 - ✓ Manage COI
 - ✓ “Professional responsibilities”

What the 'List Approach' Misses

- These are important lists of attributes we hope to see in physicians – they comprise the shared promises of health professionals – but they are not professionalism, *per se*.
- Professionalism is not a set of things we do, it is a *reason* why we do them.

Professionalism defined

- Profess: (v) To speak out in public, openly declare
- Profession: (n) A group speaking out, together, about their shared standards and values
- Professional: (n) An individual member of the group; (adj) acting in conformance with the shared standards and values of the group
- Professionalism: (n) a belief system (an “-ism”), holding that professional groups are uniquely well-suited to organize and deliver certain social goods.
 - Establish our own standards for quality
 - Ensure adherence to them...

Part II

Professionalism and Its Alternatives as “Ideal Types”

Recent Theories

- Structuralist-functionalist school (pre-1960)
 - ☺ Useful social function for each professional characteristic
 - ☺ Profession as “interstitial go-between”
 - ☺ Psychologically distinguished people become professionals
- Critical “power” theorists (1960-present)
 - 💣 Professional perogatives are hard-won privileges
 - 💣 Won by aggressive pursuit of a shared interest in high status and income, and even ...
 - 💣 Willingness to make promises without intending to keep them

3 “Ideal Types” for Delivery of Important Social Goods

	Quality assurance	Ethics emphasize	Resource allocation	Health care is a
Market (consumerism)	Competition	Transparency	Optimize “value” (WTP)	Normal good
State (socialism)	Regulation	Equity	Optimize social benefit	Common good
Professionalism	Collegial review	Fiduciary obligations	Balance individual <i>and</i> social needs	Service

Mixed Models: Quality Assurance

- **Professional**
 - Peer-review
 - Education, ethics and socialization
- **Economic/Market**
 - Consumer info \Rightarrow voice/exit
 - Use of accreditation
- **Political/State**
 - licensure
 - malpractice



A Balancing Act



“Professionalism Reborn”

“Arguing that a desirable health care system must be based on trust in professional workers who are free to exercise discretionary judgment, I shall conclude that policy should aim at strengthening professionalism and employ elements of the other models – especially those of the free market – with great caution.”

Eliot Friedson

Professionalism Reborn

1994, University of Chicago Press

Inherent Tensions

Professional Standards/Personal Virtues

- Early on, AMA Committees set increasingly stringent quality standards for medical education, medical sciences, practical medicine, surgery, obstetrics, medical literature, etc.
- But also...
...”there is no tribunal, other than [the physician’s] own conscience, to adjudge penalties for carelessness or neglect”

AMA Code, 1847



“... the Code is more
what you’d call ‘guidelines’
than actual rules.”

Captain Barbossa
Pirates of the Caribbean



Ernest Codman (1869-1940)

Codman's "End Result Idea"



- “Every hospital should follow every patient it treated long enough to determine whether the treatment has been successful, and then to inquire ‘if not, why not’ with a view to preventing similar failures in the future”
- “A new paradigm for medicine”
 - outcomes research, based in organizations, leading to EBM
- Left MGH in dispute over use of outcomes data to determine promotions

Art & Science in Medicine

“With the incoming of scientific precision there is the outgoing of so-called art. Diagnosis by intuition, by careless ‘rule of thumb’... is as little trustworthy as the shifting sand of the Sahara”

Dr. John Musser

AMA President, 1904

The Essential Art of Medicine

The Progressive Era (~1890-1913)

- AMA Committees established to set standards on:
 - medical education, medical sciences, practical medicine, surgery, obstetrics, medical literature, publications, anatomy, physiology, *materia medica*, chemistry, forensic medicine, vital statistics, hygiene, and sanitary measures.

