

The concept and challenges of medical professionalism

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Abstract

We argue that the field of medicine ought to think over the definition of medical professionalism and the challenges that doctors face in everyday practice. Although there are a diversity of definitions revolving around medical professionalism, but the most recent and revalidated definition should be taken into account. In addition, we highlight four barriers threatening professionalism: 1) doctors' of self-interest; 2) doctors' temptation to deviate from the standards of medicine; 3) market incentives (financial conflicts of interest); and 4) peer pressures. We conclude with suggestions for remedies to overcome these threats, e.g. selection criteria of medical students, and stringent rules and guidelines.

Keywords: Professionalism, Concept, Challenges

Rowley *et al* came to a conclusion regarding the definition of professionalism and highlighted that no clear, concise, and relevant definition can be proposed for professionalism in which all people, organizations, and professional bodies be unanimous. Among a spectrum of definitions that exemplify professionalism, some of them achieve a certain consensus (1). In a similar vein, Van de Camp *et al* investigated 27 years of the medical literature on professionalism. In their work, 57 articles were reviewed and 90 separate definition of professionalism were identified. They categorized all the attributes listed for professionalism and uncovered 3 themes: 1) Interpersonal professionalism; 2) public professionalism; and 3) intrapersonal professionalism. They concluded that the definition of professionalism is surrounded by ambiguity and that a generally accepted definition is lacking (2). Thus, in contributing to "the vagueness around the definition of medical professionalism", we argue that the recent and more validated definition of professionalism should be implemented as a framework to impart intangible skills to medical students. And here we explain the threats and remedies surrounding professionalism in medicine.

What is medical professionalism?

The tenets of medicine are intertwined with hard skills or psychomotor skills that are part of the formal training in every medical school. But besides the technical expertise, medical students need to gain mastery over intangible

skills or soft skills such as professionalism. Professionalism is defined as various traits, characteristics, qualities, and behaviors expected of a physician (3). Evidence highlights that deficiencies in intangible skills such as professionalism, communication skills, team work, and collaboration can have an impact on patient safety, patient satisfaction, and morale of the health care team. This is more prominent when it comes to interactions among doctors, patients, and medical personnel (4).

Therefore, medicine as a profession requires a code of behavior in terms of standards. These standards encompass a set of values in which professionalism is the pivotal part of it. Medical professionalism can be briefed as effective communication with patients, patients' families and colleagues; acting in a professional demeanor, be cautious of different cultures, diversities, prejudices, and provide care with understanding of those values and various aspects of patients' lives (5).

In 1999, The Accreditation Council for Graduate Medical Education (ACGME) implemented a collection of essential competencies to be followed during residency or fellowship training. These core competencies are grouped under 6 domains such as patient care (including clinical reasoning), medical knowledge, professionalism, practice-based learning and improvement (including information management), interpersonal and communication skills, and systems-based practice (including health economics and team works). One of these competencies which is a prominent quality for any practicing physician is



professionalism (6). It was not too long when the three well-rounded organizations, the European Federation of Internal Medicine, The American College of Physicians–American Society of Internal Medicine, and the American Board of Internal Medicine developed a Charter on medical professionalism in order to be accepted by physicians around the world to cover all essential parts of professionalism.

This Charter was developed to find an answer to the changes in health care delivery systems such as the rapid expansion of medical knowledge, changing market forces, bioterrorism, and globalization in almost all countries in which physicians were experiencing frustration. On the other hand, the Charter was developed to find remedies for the values of medical professionalism which were under threat.

The “Medical Professionalism Charter” has 3 fundamental principles:

- The primacy of patient welfare: This principle revolves around themes such as altruism, trust, and patient interest. The focus is on market forces, societal pressures, and administrative demands in which they must not compromise this principle.
- Patient autonomy: This principle includes honesty with patients and involving them in appropriate medical decisions.
- Social justice: This principle encompasses justice in the health care resources. The needs of all patients must be met regardless of race, gender, socioeconomic status, religion or other social category (7).

The Charter also listed 10 related professional responsibilities (Box 1).

It is highly important that all doctors adhere to these principles and responsibilities to meet the needs of patients and society in terms of professional behavior. Therefore, it is expected that by following these definitions and implementing them into the real side of training in every medical school, students’ intangible skills can be fostered. Last but not least, the framework defined can also be used to identify unprofessional behaviors of doctors within every medical institution.

What are the threats to medical professionalism?

One of the most important traits of professionalism requires that doctors adhere to the primacy of patient

welfare and the subordination of self-interest (8). Patients’ interests must be placed upon doctors’ interest and this is what medical professionalism is striving to achieve. It seems that every human being apart from its social identity or position in society has a tendency to care for his/her self-interest. Social science research has also documented this phenomenon. Although, individuals try to avoid it, but their judgment is subject to an unconscious and unintentional self-serving bias (9). Therefore, medical professionalism convicts this kind of behavior from doctors but voices that the first task of doctors is maintaining the primacy of patient welfare.

We should also give room to situations rife with temptation from doctors’ side. Doctors can easily make undetected, self for benefit decisions during their medical practice. These can be formulated as the privacy of the examining room, the existing gap in terms of authority between doctor and patient, and innumerable financially tempting opportunities available to doctors. Besides, we can also observe agonizing changes in practicing medicine in the course of time. Doctors, who entered the medical profession a few decades ago in comparison to today’s doctors, state that they were captivated to medicine in part because of the prospect of being their own boss. But this important matter has been thwarted by constraints and obstacles that are common complaints among today’s physicians. Thus, many doctors feel that the pledges made to them at the beginning of their careers have been broken (10).

Another challenge confronted by today’s doctors in sustaining the commitment to professionalism is managing conflicts of interest or market incentives into the realm of medicine. This principle can be compromised if medical professionals and their organizations find the opportunities to pursue private gain or personal advantage. This is more exacerbated, especially, when personal or organizational interactions with for-profit industries, including medical equipment manufacturers, insurance companies, and pharmaceutical firms become the first priority (7). Evidence shows that the principles of medical professionalism such as medicine’s contract with society, considering the interests of patients the first priority, integrity, and altruism are under threat by market incentives and financial conflicts of interest. This is more evident when conflicts stem from the relationships between physicians and pharmaceutical companies and medical device manufacturers (11).

The final threat to professionalism which is important to be mentioned here is peer pressure. We can all see the medical staffs who stick to the code of standard behavior. Conversely, those peers who routinely violate the standards in the workplace compromise professionalism and give credit to others to abrogate their commitment in the profession (10). The prevalence of unprofessional behavior among doctors appears to be on the rise. In a survey in which 2,100 physicians and nurses participated, it was found that outrageous behavior is a common phenomenon in health care organizations. Some of the

Box 1. Professional responsibilities of doctors required to sustain professionalism

- Maintain professional competence
- Honesty with patients
- Respect patient confidentiality
- Maintain appropriate relations with patients
- Improve quality of care
- Improve access to care
- Promote just distribution of finite resources
- Advance scientific knowledge
- Maintain trust by managing conflict of interest
- Fulfill professional responsibilities

findings of the survey could be surprising:

- Tools and other surgical objects being thrown across the operating room.
- Personal grudges interfering with patient care.
- Accusations of incompetence or negligence in front of patients and their families (12).

What are the remedies to overcome these threats?

Admission to medical schools around the world has been based primarily on educational attainment. In this regard, candidates with the required grades are admitted into medical schools. Every medical school uses some entry criteria in a variety of ways to make the final selection of medical students. For instance, aptitude tests, academic records, references, situational judgment tests, and interviews are some to be mentioned (13). But these criteria are helpful in predicting students' competence to gain the scientific knowledge and the technical expertise which are needed to practice medicine. But when it comes to matters of soft skills such as "professionalism" we encounter with a paucity of tools to develop the traits and characteristics essential to the practice of medicine. We argue that every medical school must take into account the principles and professional attributes of the "Medical Professionalism Charter" when they admit students into the medical course. By this approach, each individual is scrutinized and those who are qualified can enter the medical profession.

Financial conflicts of interest can be thwarted by implementing and imposing laws and regulations by government on medical device manufacturers and pharmaceutical companies (11). We conclude that in this way, the moral requirements of the physicians' roles will be sustained. On the other hand, we propose on-the-job training within each professional body to update teachers responsible for training medical students in order to prevent the compromises of medical professionalism. Therefore, the need for stringent rules and practical guidelines to keep up to date with the fundamental principles and the professional responsibilities of doctors which are highlighted by the developed Charter is of utmost importance.

Ethical issues

Not applicable.

Authors' contributions

Both authors equally contributed to the writing and revision of this paper.

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