Professionalism

The Practice of Medicine

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The Behaviors of PROFESSIONALISM

Knowledge and Skills

Teamwork & Professional Demeanor

Concern for the Welfare of Patients

Accountability & Initiative

Self-Care & Self-Growth

Compassion & Respect for Others

Responsibility & Sense of Duty

Scholarship & Commitment to Learning

Professionalism fosters respect and trust among students, faculty and staff, and includes willing compliance with the highest ethical standards.

Academic Support & Enrichment Center
Professionalism-The Practice of Medicine

- Definition
- History
- Qualities
- Principles
- Responsibilities
- Challenges
- Residency Issues
- Example Cases
Professionalism-The Practice of Medicine

• What is Professionalism?
  ▫ The conduct, aims or qualities that characterize a profession or a professional
  ▫ A moral code is often basis of professionalism
  ▫ More than doing a particular type of job but more about being a particular type of person
  ▫ Involves “professing” openly that you are that type of person, usually by taking an oath
Hippocrates

- Lived around 400 B.C.
- Students studying under Hippocrates were required to swear an oath before beginning their training
- There were 14 content items in original oath: a covenant w/ a deity, a covenant w/ teachers, a commitment to students, 10 items regarding patients, and an agreement to be responsible for one’s actions
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- 98% of US medical students take some form of the Hippocratic Oath
- Modern version has only 10 of the original 14 content items
- Osteopathic Oath has 9
- 1948 Declaration of Geneva has 7 and the 1983 version has 6
- Oath of Louis Lasagna in 1964 has 4
- Prayer of Maimonides has 5
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• 1990- Project Professionalism- ABIM

• 1999- Charter on Medical Professionalism
  ABIM Foundation, ACP-ASIM and the European Federation of Internal Medicine

• Updated 2005
  ▫ Endorsed by AAFP
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- Professionalism is the basis of medicine’s contract with society
  - It demands placing interests of the patients above those of the physician
  - Setting and maintaining standards of competence and integrity
  - Providing expert advice to society on matters of health
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• *Professionalism aspires to altruism, accountability, excellence, duty, service, honor, integrity and respect for others*
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- **Altruism**
  - Essence of professionalism
  - The best interest of the pt, NOT self interest, is the rule

- **Accountability**
  - Required at many levels - patients, society and the profession
  - We are accountable to pts to uphold the patient/physician contract
  - We are responsible to society for public health needs
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• Excellence
  ▫ Entails conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning
  ▫ Commitment to excellence is an acknowledged goal for all physicians
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• **Duty**
  - Acceptance of commitment to service
  - This entails being available and responsive when “on call,” accepting inconvenience and risk to meet the needs of the patient
  - Providing the best possible care regardless of the ability to pay and volunteering one’s skills and expertise for the welfare of the community
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- **Honor and Integrity**
  - Highest standard of behavior and refuse to violate one’s own personal and professional code
    - Fair, truthful, and meeting commitments
  - Also require recognition of conflicts of interest and avoiding relationships that allow personal gain to supersede best interest of the patient
Respect is something earned not something given.
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- **Respect**
  - We must respect patients, families, nurses, medical students and colleagues: this is the essence of humanism
  - Humanism in turn is central to professionalism and fundamental to enhancing collegiality among physicians
Due to an explosion in technology, changing market forces, problems with health care delivery and now bioterrorism, physicians find it increasingly more difficult to meet their responsibilities to patients and society.
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- Charter on Medical Professionalism
- Composed of three fundamental principles and a set of professional responsibilities
Fundamental Principles

- Patient Welfare
- Patient Autonomy
- Social Justice
Patient Welfare

- Physician **must** be altruistic
  - Cornerstone of professionalism
- Physician must always provide care that is in patient’s best interest - **not** his own self interest
- Care should **not** be dictated by any other outside forces
  - Market, society, administrative exigencies etc.
Patient Autonomy

- Physicians **MUST** be honest w/ their patients
- Empower patients to make informed decisions about their care
- Physician’s should respect patient’s decisions provided they are ethically sound and do not lead to demands for inappropriate care
Social Justice

- Physicians should promote justice in the health care system
  - Includes fair distribution of health care resources
- Eliminate discrimination of health care delivery based on race, gender, socioeconomic status, ethnicity, religion or any other social category
Ten Professional Responsibilities

- Commitment to professional competence
  - Lifelong learning
  - Maintaining knowledge and clinical skills
  - Professional organizations must ensure appropriate mechanisms for physicians to accomplish this goal
  - Profession as a whole must ensure all its members are competent!
Ten Professional Responsibilities

• Commitment to honesty with patients
  ▫ Informed consent
  ▫ Involve patients in health care decisions
  ▫ **Accidents happen!** Inform patients immediately
    • Failure to do so compromises patient and societal trust
Ten Professional Responsibilities

