Professionalism - time for a new look

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The professions have been under attack for the last decade. They appear to fit ill into today's egalitarian, transparent world where trial is often by the media and there is more focus on dumbing down than on excellence. The medical profession is thought of collectively as a pernicious form of freemasonry with secret rituals, closing ranks when one of their number is attacked. The truth lies far from this, and physicians' charter by the Medical Professionalism Project (the European Federation of Internal Medicine, the American Board of Internal Medicine, and the American College Physicians/American Society of Internal Medicine), published in this issue¹, is timely and necessary. Professionalism lies rooted in history. Much is enshrined in the Oath of Hippocrates. This states that 'I will keep them {the sick} from harm and injustice' and 'in purity and holiness I will guard my life and my art'. He also establishes the concepts of treating everybody regardless of their position, of confidentiality and of respecting and not taking advantage of the ill. Over the generations, medical students have taken the oath at the start of their studies although this has fallen into abevance in many schools. Interestingly, the lack of such an oath or a modern version thereof has been felt, and recently the newly qualified doctors and final year students of Imperial College wrote and adopted a declaration to be taken by themselves at qualification. In this they state their commitment to meet the obligations and responsibilities of the profession². This declaration is comprehensive, highly ethical and puts Hippocrates in a twenty-first century context.

Professionalism itself builds on and incorporates such declarations. Irvine has stated that the General Medical Council and the Medical Royal Colleges are concerned primarily with the professionalism of doctors3. But professionalism goes beyond organisations and should be built into the core of every doctor. There are a few key elements: the absolute commitment to one's patients at all times (which sits ill with the European Working Time Directive); the possession of appropriate scientific and technical knowledge and skills (and keeping these up to date); high ethical standards; education of students; and self-regulation. This has been put into a modern context by the Medical Professionalism Project. Under 'Fundamental principles', they include both 'Patient autonomy' and 'Principle of social justice'.

The former includes the need to 'empower' patients to make informed decisions, which not every patient wants but which should be available. This stresses the growing role of doctors as advisors rather than benign autocrats. Under 'social justice' is included the fair distribution of health resources. In other words, we should not abrogate responsibility for health resource problems but should join in the debate vigorously and actively.

The sections of the charter on 'Professional responsibilities' are unarguable – and tackle difficult areas such as management of conflicts of interest with particular reference to pursuing private gain. The profession could and should be much more active in this area which is an ethical minefield but does need active reiteration of clear ethical principles.

Overall, at a time when we are under attack from the media and sometimes from the government, and under pressure from management to do more – and to do it more quickly – we need to affirm our own professionalism as never before. We need to state unequivocally that erosion of professionalism does not just occur from within but is subject to external forces. Nonetheless, we could do well to remind ourselves of the lead taken by the new doctors of Imperial College and the Medical Professionalism Project – which was recently approved by the Council of the Royal College of Physicians.

References

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- 2 Sritharan K, Russell G, Fritz Z et al. Medical oaths and declarations. Br Med J 2001;323:1440–41.
- 3 Irvine D. Update on revalidation. J R Coll Physicians Lond 2000;34:415–17.

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