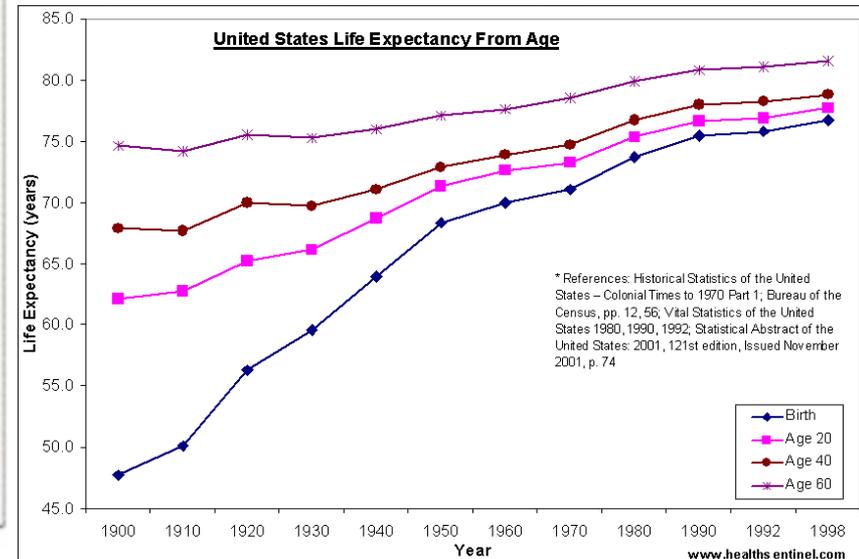
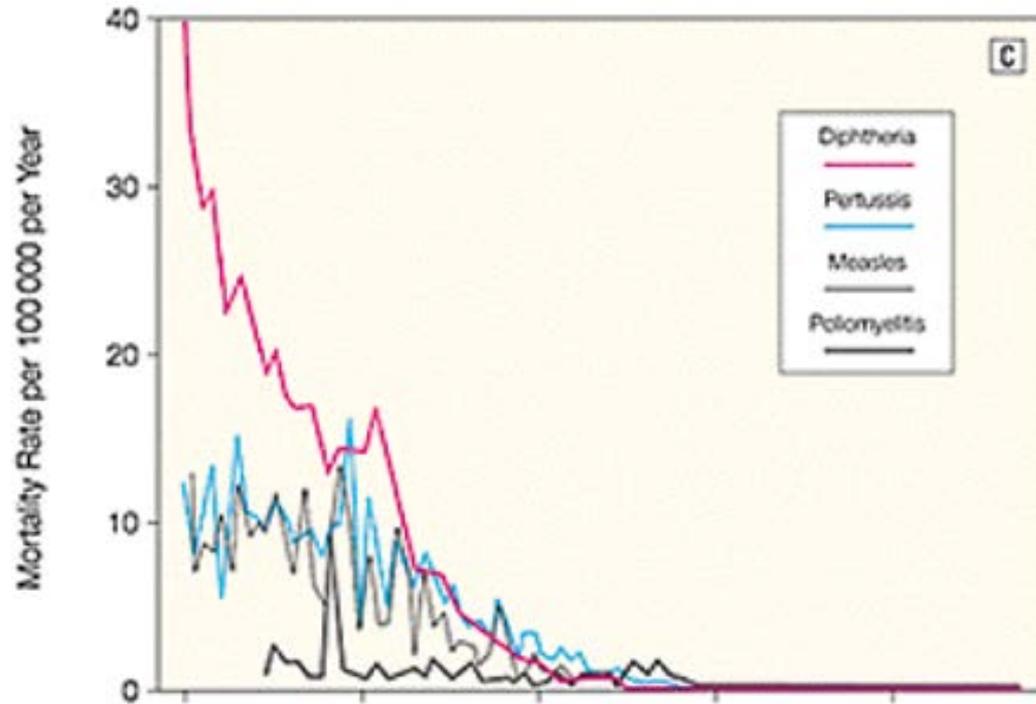
Medical Education Reforms

- In 1907 AMA's Council on Medical Education grades medical schools, generating controversy
- Wrote to Carnegie Foundation to request an 'independent' report
 - “...while the Foundation would be guided very largely by the Council's investigation, to avoid the usual claims of partiality no more mention should be made in the report of the Council than any other source of information. The report would therefore be, and have the weight of an independent report of a disinterested body, which would then be published far and wide. It would do much to develop public opinion.” (Minutes of CME, Dec. 1908)
- Council chair accompanied Flexner on visits to schools

Food and Drug Safety

- AMA a strong advocate for the Pure Food and Drug Act of 1906 and subsequent amendments
- Council on Pharmacy and Chemistry distributes 150,000 copies of Adams' Collier's Weekly articles
- JAMA editor: *There is no such thing as an unobjectionable 'patent medicine' advertisement in a newspaper*
- N.B. Tensions b/w personal liberties and public safety, and role of professional self-interest (see also vaccination campaigns ...)

Scientific Medicine Brings Awesome Successes



With heroic success came ...

- Loss of customer service orientation
- Paternalism
- Neglect of civic obligations
- Unquestioned professional closure
 - Self-regulatory mechanisms adopted by state
- Increasing emphasis on “professional autonomy”

What does “professional autonomy” mean?

- The right of individual physicians to practice as they please
- The right of the profession, as a group, to establish and enforce practice standards

A Simplified Medical Professionalism

- *Physicians are required to do everything that they believe may benefit each patient, without regard to costs or other societal considerations* (Norman Levinsky, NEJM, 1984)
- What of professionalism as originally conceived, with reciprocal obligations between physicians, patients and the community?

