This Month's Focus:
Junior Doctors

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SMA NEWS

The Core of Medicine – Ethics & Professionalism

By Dr Chin Jing Jih

In February 2005, the Singapore Medical Council (SMC) informed SMA that programmes on medical ethics and professionalism can now be accredited for Continuing Medical Education (CME) core points. Up until then, such programmes have been categorised as 'non-core' and were technically ineligible for consideration for core CME points, regardless of their contents and merits. This change from 'non-core' to 'core' took place after slightly more than two years of appeals from SMA. To many, this was nothing more than an inconsequential administrative adjustment. But the symbolic importance of this change, and its intent and impact in catalysing a movement spearheaded by SMA to restore the central role of ethics and professionalism in the practice of medicine, should not be overlooked.

GUARDIANS OF HEALTH AND SOCIAL VALUES

The 'non-core' status of CME programmes on medical ethics and professionalism has always been disconcerting to those who believe in the influence of words on mindset and behaviour. In practice, the 'non-core' accreditation was not helpful in encouraging greater interest and participation in programmes on medical ethics and professionalism. In concept, this previous categorisation, though unintentional, appears to suggest that ethics and professionalism is not a core competence for medical practitioners. This is of course far from the truth and what the CME framework is intended to achieve.

Just as sportsmanship separates true greats from skillful competitors, ethics and professionalism elevate doctors from merely a collection of skilled medical technicians to society's guardians of health and social values. The core of medical professionalism cannot, and should not, be just technical competence alone for specialists or general practitioners. The privileged position as a profession, and the public trust and respect for its practitioners, are also earned through a high standard of professional integrity and virtues, articulated by a code of ethics that places the interests of patients above those of physicians.

This timely revision by SMC is therefore a momentous move, in a direction consistent with SMA's resolve to overcome the forces of 'de-professionalisation' – factors and circumstances that threaten to remove professionalism from the practice of medicine and relegate it to a mere trade or occupation.

The principal threats to medicine's professional status come from public mistrust of the profession as a whole. Two major factors contribute to this mistrust – public perception that medicine failed to self-regulate in a way that can guarantee competence, and that it put its own interest above that of patients and the public. The present transparent and objective CME framework is a definitive response from the profession to demonstrate to society its determination and ability to self-regulate, notwithstanding some facilitation from the legislation. But it is equally important and effective as an educational and training framework that strives to counter the rising number of doctors criticised for unethical practices that place self-interest above that of the patient's.

PATIENTS OR CONSUMERS?

Certainly, doctors yielding to temptations of self-interest,

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power and wealth are not unique to our age and had been known to rear their ugly heads throughout human history. But several sources of conflict unique to our times exacerbate the problem further. One is what has been referred to as the 'commoditisation' of healthcare, where medical services become mere products, subjected to the forces of commercialisation and profit-making in a free-market economy. The doctor-patient relationship is hence transformed from a fiduciary model to one based on a business and contract, and the practice ends up quite divorced form the goals and ideals of medicine.

This is, however, not to be mistaken as saying that medicine cannot be a noble profession and a business at the same time. As George Lundberg, former editor of *Journal of American Medical Association* writes in his book *Severed Trust: Why American medicine hasn't been fixed* (Basic Books, 2002):

"Medicine, with its high ethical standards, is nonetheless both a profession and a business. Physicians perform services that are valued, and that value is expressed in dollars, the coin of the realm, or sometimes in services in kind. That is what has kept the whole process going. What disturbed me then, and disturbs me even more today, is that the balance between business and professional values has tipped dangerously toward the business side...it may tip over and the profession of medicine may be lost, all trust and respect will disappear. Doctors will be fancy technicians, and patients faceless cases. That would be bad for patient health."

Rather, the issue here is one of priority and balance, when technically trained practitioners take their skills outside the goals of medicine, placing self-interest above the guiding rules of medical ethics and ignoring the social responsibilities of the profession.

Another challenge during this post-modernist era of ours is the increasing difficulty for medicine's codified ethical precepts to hold up against the prevailing philosophy of moral scepticism and relativism. Consequently, medical practice is denied its right to higher moral standards, but has to accommodate instead to the dominant culture of our time. With less discussion and discourse on ethical and professional issues, the faster is the demise of medicine as a "society's unconditional guardian of health."

So, as a profession, where do we go from here? What can we do collectively?

THE ***GOOD*** DOCTOR

Firstly, in our search for the meaning of medical professionalism, it is crucial for us to acknowledge that medicine is in the very first place, a human activity based on the act of healing and providing comfort. At the core of medical practice, therefore, is a humanistic and moral dimension that ensures compassionate and holistic care for patients and their family.

This brings to mind an incident years ago in Singapore about a "bogus but good doctor". A young man had worked for several months as a House Officer in one of the local public hospitals using a faked medical school degree before he was exposed. Many of his patients were surprised. In spite of his technical inadequacies, they unanimously vouched for him, grading him a 'good' doctor. The reasons were simple: he had hardly ever turned away from their complaints, and was always willing to listen and empathise, showing genuine concern for their psychosocial problems. In spite of the minor outcry during his trial on how he managed to get away with registering himself with a faked medical degree, an important lesson may have been missed: why were such praises not routinely and generously showered as well on the 'real' doctors who had gone through five years of genuine and rigorous medical education?

The incident also offered valuable insight into the frequently unexpressed, and hence unmet psychosocial needs of patients, suggesting that technical proficiency, though essential in countering a disease, is inadequate on its own for meeting the patient's needs and empowering the patient to attain the good end. Technical competence has to be complemented by medical virtues, as advocated by respected physician and medical ethicist Edmund Pellegrino, such as trust, compassion, prudence, justice, courage, self-control, and altruism. In this pragmatic society of ours, such an approach can be readily criticised as naive and idealistic. But in an ever-changing society and increasingly complex practice environment, only a doctor who is truly and habitually virtuous in intent and action is dependable and consistent in striving for the good of patients and to act in their best interests.

Secondly, as doctors, we need to have a clear idea about the ethical foundations of our professional role in society, in the context of achieving the ends of medicine, and these should be avowed whenever appropriate. Concerted efforts need to be taken to promote basic ethical awareness and sensitivities as essential core competencies of any doctor, regardless of the nature or setting of practice. Vital to this is the incorporation of medical ethics into the core curriculum of postgraduate professional development programmes and essential syllabus of medical school.

AFFIRMING OUR VOWS

After sense comes sensibility. The next step would be for doctors to actively heal themselves of 'chronic apathitis' and participate actively in negotiations and dialogues that help clarify the medical profession's obligations and limitations in meeting changing public needs. The profession needs to regularly review its social contract and reaffirm its role and mission in society.

All these strategies require activities and forums on ethics and professionalism to accomplish. We should certainly applaud the SMC in taking this leading step, which will catalyse the pace and intensity of this endeavour of rediscovering the professional roots of medicine.

The ball is now in our own court. SMA and other medical professional bodies must now strive to achieve the endpoints that really matter, ensuring that ethics and professionalism are not just 'core' in CME, but 'core' to the soul and conduct of the profession. ■

About the author:

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Like all doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary.