The profession of Medicine and its Rivals

Trimble, M. (2016). The profession of Medicine and its Rivals. *The Ulster Medical Journal*, *85*(2), 76-79. https://www.ums.ac.uk/085_2.html

Published in:
The Ulster Medical Journal

Document Version:
Publisher's PDF, also known as Version of record

Queen's University Belfast - Research Portal:
Link to publication record in Queen's University Belfast Research Portal

Publisher rights
Copyright 2016 the authors.
This is an open access article published under a Creative Commons Attribution-NonCommercial-ShareAlike License (https://creativecommons.org/licenses/by-nc-sa/4.0/), which permits use, distribution and reproduction for non-commercial purposes, provided the author and source are cited and new creations are licensed under the identical terms.

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Download date:16. Aug. 2022

Ulster Med J 2016;**85(2):**76-79

Review

The Profession of Medicine and its Rivals

Michael Trimble

Accepted 18th January 2016
Provenance: internally reviewed

THE CONTEXT

> "In the next room you could hear the buzzers sounding. After about 20 minutes you could hear the men shouting for the nurse, "Nurse, nurse", and it just went on and on. And then very often it would be two people calling at the same time and then you would hear them crying, like shouting "Nurse" louder, and then you would hear them just crying, just sobbing, they would just sob and you just presumed that they had wet the bed. And then after they would sob, they seemed to then shout again for the nurse, and then it would go quiet..."[1]

This is not some abstract account of purposeful mistreatment in some far away land or long forgotten time. This is medicine in the 21st century as practiced in the UK in the Mid Staffordshire Trust. This is important because we, as a profession, let it happen. This was not just a nursing or management issue, there were doctors walking these wards, listening to these cries and doing nothing.

THE QUESTION

What then is the role of the profession in the 21st century? What does it mean to be a doctor? The question is not new. In *Republic,* Plato asks, "But tell me, your physician in the precise sense of whom you were just speaking, is he a money-maker, an earner of fees or a healer of the sick?" I hope that the events in Mid Staffordshire and the more recent debates about the appropriateness of industrial action by our junior colleagues provide some background and context as to why this question is as relevant today as then. I would first like to examine what is meant by the term *profession of medicine*. This will include reflection on the difference between profession and professionalism, discussion of the relationship between profession and ethics, and consideration of the foundations of our beliefs. Next I propose to explore some of the challenges to professional practice and finally to consider what has been called the secret of medical practice

THE PROFESSION OF MEDICINE

What does it mean to be a professional, or to have a profession? Sociologist Eliot Freidson has written extensively on professional occupations. He notes the historical derivation of the term and its relationship to roles and responsibilities within the medieval church and university.

> The word profession has a long history in all European languages with Latin roots. The oldest usage in English is today relatively uncommon *–profession* (and *profess*) as a declaration, avowal or expression of intention or purpose. This was the primary denotation of the word before the sixteenth century, originally connected with taking consecrated vows and stemming from the clerical foundation of the medieval university… implying religious and moral motives to dedicate oneself to a good end.[2]

Initially it referred to the university-educated occupations of divinity, law and medicine (surgery was excluded) and, less commonly, the gentlemanly occupation of the military.[3] It should be noted that the dedication to profession extended to the point of risking one's life. Whilst this may be obvious in the case of the soldier, think of the risks taken by the judge presiding over a Sicilian mafia trial, religious martyrs through the ages and, more recently, doctors in Sierra Leone.

Talcott Parsons highlights some of the perceived differences between the professions and the world of business, an altruistic motivation is noted for the professional.[4]

> The businessman has been thought of as egoistically pursuing his own self-interest regardless of the interest of others, while the professional man was altruistically serving the interest of others regardless of his own.[5]

A recent report from the Royal College of Physicians describes medicine as

> "a vocation in which a doctor's knowledge, clinical skill, and judgment are put in the service of protecting and restoring human well-being. This purpose is realised through a partnership between patient and doctor, one based on mutual respect, individual responsibility and appropriate accountability."[6]

In their report on professionalism for the King's Fund, Rebecca Rosen and Steve Dewar note the following features:

> A calling or vocation linked to public service and altruistic behavior.
>
> The observance of explicit standards and ethical codes.

Consultant in Acute & Internal Medicine, Belfast Health and Social CareTrust
michael.trimble@belfasttrust.hscni.net
Correspondence to Dr Michael Trimble.

