

## Definitions of Professionalism - Medical Literature

Swick, H.M. **Toward a normative definition of medical professionalism.**  
Academic Medicine, 2000; 75: 612-616.

*'Medical professionalism, then, comprises the following set of behaviors:*

*Physicians subordinate their own interests to the interests of others. Medical professionalism reflects the physician's open willingness to subordinate his or her interests to best meet the needs of patients. It manifests the physician's fiduciary relationship with patients and the physician's duty to serve as the patient's advocate. The expectation that a professional will subordinate self-interest has long been a hallmark of professions, and hence is the sine qua non of professionalism. Because physicians have responsibilities to many others as well, they will not infrequently confront conflicts of interest, such as those arising between the health system that employs them and the individual patient seeking care. When such conflicts arise, the patient's legitimate interests and needs must remain paramount. The MSOP objectives state that physicians must demonstrate "a commitment to advocate at all times the interests of one's patients over one's own interests," as well as "an understanding of the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine."<sup>15</sup>*

*Physicians adhere to high ethical and moral standards. The concept that professional work has a moral value compels the physician to behave ethically in his or her personal and professional life. Long embedded in the ethos of medicine are principles of beneficence and nonmaleficence. Physicians have a duty to do right and to avoid doing wrong. Patients have a right to expect no less.*

*Physicians respond to societal needs, and their behaviors reflect a social contract with the communities served. Any profession—not just the medical profession—best meets its obligations when it attends actively to its duty to address community and societal needs. Sullivan's concept of civic professionalism stresses the importance of social leadership by the professions.<sup>12</sup> The MSOP objectives state that a physician will demonstrate "knowledge of the important non-biological determinants of poor health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies," as well as "a commitment to provide care to patients who are unable to pay and to be advocates for access to health care for members of traditionally underserved populations."<sup>15</sup>*

*Physicians evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness. Some might argue that humanistic values are not requisite to professional behavior, that a physician can exemplify professionalism without humanism. Yet values such as compassion, altruism, integrity, and trustworthiness are so central to the nature of the physician's work, no matter what form that work takes, that no physician can truly be effective without holding deeply such values. The practice of medicine is a human endeavor. To address the needs of their patients, physicians must ensure that humanistic values remain central to their professional work. Wynia and colleagues argue that respect for human worth and trustworthiness are "particular obligations."<sup>8</sup> Physicians must demonstrate "compassionate treatment of patients" as well as "honesty and integrity in all interactions with patients' families, colleagues and others."<sup>15</sup> To evince humanistic values speaks directly to the ABIM's expectation that physicians will aspire to altruism, honor, and integrity, among other attributes.<sup>16</sup>*

*Physicians exercise accountability for themselves and for their colleagues. Implicit in the relative autonomy granted to a profession is that its members will set and enforce standards of practice. Demonstrating true accountability is key to maintaining the privilege of autonomy that medicine has long enjoyed but which many now feel has been eroded. That erosion is due, in*

part, to a perception by many that physicians have not always been willing to exercise accountability for themselves or their colleagues. The loss of autonomy relates directly to Freidson's observation that autonomy is a privilege granted by external authorities.<sup>10</sup> Professional work has always been, at its best, a collegial endeavor rather than an entrepreneurial enterprise. Collegial interactions have traditionally typified a profession, but such collegiality should be used neither to mask ineffective or inappropriate practice nor to protect incompetent physicians. Meaningful peer evaluation becomes one mechanism to enforce standards of practice and hence to exercise accountability.

Physicians demonstrate a continuing commitment to excellence. Competency is an important professional quality. Professions are based upon intellectual work, a specialized body of knowledge, and expertise. The demands of intellectual work require that physicians maintain the highest standards of excellence through the continuing acquisition of knowledge and the development of new skills. The exponential growth in biomedical knowledge makes it imperative that physicians be able to retrieve and use information efficiently, whether to make clinical decisions about individual patients or to address questions of a community's health. Excellence is internally focused. It is the individual physician's commitment to expand his or her knowledge and to keep abreast of the rapid changes in biomedical science and clinical practice. A commitment to excellence makes life-long learning fundamental to professionalism. The MSOP objectives ask that physicians demonstrate "the capacity to recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and ability."<sup>15</sup>

Physicians exhibit a commitment to scholarship and to advancing their field. If commitment to excellence has an internal focus, then a commitment to scholarship has an external focus. It is the desire to share one's knowledge for the benefit of others, whether patients, other physicians, or the community. The nature and the goals of medicine should commit physicians to advance the body of knowledge in their discipline, whether from cutting-edge research or from assuring that a practice setting is most conducive to cost-effective and efficient patient care. Physicians should support the efforts of their colleagues and the profession to improve the health not only of individual patients but also of communities.

Physicians deal with high levels of complexity and uncertainty. Uncertainty and ambiguity have long characterized the practice of medicine, and they will continue to do so despite advances in technology and in biomedical knowledge. Work that is simple and repetitive, or that does not involve a great deal of judgement, does not require the independent decision making that is a hallmark of professions.<sup>17</sup> The physician must be able to exercise independent judgement in order to make appropriate decisions in the face of complex, often unstable circumstances, and usually with incomplete information.

Physicians reflect upon their actions and decisions. Professionals must be able to reflect dispassionately upon decisions made and actions taken, not only to improve their knowledge and skills, but also to bring balance to their professional and personal lives. Reflection becomes one mechanism to stimulate a commitment to excellence and enable accountability, but it goes beyond that. The ability to think reflectively and critically is important to deductive reasoning, and physicians must demonstrate "the ability to reason deductively in solving clinical problems."<sup>15</sup> Reflection and deductive reasoning are thus central to clinical decision making.'

Wynia, M.K., Latham, S.R., Kao, A.C., Berg, J.W. and Emmanuel, L. **Medical professionalism in society.**  
New England Journal of Medicine, 1999; 341: 1612-1616.

*'Three core elements of professionalism each different in nature are necessary for it to work properly. First, professionalism requires a moral commitment to the ethic of medical service which we will call devotion to medical service and its values. This devotion leads naturally to a public, normative act: public profession of this ethic. Public profession of the ethic serves both to maintain professional's devotion to medical service and to assert its values in societal discussions. These discussions lead naturally to engagement in a political process of negotiation, in which professionals advocate for health care values in the context of other important competing societal values.'*

Cruess, S.R, Johnston, S. and Cruess, R.L. **'Profession': A working definition for medical educators.**  
Teaching and Learning in Medicine, 2004; 16: 74-76.

*'Profession: An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.'*