Knowledge, wisdom, and service

The meaning and teaching of professionalism in medicine

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Outline

1. A brief history and the sociology of medical professionalism
   • What is “professionalism” and what is it for?

2. The challenge of education (professional formation)
   • Effects of practice climate and the roles of professional associations
Disclosure and Disclaimer

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Manages the Climate Assessment Tools program for the AMA, a non-profit endeavor to produce tools to measure the quality climate in health care organizations.

Views and opinions expressed are mine alone and should not be construed as statements of the American Medical Association.
Part I
A brief history and the sociology of medical professionalism
Hippocrates of Cos (c460-370 BCE)
Hippocratic School

- Combined physicians’ scientific and ethical promises
  - These promises are personal, as exemplified in the Hippocratic Oath
- Injunction to refrain from intentional harm
  the central ethical duty
- Humility a core virtue
- Written communication vs oral tradition
“Life is short, the art long, opportunity fleeting, experiment treacherous, judgment difficult.”

Hippocrates Aphorisms
The Middle Ages to the Renaissance

The Anatomy Lesson of Dr. Nicolaes Tulp
John Gregory (1724-1773)

- Perceived moral laxity in the English medical profession
- Urged renewed “diffidence” (humility) in practice
- Still personal: “Ethics of character”
- Influenced 1823 New York System of Ethics and 1832 Baltimore System of Medical Ethics
I may reckon among the moral duties incumbent on a physician, that candor, which makes him open to conviction, and ready to acknowledge and rectify his mistakes. An obstinate adherence to an unsuccessful method of treating a disease, must be owing to a high degree of self-conceit, and a belief of the infallibility of a system... this obstinacy proceeds from a defect in the heart. Such physicians see that they are wrong; but are too proud to acknowledge their error, especially if it be pointed out to them by one of the profession. To this species of pride, a pride compatible with true dignity and elevation of mind, have the lives of thousands been sacrificed.

Gregory, 1772, Lectures on Duties and Qualifications of a Physician
Thomas Percival (1740-1804)

Medical Ethics - 1803

- Manchester Infirmary rules: 1792, 1794, 1803
- Recognized the increasingly complex medical environment of hospitals
  - Invented clinical rounds, presenting cases in reverse hierarchical order → Teamwork
- Coined terms “medical ethics” and “professional ethics”
- Profession’s “tacit compact” with society

BUT, failed in efforts to have code adopted nationally
Have a seat Kermit. What I’m about to tell you might come as big shock...
1847 Code of Medical Ethics of the American Medical Association

• Derived directly from Percival’s work
• An explicit professional *social compact*
  – Obligations to patients, colleagues and community
  – Reciprocity
    • Social/economic rewards for those in the profession in exchange for putting patients’ interests first, guaranteed competence of practitioners, and guarding public health

• The birth of “professionalism”
  – First national code of ethics for any profession
Professionalism defined

- Profess: (v) To speak out in public, openly declare
- Profession: (n) A group speaking out, together, about their shared standards and values
- Professional: (n) An individual member of the group; (adj) acting in conformance with the shared standards and values of the group
- Professionalism: (n) a belief system (an “-ism”), holding that professional groups are uniquely well-suited to organize and deliver certain social goods.
  - Establish our own standards for quality
  - Ensure and support adherence to them…
Recent Theories

- **Structuralist-functionalist school (pre-1960)**
  - 😊 Useful social function for each professional characteristic
  - 😊 Profession as “interstitial go-between”
  - 😊 Psychologically distinguished people become professionals

- **Critical “power” theorists (1960-present)**
  - 🌟 Professional perogratives are hard-won privileges
  - 🌟 Won by aggressive pursuit of a shared interest in high status and income, and even ...
  - 🌟 Willingness to make promises without intending to keep them
3 “Ideal Types” for Delivery of Important Social Goods

