Ethical Sensitivity and the Goals of Medicine: Resisting the Tides of Medical Deprofessionalisation

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ABSTRACT

There is a growing concern that, like in many developed countries, medical practice in Singapore is fast losing its role and status as a profession. The commodification and industrialisation of health care, and weakening of its ethical foundations are among the main forces threatening to deprofessionalise the practice of medicine. To overcome these challenges, an honest and introspective review of the goals of medicine and an affirmation of the ethical values of medicine are needed in order to reinstate the unique role of medicine in our society. Important steps to take include adopting a patient-centred philosophy and practice culture, promoting and emphasising ethical awareness and sensitivity among physicians, and active participation in constructive dialogues to negotiate the social contract of the profession. A more permanent impact may be achieved through cultivation of medical virtues in physicians, and the integration of core elements of medical professionalism into the ethical systems and mission statement of today's health care organisations.

Keywords: medical professionalism, ethics, virtue

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At a recent informal discussion with a group of relatively younger colleagues, I was rather disturbed by their perceptions and sentiments towards the practice of medicine as a profession. Most felt that medical professionalism was a nebulous concept that offers no practical guidance to doctors. Many too were of the opinion that professionalism is too anachronistic a concept to have any significant relevance in this post-modernist, free-market era. Medical practice, as one of these young physicians bemoaned, can hardly be an end in itself, and is no different from any other occupation. Small though the sample surveyed, it left me troubled, wondering if such cynical and pessimistic views on medical professionalism were indeed fast becoming the prevailing attitudes of doctors in Singapore.

Beyond Singapore, much concern has been expressed in the literature on the progressive weakening of professionalism in medical practice and education, and its impact on society as a whole[1]. Most of the writings have come from America, where physicians, philosophers and sociologists alike have expressed disquiet over what Pellegrino aptly termed *deprofessionalisation* of medicine[2], a process whereby the core values of medicine are gradually being undermined by forces both internal and external to the practice of medicine[3]. Some of the problems that physicians face today, like irresponsibility and temptations of self-interest, power and wealth, are not unique to our age and had been known to rear their ugly heads throughout human history. But two sources of conflict have been highlighted by Pellegrino, one societal and one ethical, which may be unique to our times[2]. The societal factor centres on the commodification of health care as a product like any other, subjected to the forces of commercialisation and profit-making in the free-market economy. Here, medicine becomes a means to an end and can end up quite divorced form the goals and ideals of medicine. As medicine becomes increasingly industrialised[4], professional worth as a physician ends up being measured in terms of productivity only. The second of these forces comes from the "erosion of the foundations of professional ethics", where moral and ethical codes find it increasingly difficult to hold up against prevailing philosophy of moral scepticism and relativism in the present post-modernist society. Consequently, medical practice is denied its right to higher moral standards, but has to accommodate instead to the dominant culture of our time.

A coherent discussion on medical professionalism is almost impossible without a clear definition or meaning. And any such definition must be clearly grounded in the nature of the physician's work, and to behaviours and conduct by which physicians justify the trust bestowed on them by patients and the public[5]. Taking the issue at its roots therefore, we need to revisit and reiterate the goals of medicine and the role of physicians in pursuing these goals, in order to establish

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some coherence 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. At an individual level, the good that the patient seeks from a physician is the restoration or improvement of health and more proximately, healing. If this were not possible, the patient expects to be cared for, to be assisted in coping with the pain, disability or dying[6]. At a collective and societal level, the medical profession serves as one of the guardians of a civilised society's moral values[1]. A special report form The Hastings Centre in 1996 reaffirmed the goals of medicine as 1) the prevention of disease and injury, and promotion and maintenance of health; 2) the relief of pain and suffering caused by maladies; 3) the care and cure of those with a malady, and the care of those who cannot be cured, and finally; 4) the avoidance of premature death, and the pursuit of a peaceful death[7]. These goals of medicine therefore go beyond the attendance of biophysical health, but incorporate values of health as perceived by the patient who is given due respect as an autonomous individual capable of making his or her own life plan. In essence, medicine, as an activity that brings about healing, has to be patient-centred. Technical proficiency of a doctor, though essential, is inadequate on its own for assisting and empowering the patient to attain the good end. Medical practice requires a humanistic and moral dimension before it can holistically serve the needs of patients and the society. Deprofessionalisation becomes a frightening certainty if doctors, both individually and collectively, lose sight of their goals as healers and of the ethical competencies needed in their work.