© The Ulster Medical Society, 2016.

> The ability to apply a body of specialist knowledge and skills.
>
> A high degree of self-regulation over professional membership and the content and organisation of work.[7]

American physician and philosopher Edmund Pellegrino makes a more personal statement harking back to older ideas of profession:

> In the presence of a patient in the peculiar state of vulnerable humanity which is illness, the health professional makes a "profession." He "declares aloud" that he has special knowledge and skills, that he can heal, or help, and that he will do so in the patient's interest, not his own.[8]

This view of *profession* contrasts starkly with the weaker, more modern idea of *professionalism* which can be applied to any business and even certain sports. For Pellegrino, the clinical encounter between an individual doctor and patient is the essence of the profession of medicine. It comprises three questions:

> What is wrong?
>
> What can be done?
>
> What should be done for this patient? [9]

S*hould* in the final question indicates that the practice of medicine is an inherently ethical endeavour. When we teach students about medical ethics we often focus on quandary ethics, e.g., euthanasia, abortion, stem cell therapy, etc. We should perhaps start with more quotidian, that is, every day, ethics[10]. When it comes to discussion of medical ethics we now all too readily rhyme off the four principles described by Beauchamp and Childress (autonomy, non-maleficience, beneficence, and justice) [11] as if it was as simple as solving an equation in algebra; if we can just find the appropriate values for each variable then we can solve the ethical dilemma. However Beauchamp and Childress themselves would acknowledge the complexity - the 7th edition of their *Principles of Biomedical Ethics* runs to almost 500 pages. They also acknowledge that moral norms, moral theories and the character of the clinician play a part. In truth, none of us approach this from a neutral standpoint. Whether consciously or not, we each have our own belief system which influences our thinking: For some it may be utilitarianism or consequentialism; for others the main driver will be a sense of duty and others still a commitment to a political ideology or religious faith[12]. Whilst for most common queries we may reach similar conclusions our underlying world views will, at some time, but against another. However, at this point I simply want you to reflect and consider your own position, as a secure foundation is important if we are to meet the challenges of modern practice. As much as having the right conceptual framework, we must exhibit the right behaviours. The importance of positive character traits or *virtues* is explored in depth by Pellegrino who lists the following as being core to the practice of medicine: fidelity to trust and promise, benevolence, effacement of self-interest, compassion and caring, intellectual honesty, justice and prudence.[13] Whilst so called *virtue ethics* have fallen out of fashion, it is worth noting that the General Medical Council (GMC) / Academy of Medical Royal Colleges consultation document on generic professional capabilities common to doctors again emphasises professional values and behaviours, e.g., honesty and integrity, maintaining trust, showing respect, courtesy, dignity and empathy for others, etc.[14]

CHALLENGES TO THE PROFESSION OF MEDICINE

Having outlined the essence of our professional commitment, I now wish to discuss four challenges to our profession. These are the market-place, managed care, burnout, and the pursuit of career over vocation.

Medicine & the Marketplace

In *Professionalism Reborn* Eliot Freidson, likens the delivery of health care to the market place. This may be the free market, where efficiency is determined by the minimization of the price of a particular good or service; the bureaucratic market, where the manager or executive is in command and quality is defined by formal rules and standards; or the professional market where health care workers are able to commit themselves to their work for the well-being of others.[15] Pellegrino notes that the model used to define healthcare affects the nature of the relationship between doctor and patient, and hence the professional obligation of the physician: If we follow a business model, then health care is a commodity and the patient the purchaser. If health care is a service then the relationship is one of contract and the duty of the doctor is to supply that service with due skill and attention. Pellegrino favours the concept that health care is a negotiated good and the relationship one of trust. [16] In the free market model money becomes the driving force behind the physician's practice and may lead to distorted priorities. To use a familiar quotation, 'The love of money is the root of all kinds of evil.'[17] As Plato asked, is a physician "a money-maker, an earner of fees or a healer of the sick?" So the market rivals profession.