• Commitment to patient confidentiality
  ▫ Elevator conversations
  ▫ Verbal sign-outs in community areas
  ▫ Leaving paper sign-outs easily accessible
  ▫ Electronic information systems!
    • HIPAA
Ten Professional Responsibilities

• Commitment to maintaining appropriate relations with patients
  ▫ Patients are vulnerable/dependent
  ▫ Never exploit patients for:
    • Sex
    • Financial Gain
    • Personal Interests
Ten Professional Responsibilities

• Commitment to improving quality of care
  ▫ Physicians must be dedicated to continuous quality improvement
  ▫ Work together w/ society and professional organizations to reduce error, improve safety, optimize outcomes and minimize overuse of health care resources
Ten Professional Responsibilities

• Commitment to improving access to care
  ▫ Objective of ALL healthcare systems is the availability of uniform and adequate SOC
  ▫ Physicians should work to reduce any barrier which prevents access to health care based on education, finances, geography and social discrimination
  ▫ Entails promotion of public health and preventive medicine
Ten Professional Responsibilities

• Commitment to a just distribution of finite resources
  ▫ Physicians should work together w/ other physicians, hospitals, and healthcare providers to develop guidelines
  ▫ Goal is to provide health care based upon wise and cost-effective management of limited clinical resources for cost effective care
Ten Professional Responsibilities

• Commitment to scientific knowledge
  ▫ Much of our contract w/ society based upon integrity and appropriate use of knowledge and technology
  ▫ Duty to uphold scientific standards, to promote research, search for new knowledge and ensure its appropriate use
  ▫ The profession is responsible for the integrity of knowledge, based on scientific evidence and experience
Ten Professional Responsibilities

• Commitment to maintaining trust by managing conflicts of interest
  ▫ Many opportunities to compromise professional responsibilities thru pursuit personal gain or advantage
  ▫ Avoiding compromising one’s integrity by entering relationships w/ for-profit industries medical equipment manufacturers, insurance companies and drug companies etc.
  ▫ Obligation to recognize, disclose and deal w/ these conflicts of interest
Ten Professional Responsibilities

- Commitment to professional responsibilities
  - Expected work collaboratively to maximize patient care
  - Be respectful of each other
  - Participate in self-regulation, including remediation/discipline of members who have failed to meet professional standards
  - Profession define/organize standards and processes
    - Accept internal assessment and external scrutiny
Attributes

Physician

Healer

Professional

Caring / compassion
Insight
Openness
Respect for the healing function
Respect patient dignity / autonomy
Presence / Accompany

Competence
Commitment
Confidentiality
Altruism
Trustworthy
Integrity / Honesty
Codes of ethics
Morality / Ethical Behavior
Responsibility to profession

Autonomy
Self-regulation
Associations
Institutions
Responsibility to society
Teamwork

Based on the Literature
PROFESSIONALISM

When knowledge, wisdom, and intelligence are no match for a great looking tie.
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• Challenges to Professionalism
  ▫ Abuse of Power
  ▫ Arrogance
  ▫ Greed
  ▫ Misrepresentation
  ▫ Impairment
  ▫ Lack of conscientiousness
  ▫ Conflict of interest
Professionalism-Challenges

- **Abuse of power**
  - Interactions w/ patients and colleagues
  - Bias and sexual harassment
  - Breech of confidentiality
**Professionalism-Challenges**

- **Arrogance**
  - Offensive display of superiority
  - Fostered by residency training
  - Destroys professionalism by:
    - Losing empathy for the patient
    - Removing the beneficial role of self-doubt
Professionalism-Challenges

• **Greed**
  - Money or power become the driving force
  - Lose understanding, compassion and personal integrity
  - Must always ask “is this in the best interest of the patient or my own financial interest?”
Professionalism-Challenges

- **Misrepresentation**
  - Consists of lying and fraud
  - Both are conscious efforts
  - Fraud -

If you succeed in cheating someone, don't think that the person is a fool. Realize that the person trusted you much more than you deserved.
Professionalism-Challenges

- **Impairment**
  - Drug addicted, alcoholic or mentally impaired physician protected or unnoticed by colleagues and allowed to care for unsuspecting patients
Professionalism-Challenges

• Lack of Conscientiousness
  ▫ Failure to fulfill responsibilities
  ▫ This is the physician who is committed to doing the bare minimum
    • Takes least amount of history, refills medications without reviewing chart etc. does not return patients phone calls, reviews charts rather than the patient etc. etc. etc.
Professionalism-Challenges

- **Lack of Conscientiousness** (cont’d)
  - The physician who is too busy to fulfill his/her teaching responsibilities to residents or students, comes late for rounds or conferences and shifts the care of patients to trainees not yet prepared for unsupervised responsibility, etc.
Professionalism-Challenges

• **Conflict of Interest**
  ▫ Avoid situations in which the interest of the physician is placed above that of the patient
  • Self referral
  • Acceptance of gifts
  • Utilization of services
Staff Roles & Responsibilities