Have the waves of deprofessionalisation of medical practice arrived at the shores of Singapore's medical community? The essay by Tan[8] in this issue of the journal, offers a perspective into this issue, albeit from a more restricted angle of physician-to-physician relationship. Compared to doctor-patient relationship, this is a less frequently discussed area in medical and bioethics literature, but a no less instrumental factor in either accelerating or resuscitating the fate of medical professionalism. Writing as a non-medical person, the author offers an objective exploration of an 'internal' area, where an honest and introspective review by the medical profession is long overdue.

Tan has wisely discussed the issue of physician-physician relationship in the context of the role of medical profession in the society, and she identifies four areas of practical importance to the interaction[8]. These include continuing medical education as a means of sharing and propagating the technical knowledge and skills, self-regulation to ensure acceptable standards of technical competence, importance of teamwork to counter the problems resulting from specialisation, and professional courtesy towards fellow doctors as an outward expression of kindness typifying the profession. These are certainly relevant and useful points. One criticism, however, is that much of the discussion is confined to the issue of maintaining technical competence. Her work would have been more thought-provoking had she elected to explore the problems besieging medical professionalism beyond the goals of maintaining technical expertise among physicians, which incidentally has been exceptionally well met in the last few decades[3]. As discussed earlier, most of the problems confronting medical professionalism today lie in the loss of the profession's humanistic characteristics and a neglect of the societal role of the profession, elements which, as she quoted early in her essay, contribute to the profession as a structurally stabilising and morally protective force in society[1]. Nevertheless, the points that she raised, perhaps from a more objective vantage-point, deserves our attention.

From the perspective of maintaining technical expertise that partially legitimises medical practice as a profession, Tan rightly points out that withholding medical knowledge and expertise from fellow doctors for selfish and ambitious reasons, often masked and justified as 'healthy' competition between doctors, can and will hinder the development of the profession. As Tan astutely observes, such doctors will eventually be victims of their own narrow perspective[8]. A willingness to impart medical skills and knowledge to fellow doctors is a vital means of facilitating the standards of practice, and to ensure the maintenance of medical expertise. But more importantly, the act of subordinating self-interest to the needs of patients is an expression of the patient's central position in the relationship, and an affirmation of doctors' fundamental professional duty to strive for the goals of medicine.

Similarly, the issues of whistle-blowing and joint medical management raised by Tan need to be studied not merely from the point of maintaining technical expertise alone, but by how they relate to the core ethical values of the profession. Meaningful peer evaluation is recognised as a way to enforce standards of practice and hence to exercise accountability[3], but the management of medical errors discovered in the process is not so straightforward, and is further confounded by two factors, operating at very different levels. At one level is the collegiality that traditionally typifies interactions among physicians. But honesty and care need to be practised to prevent this spirit of camaraderie from masking ineffective or inappropriate practice or shielding incompetent fellow doctors.

Otherwise, we will run the risk of promoting a distorted notion of professionalism characterised by indiscriminate self-protection and self-interest-promotion[2].

At another level, as a result of the corporate transformation of medicine, doctors need to be even clearer about their mission as "society's unconditional guardian of health"[9]. The possibility of pitting one physician against another[10]. or of professional obligations against the health care organisation's interest and risk management policies, can become a powerful influence in many doctors' practice and behaviour. The medical profession in Singapore needs therefore to actively cultivate a positive practice environment based on sound ethical principles in which doctors can strive to provide ethically and technically competent medical service, without having to worry about personal cost, conflicts with institutions and risk to career. An important step is to develop and update relevant professional codes and guidelines, and to have them incorporated into the mission statements and policies or health care institutions and organisations.

