FUNDAMENTALS OF GOOD MEDICAL PRACTICE:
THE BASIS OF PROFESSIONALISM

This is the first article of a series on the subject "Fundamentals of Good Medical Practice"

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The word 'Professionalism' is derived from the Latin 'professio'. According to the Merriam-Webster's Collegiate Dictionary, 'Professionalism' is defined as "the conduct, aims and qualities that characterize or mark a profession or professional person"[1], or in wider, general terms it is defined as "a calling requiring specialized knowledge and often long and intensive preparation including instruction in skills and methods as well as in scientific, historical, or scholarly principles underlying such skills and methods, which is to be regulated and maintained by rules of an organization or concerted opinion to pursue high standards of achievement and conduct, and committing its members to continued study and a kind of work which is primarily dedicated to the public service"[1,2].

Background
More than 15 years ago and during one of my general reading I came across of these words: "The Doctor is a man of service and education. He has both knowledge and compassion, which give him the power to heal. He has the face people look into for honesty. He speaks words people listen to for wisdom and advice. He has the hands people seek for comfort and healing, and he has the dedication that people rely on. The Doctor obviously isn't a single person, nor even a real person. Rather, the Doctor is a composite of all the good points and attributes of all the Doctors I have met and worked with. The Doctor is the ideal I seek to achieve". I noticed that it was written by 'Matt (Matthew) Rhames' who at the time he wrote these words was a third-year medical student at Eastern Virginia Medical School, USA. Subsequently he completed his medical studies in 1998 and as much as I am able to trace his chronological background, he is currently an Emergency Physician (Specialist) working in centres in East Virginia, USA. When I read these words I was an established Gastrointestinal/General Surgeon, already held senior surgeon posts in few countries and at that time I have more than 45 publications. I liked the words, printed them and kept copies with me since that time. One of the main reasons is because I found these words match with some of my thoughts and the aim that I exactly wanted to achieve.

For many around the world, and as part of graduation, from medical school, we take the Hippocratic Oath or as many schools around the world subsequently adopted its modern version. This Oath is a quite remarkable document, which although written some 2,500 years ago, it is still relevant as it was then. I am sure that any one of the readers who has an access to the Internet is able to find extensive information about Hippocrates and his Oath. Just few remarks: Hippocrates (of Cos) or 'Hippokrates of Kos' was born in

3

the island of Kos, Greece (ca. 460 BC – ca. 370 BC). He is described to initiate the beginnings of a scientific approach to medicine, which included among others the moral and ethical requirements for the ideal medical doctor. It was thought that most of his writings which were collected into the "Corpus Hippocraticum", and comprise some 70 books, were written by his predecessors 3. The Hippocratic Oath is described to be either 'Original', 'Classic' and 'Modern' versions, which present the 'Original' Oath and its subsequent modifications that was made either to clarify the original' Oath's expression 'Classic', or to suite the changed modern society and medicine 'Modern'. It was required by all Western medical graduates until the latter half of the 20th century 4. Although the original Oath remained as part of the pride of the medical profession, and although many medical schools continued to use the modern version, subsequently many professional bodies around the world introduced their own 'codes of ethics' to suit its specific rules, the service of the modernized society and the changes in modern medicine 5-7. These included among many are The American College of Surgeons (www.efacs.org), The Royal Australasian College of Surgeons (www.surgeons.org), and other Royal Colleges of Surgeons.

The sixth Babylonian King 'Hammurabi' ruled for 42 years, (ca. 1792 to ca. 1750 BC) according to the middle chronology. He enacted the 'Code of Hammurabi', which consist of 242 laws. Partial copies exit on a human-sized stone, the 'Stele of Hammurabi' and various clay tablets. The 'Code' deals with several daily life issues that involves rewards and punishments for effective and ineffective treatment, like contracts, wages, transactions, family relationship, obligation on an official, and others, but it does not touch what could be regarded as ethical matters.

'Muhammad Ibn Zakria Al-Razi' (865-925) a physician, chemist, philosopher and scholar was quoted to write the following in 'Ethics of Medicine': "The doctor's aim is to do good, even to our enemies, so much more to our friends, and our profession forbid us to do harm to our kindred, as it is instituted to the benefit and welfare of the human race, and God imposed on physicians the oath not to compose mortification remedies".