- How do we treat our residents?
- How do we treat each other?
- How do we treat our patients?
  - Directly and indirectly
Professionalism

- Example cases
During your teaching rounds with the housestaff team, a male faculty member comes up to the group, places his arm around the waist of a female houseofficer and thanks her for the terrific job she did taking care of one of his patients. You sense that the houseofficer is made uncomfortable by the gesture. An appropriate first response on your part would be:

A. Do nothing, on the basis that the faculty member was simply showing his appreciation for a job well done.
B. Report the incident to the program director as an example of sexual harassment.
C. Tell your colleague, the faculty member, that you thought the gesture was inappropriate and that you were made uncomfortable by it.
D. Ask your colleague, the resident, if the gesture made her uncomfortable.
E. Ask the resident if there are actions she would like you to take on her behalf.
A drug company invites you as its guest to attend a gala dinner. As part of the evening activities an after-dinner speaker will present a 30 minute lecture on the company’s newest product, an antibiotic. What would your response be?

A. Decline the invitation since the affair is promotional and not educational.
B. Attend the dinner but leave before the after-dinner presentation.
C. Ask who else will be attending before making your decision
D. Ask what will be served for dinner before making a decision.

A long-time patient of yours requests a note from you documenting a non-existent illness in order to recover cancellation penalties from the airlines on a nonrefundable ticket.

Is compliance with this unsubstantiated request ethical behavior? How would you respond if your patient is a major benefactor to the department of medicine or to the medical center?
Your daughter is scheduled to graduate from high school this afternoon. As you are completing your morning hospital rounds and are preparing to sign out to a colleague, one of your long-time patients enters the emergency room with severe substernal pain. The ER physician feels that the situation warrants a work-up to rule out an acute myocardial infarction. You enter the ER and a partner in your group practice is already there preparing to evaluate the situation. Because you know him to be competent and conscientious, you have no compunction about proceeding ahead with your personal plans. When you see the patient to reassure him that the problem will be handled well by someone in whom you have complete trust, your patient pleads with you to stay and see the matter through. “I will feel so much better if you are here,” he tells you with evident apprehension. What will you do?

A. Stay with the patient and miss your daughter’s graduation.
B. Reassure the patient as fully as possible that your associate will do an excellent job and leave to attend the graduation ceremony.
C. Leave for the high school, but call back at intervals and plan to return to the hospital if the patient is not doing well, even if it means missing the ceremony.
D. Provide other alternatives.
A pharmaceutical company approaches you about a clinical research project involving your office patients. Your hypertensive patients will be eligible to be treated with a new angiotensin-converting enzyme inhibitor. The drug has just been released by the FDA. The object of the study is to evaluate risks and benefits in an unselected office population. The pharmaceutical company will pay $250 per patient for the expenses generated by the study and one year's salary for a data manager, and will supply the drug free of charge. Meetings to discuss the initiation of the study and follow-up results will be held in New Orleans and Honolulu. Your spouse also will be invited as the company's guest to attend these meetings since they will take you away from home. Participating in this study would be considered appropriate professional behavior if:

A. Your patients sign an informed consent.
B. Your patients sign an informed consent and your partners approve the study.
C. An oversight committee of the hospital where you have privileges or your regional medical society approves the study.
D. None of the above.
Your patient with Type I IDDM, whom you have cared for during the past twenty years is brought to the emergency department dead on arrival. Her distraught husband explains that his wife had been feeling quite well until the day of her death. The two of them had taken a long ride through the country that day, stopping occasionally for snacks. Because of this “cheating,” her husband explains that she took additional insulin at mid-day, and again late in the afternoon. They then had a big dinner including dessert, and returned home at about 9:00 PM. Shortly thereafter, she took one additional dose of mixed NPH and regular insulin so she would avoid another admission for ketoacidosis. According to the husband, his wife began groaning, shaking, and sweating at about 3:00 AM. She was “sweating buckets and making no sense” he says, and fearing she was “going into coma,” he gave her an additional 10 units of NPH and 15 units of regular insulin, waiting a half-hour for a response and then calling the ambulance. The husband now feels terribly guilty over allowing his wife to eat so much the day before and for “throwing her diabetes off.” He looks at you with a level stare and demands to know why his wife died. Had he done everything possible, was there more he could have done? Your best answer to the patient's husband should be:

A. Explain to him that his wife died from complications of excessive insulin administration and hypoglycemia.
B. Report this as a death of unnatural causes and set in motion a coroner’s inquest.
C. Tell him his wife died of diabetic coma, and there was nothing more he could have done for her.
D. Explain that his wife brought about her own demise through ignorance of her own disease, and that he is not to blame.
E. Tell him that she died of a heart condition and her diabetes, and there was nothing further he could have done.
Questions??
PROFESSIONALISM

That's not my job.