Work has already begun in a number of countries to work towards a coherent and consistent system of organisation ethics, with principles which attempt to incorporate all aspects of healthcare provision, and is applicable to every member in the organisation[11,12]. This is not such an improbable concept as long as healthcare organisations, including for-profit institutions, acknowledge that healthcare is a patient-centred activity, be it as an individual or as a group. As some have observed, medicine can be a noble profession and a business at the same time, as long as the patient's interest are always first[9], and the fundamental ethical values of the profession are upheld. Though relevant somewhat to the third point that Tan mentioned on cooperation, such an ethical framework extends beyond teamwork between mere doctors to a multi-disciplinary dimension, crucial and extremely pertinent to the provision of healthcare today. Apprehensions do exist that medical professional ethics may become engulfed by the larger forces originating from business considerations or be diluted by the attempt to achieve a universally accepted consensus. However, with the present corporate structure in the administration of most health care organisations, the absence of any inter-disciplinary efforts to develop organisational ethics presents an even greater risk of the physicians being bypassed or disregarded with respect to their professional ethics. If the common ethical principles can remain focused on the caring and healing of patients as a social obligation that extends beyond commercialisation and institutional interest, they may even emphasise the core elements of medical professionalism with greater clarity and rationality. An elaborate discussion of organisational ethics is not possible here, but suffice to say, a re-conceptualisation of ethical system governing inter-physician and inter-healthcare professional relationships may be necessary to achieve the goals of medicine in the changing healthcare environment that Tan alluded to in her essay.

If the process of deprofessionalisation has begun insidiously in Singapore, what are the possible conceptual and practical steps to counter it? For a start, we can begin by taking a closer look at what physicians and observers elsewhere have proposed. One important step, as suggested by Wynia and colleagues, is to incorporate core elements of professionalism into medical practice[1]. Firstly, they argue that physicians must cultivate in themselves a dedication to medical services and its ethical values by placing the goals of patients and public health above their own interests. This is echoed by Swick, whose normative definition of medical professionalism includes physicians' open willingness to subordinate their self-interests to meet the needs of patients, a characteristic he considers the *sine qua non* of medical professionalism[5]. Put into practice, this will obligate physicians in Singapore to adopt a more enlightened culture of unselfishly sharing knowledge and skills with fellow physicians and other health care disciplines. To encourage such altruistic behaviour, due credit and professional recognition should be accorded formally and more readily to physicians who are willing to invest time and energy to upgrade and then to propagate relevant technical competencies of the profession.

The second point raised by Wynia et al involves physicians' obligations to speak out or "profess" collectively their professional and ethical values[1]. This serves to facilitate acceptance of shared expectations between the profession and society in terms of treatment goals and standards of care, and promote accountability by physicians. Doctors in Singapore need to be clear about the ethical foundations of their professional roles 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 professional ethics into the core curriculum of medical undergraduate and post-graduate education[3,4].

Thirdly, in order to fulfil their societal role, Wynia et al argued that doctors need to participate actively in negotiating the social contract between the profession and the society, in order to achieve a balance between medical values and other societal

priorities[1]. In Singapore, doctors need to actively shed their general apathy and participate in constructive dialogues to help clarify the medical profession's obligations and limitations in meeting changing public needs, while fostering patient-centred care and prevent against unilateral paternalistic practices by physicians.

Over and above these measures, the magnitude of both internal and external forces pounding on medical professionalism[3] suggests that a more fundamental approach is needed. A legally based ethic focuses only on minimum requirements, as imposed by human laws to protect against gross violation of human rights. It is therefore not adequate. Ethics based on rights and duties, though exerting a higher standard of professional behaviour, cannot fully achieve the good of patients, as competing duties and principles can lead to inconsistent interpretations and application. The answer may therefore be found in a model of virtue-based professional ethics. In this model, a physician, because of the virtuous person that he or she is, will do the right and the good even at the expense of personal sacrifice and legitimate self-interest. Such an ethical system goes well beyond what the law demands and what strict duty might require. It mandates that the medical profession be upheld by standards of ethical performance exceeding those prevalent in the rest of society[13]. In this pragmatic society of ours, such an approach will very likely be criticised as naive and idealistic. But only a physician, truly and habitually virtuous in intent and action, can be depended upon to consistently strive for the good of patients and to act in their best interest in an ever-changing society and increasingly complex practice environment.

As Swick puts it succinctly, when professionals serve as guardians of social values and strive for the welfare and interest of the society, the medical profession becomes a way of life with a moral value[5]. Here is where medicine transcends to become a calling, and not merely an occupation[5]. Doctors, through their technical expertise, heightened ethical sensitivity and growing awareness of the relevant ethical issues, can rejuvenate the concept of medicine as a moral community[6], and reinstate medical professionalism as one of the cornerstones of a stable and civilised society.

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