'Ibn Sina' (981-1037) known in the west as 'Avicenna' is regarded as one of the foremost philosophers in Medieval Hellenic Islamic tradition had stressed on the importance of gaining knowledge, and develops a theory of knowledge based on four faculties, which are: sense perception, retention, imagination and estimation. One of his writing is "The Canon of Medicine", originally written in Arabic 'Al-Qanun fi'l-tibb' and later translated into a number of languages was Ibn Sina's main medical book. It is considered to be an encyclopaedia in medicine written in five books and completed in 1025. I noticed that it contained a remarkable medical knowledge on several medical issues and conditions, and although I couldn't find specific remarks on medical ethics I am not surprised that probably because by referring to the impressive description of many conditions, these might overshadow the description of the ethical issues.

While the modernised Hippocratic Oath is still used for the declarations made by the graduating students in Australia and New Zealand[8], the medical education in Australia and New Zealand provides ethical, legal, and professional development issues in an integrated manner through the entire medical student curricula and (to a lesser extent to date) through postgraduate curricula[9,10]. In addition the Australian (www. amc.org.au), and New Zealand (www.mcnz.org.nz) Medical Councils and the different speciality colleges have established their own 'codes of ethics' to suit their rules and aims. The Association of American Medical Colleges (AAMC),

4

states that physicians must be altruistic, knowledgeable, skilful and dutiful[11], all attributes to Professionalism. The Accreditation Council for Graduate Medical Education (ACGME) lists 6 general competencies that physicians-in-training must possess before graduating from residency and fellowship training programs, one of them is 'professionalism'[12], which includes respect, compassion, integrity, responsiveness, altruism, accountability, commitment to excellence, sounds ethics, and sensitivity of diversity[13].

Meetings among the European Federation of Internal Medicine, the American College of Physicians-American Society of Internal Medicine (ACP-ASIM), and the American Board of Internal Medicine (ABIM) who in combined efforts launched the 'Medical Professionalism Project' (www.professionalism.org) in late 1999. These three organisations designated members to develop a "Charter" to encompass a set of principles to which all medical professionals can and should aspire. This Charter is intended to be applicable to different cultures and political systems. The 'Charter on Medical Professionalism' was published for the first time in 2002 in both the 'Annals of Internal Medicine[14]', and 'The Lancet[15]'. The Charter was enthusiastically endorsed by the Board of Regents of the American College of Surgeons at its June 2002 meeting, and subsequently appeared in 2003 in the 'Journal of the American College of Surgeons'[16] as a reprint with permission from the 'Annals of Internal Medicine'. Although the meetings' initiatives of the three societies and the emergence of the 'Charter' at that time were in response to major events happening at that time in particularly in the industrialised world due to emergence of changes in the health care delivery systems, which threatens the values of professionalism that was held dear for many millennia, the Charter is still held valuable till our current days and

applicable in different societies and cultures despite their variability. The readers may wish to read the details of the contents of the Charter but I will make a brief statements and remarks on its contents. The readers will notice that the word 'Physician' is mentioned in several places, which is widely used in North America to mean 'Medical Doctor'. The Charter is based on three 'Fundamental principles', and ten 'Commitments'.

Fundamental principles

(1) Primacy of patient welfare. 'Altruism' is putting the interests of patients and society consistently ahead of one's interest. It contributes to the trust that is central to the physician-patient relationship.

(2) Patient autonomy. Physicians must be honest with their patients and discuss with them all relevant information, which will empower them to make informed decisions about their treatment.

(3) Social justice. Physicians should work actively to eliminate discrimination in health care, whether based on race, gender, socioeconomic status, ethnicity, religion, or any other social category.

Commitments

(1) Professional competence. This concerns firstly the physician who should be committed to lifelong learning and maintaining the medical / clinical knowledge and team skills; secondly the profession as a whole must strive to see that all members are competent; and thirdly to ensure that appropriate mechanisms are available for the physicians to accomplish this goal.

(2) Honesty with patients. Physicians must ensure that patients are completely and honestly informed before the patient has consented to treatment and after treatment has occurred. Medical errors do sometimes occur. Therefore whenever patients are injured as a consequence of a medical care, they should be promptly informed because failure to do so will

seriously compromises patient and societal trust.