<table>
<thead>
<tr>
<th></th>
<th>Quality assurance</th>
<th>Ethics emphasize</th>
<th>Resource allocation</th>
<th>Health care is a</th>
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<tbody>
<tr>
<td><strong>Market</strong> (consumerism)</td>
<td>Competition</td>
<td>Transparency</td>
<td>Optimize “value” (WTP)</td>
<td>Normal good</td>
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<td><strong>State</strong> (socialism)</td>
<td>Regulation</td>
<td>Equity</td>
<td>Optimize social benefit</td>
<td>Common good</td>
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<tr>
<td><strong>Professionalism</strong></td>
<td>Collegial review</td>
<td>Fiduciary obligations</td>
<td>Balance individual and social needs</td>
<td>Service</td>
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Mixed Models: Quality Assurance

- Professional
  - Peer-review
  - Education, ethics and socialization
- Economic/Market
  - Consumer info ⇒ voice/exit
  - Use of accreditation
- Political/State
  - licensure
  - malpractice
A Balancing Act

State  Profession  Market
“…a desirable health care system must be based on trust in professional workers who are free to exercise discretionary judgment, I shall conclude that policy should aim at strengthening professionalism and employ elements of the other models – especially those of the free market – with great caution.”

Eliot Friedson
Professionalism Reborn
1994, University of Chicago Press
Inherent Tensions
Professional Standards/Personal Virtues

• After 1847 AMA Committees set increasingly stringent educational and quality standards

• But also…
  
  …”there is no tribunal, other than his [the physician’s] own conscience, to adjudge penalties for carelessness or neglect”

  AMA Code, 1847
“… the Code is more what you’d call ‘guidelines’ than actual rules.”

Captain Barbossa

Pirates of the Carribean
Ernest Codman (1869-1940)
Codman’s “End Result Idea”

• “Every hospital should follow every patient it treats long enough to determine whether the treatment has been successful, and then to inquire ‘if not, why not’ with a view to preventing similar failures in the future”

• “A new paradigm for medicine”
  – outcomes research, based in organizations, leading to EBM

• Left Massachusetts General Hospital in dispute over use of outcomes data to determine promotions
Scientific Medicine Brings Awesome Successes
Arrogance in Medicine

“The life of the patient and the soul of the physician are always at risk”

RABBI SAMUEL EDELS, 17th-century Polish Talmudic scholar
What does “professional autonomy” mean?

• The right of individual physicians to practice as they please

• The right of the profession, as a group, to establish and enforce practice standards

• Core question: How much person liberty does one relinquish on becoming a professional?
The Challenge of Education

[Or, Culture Eats Strategy for Breakfast]
Some learning is easy

How to Fix Technical Problems

- Problem clearly visible
- Independent of other problems
- Non controversial goals
- Off the shelf solution works
- A leader can provide the fix
- Fix is often permanent

Slides adapted from Catherine Lucey
Some learning is hard

- How to handle insidious problems
- Lack of agreement on the nature of the problem
- Solutions require new learning
- Those with the problem are the problem – and the solution – a leader can’t ‘fix it’

Adaptive Challenges
Complex Adaptive Challenges
The single biggest failure of leadership is to treat adaptive challenges like technical problems.

Maintaining professionalism is an adaptive challenge
Highly Publicized Illegalities Involving Physicians

- Disruptive Physicians
- Conflicts of Interest
- Disregard of safety
- Daily Incivilities

Collective Tolerance
Dominant Paradigm: Professionalism as a Personal Virtue

- Dichotomous and fixed
- Assumed to be present until proven by a lapse to be absent
- Responsibility for managing the problem lies with the Educational System

Papadakis M. NEJM 2004
Current Educational Approach

Recruit > Rules > Role Model > Reward

Reject
Complex adaptive problems require new learning.
Medical Errors and Lapses in Professional Behaviors …

- Are common and predictable
- Range in severity from invisible to fatal
- Are caused by “good” physicians
- Sometimes result from a lack of knowledge, skill, or judgment to deal with a specific situation
- Are much more likely when organizations and systems set people up to fail
Figure. Systems View of Professionalism

Expressions of professionalism

Physician-patient interactions

Interactions with care team

Practice settings

Training environment

External environment
  Payment
  Regulation
  Socioeconomic determinants of health

Influences on professionalism

Strategies to strengthen professionalism
  Develop individual competencies
  Promote physician leadership and supportive organizational culture
  Encourage physician advocacy and engagement in system reform
ACGME’s “Systems-Based Practice” and “Professionalism” are related competencies.

They call on physicians to *learn to act* according to professional values, AND to *help design systems* that make it easier to live up to these values.
Latent Professional Lapses

- Staffing and Workload Issues
- Inconsistent or Ambiguous Expectations
- Institutional Policy Decisions
- Legal Policies and Indemnity Strategies
- Physician Reimbursement Strategies
Approach #1: Professionalism as an Acquired Competency

Anytime you routinely expect someone to act in a manner that is counter to human instincts and counter to incentives, you are dealing with a problem of acquired competency.

Catherine Lucey, MD

Consistently acting in accord with professional values is difficult and requires knowledge, skills and practice...
Maintaining Professional Behavior is a Multidimensional Competency

- Moral readiness is a prerequisite, but
- Judgment & skills are necessary
- Like other complex competencies, follows a developmental curve
Situation-Competency Mismatch may cause lapses

**Novice**
- Single Value/Pt
- Deficit Needs Met
- No Time Pressure

**Competent**
- Competing Values/Pts
- OR
- Unmet Needs
- No Time Pressure

**Expert**
- Competing Values/Pts
- Unmet Needs
- High Time Pressure
 Approach #2

Build organizations and systems to reduce latent sources of professionalism lapses
The Role of Associations…

Professionals come together to do what we cannot do alone:
- Articulate shared values
- Support each other
- Help create organizations and systems that make it easier to uphold our values.
ABMS Definition

• Medical professionalism is an active and iterative process involving:
  – Defining
  – Debating
  – Declaring
  – Distributing
  – Enforcing and Supporting

• The set of discrete, shared standards and values that medical professionals agree must govern our work.

  Adapted from the ABMS definition of Medical Professionalism
Sir William Osler was asked by a medical student what he would get out of attending a medical society meeting. He replied…

Do you think I go for what I can get out of it, or what I can put into it?
The punishment of wise men who refuse to participate in the affairs of government is to live under the rule of unwise men.

Plato
Thank You

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What questions do you have?
A case

- It is 2 AM. A second year internal medicine resident is on overnight call. The ICU is full and she is admitting a seriously ill patient with sepsis, in severe pain from metastatic cancer, to the floor. She is repeatedly called by the nurse from another floor about a patient on her coverage list. This patient was signed out with explicit instructions not to increase pain meds for his chronic pain. The patient is demanding to be seen. The nurse is demanding that she come to the floor.

- After the fourth call, the resident screams at the nurse, uses harsh language in referring to the patient and slams down the phone, all in earshot of a busy nursing unit.
Common or uncommon scenario?

- What could we have done to prepare the resident to manage this situation better?
Expand Professionalism
Teaching to Include Skills that Foster Resiliency

- Situational Analysis
- Self Awareness and Self Control
- Alternate Strategy Development
- Diplomacy and Crisis Communication
- Peer Coaching and Intervention
Shape the System: Establish the Right Culture

- Expose the Hidden Curriculum
- Teach all to intervene when lapses occur or are threatened: assume that all want to be professional
- Champion positive examples of professionalism
- Facilitate Interprofessional Teamwork
Shape the System

- Remove unnecessary stressors by insuring policies and procedures reinforce desirable behavior
- Devise service recovery systems for all
- Support reflection and renewal through environment and through events
Engage in Continuous Formative Evaluation for Professionalism

- Test professionalism in varied situations (real or simulated)
- Use root cause analysis to identify true causes of problems
- Use a developmental lens when assessing professionalism lapses in trainees
Should CPE be a component of CME?

- View Professionalism as a renewable skill set rather than a permanent label.