Medicine & Managed Healthcare

Consider the effects of the subtle change from a healthcare system which provides the environment where care is delivered with the doctor/patient relationship paramount, to one where the patient is the client of a health care organisation, with the doctor functioning as an employee, a medical technician. In managed healthcare, Freidson's bureaucratic model, the targets of the organisation become the driver and may come between the doctor and his patient. One may paraphrase "But tell me, your physician of whom you were just speaking, is he a money-maker, an earner of fees or a healer of the sick...or an achiever of targets?" Mary Rorty et al describe some of the challenges faced by physicians working within institutional constraints, where

© The Ulster Medical Society, 2016.

there may be conflicts between clinical and financial or strategic organisational priorities. We all experience *moral dilemmas*: when we must choose between incompatible courses of action, each of which has ethical justification, but the bureaucratic model may lead to *moral distress*. This arises when a doctor is clear about the ethical course of action but institutional constraints make it difficult to implement. Such distress may contribute to the next challenge: burnout.

Burnout

The problem of burnout among caregivers, medical and nursing staff is increasingly recognised and increasingly common. Fatigue, pressure, stretched resources and increasing demands can lead to the working day being a survival course with the workers focusing on just getting the job done and making it through the day. Such conditions lead to de-personalisation and lack of compassion. This appears to have been a contributing factor at the Mid Staffordshire Trust. Following the market may be a conscious choice, targets are clearly imposed, but burnout is insidious. The burned out doctor finds their ability to care impaired. Burnout too then is a rival to professional practice.

Career

You may question why pursuit of career is a threat to profession but consider how one views the practice of medicine. We would baulk at someone who viewed it merely as a job, as a means to make a living. We may respect someone who views it truly as a vocation - something they feel called to do, and we may admire one who makes it his profession but with career the focus is on self-advancement, on title, status and prestige. These things may be acquired but to make them our goal will lessen our focus on the good of the patient and will again lead to distorted priorities. So, pursuit of career rivals the profession of medicine.

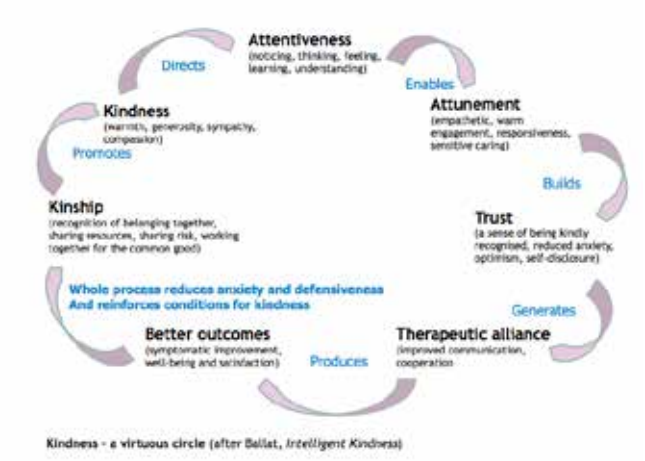
RESPONDING TO THE CHALLENGES

In their book *Intelligent Kindness*[18] John Ballatt and Penelope Campling provide an analysis of the basis of and need for compassion in health care systems. They recommend a virtuous circle of behaviour as summarised in the diagram below (Figure 1).

But this is not new. In an address to medical students, Frances W Peabody (1881-1927)

Professor of Medicine Harvard Medical School tells the secret of the profession of medicine.

> "Here, for instance, is a poor fellow who has just been jolted to the hospital in an ambulance. A string of questions about himself and his family have been fired at him, his valuables and even his clothes have been taken away from him, and he is wheeled into the ward on a truck, miserable, scared, defenseless and, in his nakedness, unable to run away. He is lifted into a bed, becomes conscious of the fact that he is the center of interest in the ward, wishes that he had stayed at home among friends, and just as he is beginning to take stock of his surroundings, finds that a thermometer is being stuck under his tongue. It is all strange and new, and he wonders what is going to happen next….
>
> Here is a worried, lonely, suffering man, and if you begin by approaching him with sympathy, tact, and consideration, you get his confidence and he becomes your patient."[19]



Kindness - a virtuous circle (after Ballat, *Intelligent Kindness*)

Fig 1.

This is a sober contrast with the experience described in the earlier quotations regarding care in Mid Staffordshire Trust. For Peabody, the secret of the care of the patient, and so of the profession of medicine, is in caring for the patient.