(3) Patient confidentiality. Earning the trust and confidence of patients requires that appropriate confidentiality safeguards be applied to disclosure of patient information. This occasionally yields to overriding considerations in the public interest (for example, when patients endanger others).

(4) Maintaining appropriate relations with patients. Given the inherent vulnerability and dependency of patients, certain relationships between physicians and patients must be avoided.

(5) Improving quality of care. Physicians must be dedicated to continuous improvement in quality of health care, whether on personal basis, working collaboratively with other professionals, and participate in the development of better measures individually and through their professional associations.

(6) Improving access to care. Physicians must individually and collectively strive to reduce barriers to equitable health care.

(7) Just distribution of finite resources. Physicians are required to provide health care that is based on the wise and cost-effective management of limited clinical resources. This requires scrupulous avoidance of superfluous tests and procedures.

(8) Scientific knowledge. From the physician's side it is a duty to uphold scientific standards, to promote research, and to create new knowledge and ensure its appropriate use; and from the profession side it is responsible for the integrity of this knowledge, which is based on scientific evidence and physician experience.

(9) Maintaining trust by managing conflicts of interest. Physicians have an obligation to recognize, disclose to the general public, and deal with conflicts of interest that arise in the course of their professional duties and activities.

(10) Professional responsibilities. Physicians are expected to work collaboratively to maximize patient care, be respectful of one another, and participate in the processes of self-regulation, including engaging in internal assessment and accepting external scrutiny of all aspects of their professional performance.

These are the three fundamentals and 10 commitments within this Charter. They basically involve dedication to self-knowledge, regulation, maintenance, and quality care to the patients and society.

In February 2006, the Canadian Association of General Surgeons (CAGS) Board of Directors tasked the Committee on Professionalism with preparing a position paper on professionalism for Canadian Surgeons. In the fall of 2006 the final draft was submitted and after receiving comments and recommendations from the Board, and after further comments from the members of CAGS at large the official final version of the position statement for Canadian Surgeons was published in 2008 17. In principle it includes most of the points contributed to the tri-organizations' 'Charter of Professionalism' with a special referral to the 'Surgeon' and surgical field. It is described as the "Code of professionalism' and includes:

(1) Duty to consider first the well-being of the patient. The surgeon recognizes the patient's ultimate trust in accepting evaluation for and submission to an operation and will always put the interests of the patient above his or her own.

(2) Respect for patient and clinical autonomy and providing the highest quality of care.

(3) The adoption of new technology, partnership with industry and participation in research that benefits the patient. The surgeon will use evidence-based and peer-reviewed criteria for the adoption of a new technology, independent of the influence of corporate promotion. The surgeon will discuss such technology with the patient when it is deemed to be the standard of care, and to refer the patient willingly to

another colleague if the surgeon is unable to provide that technology especially because of inexperience.

(4) Care without discrimination.

(5) Working with other health care professionals as a team for the benefit of patients.

(6) Openness and honesty with the patient and disclosure of adverse events.

(7) Accountability to the courts, licensing bodies, peers and hospitals. The surgeon must abide with the regulation of the professional licensing body, the hospitals where he / she practice, and observe, and respect the law.

(8) Balance between professional and private life. A healthy happy person enjoying a stable private life will be able to provide better quality care.

Closing remarks

Medicine is regarded as a 'profession' for centuries. No matter of the diversity between countries, societies and cultures, there is within this profession an obvious although unwritten understanding that medical doctors must hold up themselves to a high ethical and clinical standards. In exchange to this, the society granted them status, financial rewards, and real autonomy.

In the ever changing world there is also changes in clinical guidelines for the practice of medicine, the worry about financial load, patients' expectation, the involvement of medico-legal (third parties) advisors, the issue of publicized medical errors, and the boundaries in the relationship between the medical-surgical practice and pharmaceutical companies, all are very valid reasons for observing 'professionalism' and to be aware of what constitutes 'unprofessional behaviour', which unfortunately still do occur and sometimes widely. For obviously many reasons medical errors do occur, but we should discuss them, clear them, learn from them and move forward. I always tell my junior colleagues: "if you make a mistake admit it before somebody makes it bigger".

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