Problems with adopting ‘lawyerly’ professionalism in medicine

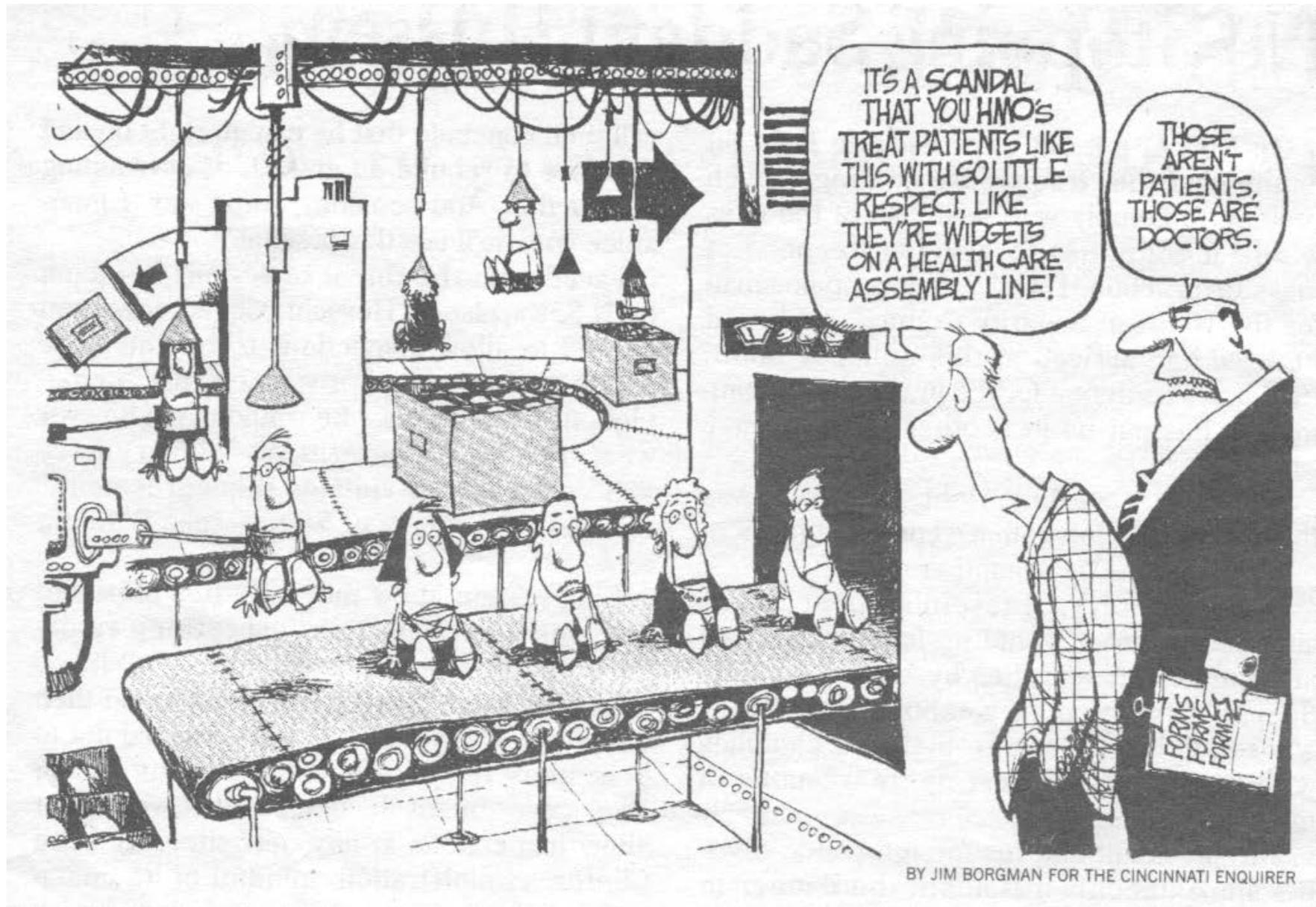
To make zealous advocacy work as the physician’s sole ethical responsibility, and to produce just outcomes when the needs of individuals and communities came into conflict, there would need to be a system in place to which the physician would have to plea—and in which the physician would not have the final word.

Other Challenges of a Simplified Professionalism

- Out of control spending & erosion of public trust
- Weakening of professional closure
 - Undermined by emphasis on individual liberty
- Ambiguity in ethical standards
 - Emphasis on individual virtue, reliance on the “red-face” test, rather than rules
- Reduced role for professional associations
 - Associations focus more on trade advocacy than articulating and acting on values of professionalism

Professional Association (and Professionalism) Death-Spiral?

- Loss of membership, stature and influence
- Increasingly desperate efforts to please remaining core of members
- Increasing alienation of others
- Turn to specialty societies for advocacy
- Internecine warfare
- Reduced professional cohesion, resilience and effectiveness



Where to from here?

- What if the AMA keeps shrinking until it's gone?
 - No nationally-representative organization for all physicians
 - We have met the enemy ...
- Why this is unlikely to happen
 - Representative democracy
 - AMA House of Delegates has delegations from every state and most specialty societies
 - >90% of physicians are represented in the AMA House

Professionalism and legitimacy

- Medical professionalism must be recognized as an active and iterative process involving:
 - Defining
 - Debating
 - Declaring
 - Distributing
 - Enforcing *and Supporting*
- The set of discrete, shared standards and values that medical professionals agree must govern our work.

Adapted from the ABMS definition of Medical Professionalism

Sir William Osler was asked by a medical student what he would get out of attending a medical society meeting. He replied...

Do you think I go for what I can get out of it, or what I can put into it?

*The punishment of wise men
who refuse to participate
in the affairs of government
is to live under the rule
of unwise men.*

Plato

Thank You

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What questions do you have?