Students give many reasons for applying to medical school, including a desire to help people, a desire for gainful employment, a wish to give something to mankind and a desire to save lives[20]. The GMC webpage notes potential doctors can be "motivated by a sense of altruism, because of academic achievement in the sciences, or because of their admiration for relatives or family friends already working in the field." They also note that motivation may come from "the desire for a steady career, a healthy pay-packet and a respected status in society".[21] Regardless of our initial motivation, the profession we uphold requires that we focus on the good of the patient before us and encourage our students and trainees to do likewise.

Dr Who has been running on British television for over 50 years. In that time there have been twelve actors playing the Doctor. Each time the plot requires the Doctor to 'regenerate', there is great excitement among fans as to how the new actor will play the part. He has been played as a crotchety old man, as anxious and uncertain, arrogant and overbearing, heroic and kind. Hence, the burning question is "What sort of doctor will he be?" And that is, essentially, what I am asking: What sort of doctor are you?

REFERENCES

1 Francis R. Lessons from Stafford, Slide 15. London: 2013; Three Serjeants' Inn. Available from: http://www.kingsfund.org.uk/sites/

© The Ulster Medical Society, 2016.

files/kf/field/field_document/robert-francis-kingsfund-feb13.pdf. Last accessed March 2016.

2 Freidson E. Professional powers: a study of the institutionalization of formal knowledge. Chicago: The University of Chicago Press; 1986. p. 21.

3 Freidson E. Professional powers: a study of the institutionalization of formal knowledge. *Chicago: The University of Chicago Press*; 1986. p. 22

4 Parsons T. The professions and social structure. *Social Forces*. 1939: **17(4)**; 457-67

5 Parsons T. The professions and social structure. *Social Forces*. 1939: **17(4)**; 458.

6 Royal College of Physicians. Doctors in society: medical professionalism in a changing world. London: Royal College of Physicians; 2005. Available from: https://cdn.shopify.com/s/files/1/0924/4392/files/doctors_in_society_reportweb.pdf?15745311214883953343. Last accessed March 2016.

7 Rosen R, Dewar S. On Being a doctor: redefining medical professionalism for better patient care. London: King's Fund; 2004. Available from: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/on-being-a-doctor-redefining-medical-professionalism-better-patient-care-rebecca-rosen-steve-dewar-kings-fund-1-november-2004.pdf. Last accessed March 2016.

8 Pellegrino ED, Thomasma DC. *A philosophical basis of medical practice: toward a philosophy and ethic of the healing profession*. Oxford: Oxford University Press; 1981. p. 210.

9 Pellegrino ED, Thomasma DC. *A philosophical basis of medical practice: toward a philosophy and ethic of the healing profession*. Oxford: Oxford University Press; 1981. p. 119.

10 The Free Dictionary. Definition of quotidian. Available from: www.thefreedictionary.com/quotidian. Last accessed March 2016.

11 Beauchamp TL, Childress JF. Principles of biomedical ethics. 5th ed. Oxford: Oxford University Press; 2001

12 Lewis CS. Mere Christianity. London: HarperCollins; 2002.

13 Pellegrino ED, Thomasma DC. The virtues in medical practice. Oxford: Oxford University Press; 1993

14 Developing a framework for generic professional capabilities: a professional consultation. London: General Medical Council; 2015. Available from: http://www.gmc-uk.org/Developing_a_framework_for_generic_professional_capabilities_form_English_writeable_final_distributed.pdf_61568131.pdf Last accessed March 2016.

15 Freidson E. Professionalism reborn: theory, prophecy and policy. Cambridge: Polity Press; 1994. p. 187-8.

16 Pellegrino ED, Thomasma DC. *For the patient's good: the restoration of beneficence in health care*, Oxford: Oxford University Press; 1988. p. 101.

17 Holy Bible. 1 Timothy, chapter 6 verse 10. BibleGateway. Available from: https://www.biblegateway.com/passage/?search=1+Timothy+6:10. Last accessed March 2016.

18 Ballatt J, Campling P. Intelligent Kindness: reforming the culture of healthcare. London: Royal College of Psychiatrists; 2011.

19 Peabody FW. The care of the patient. *JAMA.1927*; **88(12)**: 877-82.

20 McHarg J, Mattick K, Knight LV. Why people apply to medical school: implications for widening participation activities. *Med Educ*. 2007: **41(8)**; 815–21.

21 Working with doctors. Working for patients. London: General Medical Council. Available from: http://www.gmc-uk.org/information_for_you/23151.asp. Last accessed March 2016.

© The Ulster Medical Society, 2016.