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COMMENTARY

MEDICAL PROFESSIONALISM: WHO NEEDS IT?

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A successful twenty-something doesn't remember his doctor's name. Books like *How to Survive Your Doctor's Care* and articles like "Does the Doctor Work for You?" appear. Studies find decreasing respect for physicians.^{1,2} This evidence of loss of respect could be partly explained by a decline, or a perception of decline, in medical professionalism. As the former president of the Association of American Medical Colleges observed, "professionalism...is the medium through which individual physicians fulfill the lofty expectations that society has of medicine."³

During my medical training in the 1960s, "medical professionalism" meant some combination of autonomy of the physician and primacy of the individual patient. Indeed, the AMA's 1957 *Principles of Medical Ethics* stated both that, "A physician may choose whom he will serve," and that physicians shall render to each patient "a full measure of service and devotion."⁴ A 2001 revision added, "A physician shall support access to medical care for all people."⁴ And the ABIM Foundation's 2002 *Physician Charter* declared "patient welfare," "patient autonomy," and "social justice" to be fundamental elements.⁵ In 2006, Stern summarized medical professionalism as "excellence, humanism, accountability, and altruism."⁶ More recently, the American Board of Medical Specialties emphasized the physician's responsibility "to serve patients' and the public's interests, and not merely the self-interests of practitioners;" as well as "to work together with patients, eliciting goals and values to direct the proper use of the profession's specialized knowledge and skills."⁷

If medical professionalism—this new, outward-looking medical professionalism—is in decline, what might be the cause?

The corporatization and retailization of medicine is one possibility. As Pellegrino has observed,

"health care is not a commodity...health is a human good that a good society has an obligation to protect from the market ethos."⁸ Or, as Bryan puts it, "Marketplace values—for example, profit, competition, consumerism, short-term goals, creating demand through advertising, and seeking power through monopoly—diametrically oppose professionalism in its highest sense."⁹

A related effect of corporatization is that on medical education. As mergers and acquisitions emphasize productivity in teaching hospitals, it is "easy for... patients to be viewed as customers buying products rather than suffering human beings."¹⁰ Doctors in training may absorb this hidden curriculum, just as I absorbed mine back when, and unwittingly let it influence their future behavior.

The multi-payer system, especially its commercial insurance component, may challenge medical professionalism. A 1999 study of physician behavior toward insurers "found a tension between the traditional ethic of patient advocacy and the new ethic of cost control..."¹¹ Job changes can disrupt long-term physician-patient relationships established through employer-based insurance. Skewed reimbursement for care of patients in high- vs. low-risk pools leads some physicians to avoid "state" patients, reducing "access to medical care for all people." Alternate payment methods may pose ethical dilemmas to physicians, leading patients to suspect "the self-interests of practitioners."

Societal changes have brought their own threats. Flex-time, job-sharing, and work-life balance strategies offer physicians a way to deal with the paperwork overtaking clinical demands. To some in the public this may look like decreased commitment to the "patient welfare" and "service and devotion" of the old house-call days. The growing suspicion of experts, the patients' rights movement, headlines about malpractice cases and medical errors, have caused some in the public to question physicians' "proper use of the profession's specialized knowledge and skills," if not their ethical values generally. Economic forces increasing educational

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debt have taken a toll, too: "... it can be argued that even the current extent of partial financing of their education by medical students has so indebted them as to place the profession's traditional ethos in peril."¹²

Even government actions have jeopardized medical professionalism. In 1965, Medicare brought more and sicker patients to doctors, and documentation burdens have increased since, reducing time for doctor-patient bonding. Restriction of Medicare funding to only in-patient education has limited the teaching of long-term "work[ing] together with patients," while reductions in such funding overall reduces opportunities for transmitting professional values: "... there is often increased pressure on faculty to concentrate on revenue-generating work rather than on teaching."¹² And the 1999 National Labor Relations Board classification of residents as employees, not students, may have led some trainees to think of their work as business as much as calling. Ironically, medical progress itself may be threatening professionalism. The increased sophistication of medicine means no single physician can manage or even coordinate all of a patient's problems. Specialization turns some physicians into technicians with little time to establish long-term patient "goals and values." In the age of hospitalists, primary care doctors have less opportunity to demonstrate that "full measure of service and devotion" that traditionally bonded them to their patients at times of major illness. Technologic advances allow patients to access unfiltered medical information, thus bypassing if not challenging "the profession's specialized knowledge and skills." Imaging, email, texts, telemedicine supplant the intimacy of the hands-on, face-to-face engagement so crucial to "working with patients." The Electronic Medical Record puts physicians at risk of stereotyping and distancing patients, as well as conflating patients' interests with their own. And as bedside teaching has yielded to digital learning, medical trainees have less exposure to role models' examples of "eliciting goals and values."¹³

These are only some of the corporate, educational, economic, societal, governmental, and occupational threats to the medical professionalism that patients need for their health, and that I maintain physicians need for the public's respect. Physicians' responses to these threats include recognizing and calling out the encroachment of marketplace values, fostering long-term and in-depth patient relationships,

backgrounding technology, prioritizing bed-side and exam-room teaching; to which should be added affirming principles of the new medical professionalism: "social justice," "humanism, accountability, and altruism," concern for "the public's interests." Speaking out in support of "access to medical care for all people," for example, could go a long way toward reassuring the public that medical professionalism is alive and well, and that, yes, physicians do deserve their respect.

Maybe even more than they did in the good old days.

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