ABSTRACT:

Medical Profession is not only a mere vocation but where doctor’s knowledge, skills and judgment are put in service of protecting and restoring the human being. He enjoys autonomy at his work and adheres to some ethical principles. In this modern era, the profession faces many challenges like rapid development of medical science and technology, changing patient-doctor relationship, consumerism and medico-legal problems and commercialism. It is doctors only with the support of society can protect professionalism by following the main principles of ethics.

Medicine is both an art and a science, for promotion of health, prevention of disease, diagnosis, cure and rehabilitation. It is an ancient profession and considered as a noble one, from time immemorial. The profession is given a special status and respect by the society and in return the doctor is expected to look after the healthcare of the individual and society as a professional.

Very often the terms “profession” and “professionalism” are loosely mentioned and equated with the term “occupation or vocation”. The Supreme Court in its landmark judgment has defined the characteristics of a profession.1

An “occupation” is considered as a profession if it fulfils the following criteria:

1. Occupation should involve intellectual work or skilled controlled manual work.
2. The practitioners should have an association to control their activities.
3. They should adhere to some ethical principles.
4. They should have a high status in the society.

In other words, Medicine is a profession defined as an vocation in which a doctor’s knowledge, clinical skills and judgment are put in service of protecting and restoring human well being. The purpose is realised through partnership between the doctor and the patient—one based on mutual trust, individual responsibility and appropriate accountability.2. These principles and responsibilities must be understood by the profession and society. Public trust on the doctor is essential and depends on the integrity of both individual and the whole profession.

PROFESSIONALISM IN CLINICAL PRACTICE

M Maiya, Bangalore

Medical profession everywhere is embedded in diverse cultures and national traditions. There is a wide variation in the practice of medicine. In spite of these variations there seems to be a common theme in applying the medical professionalism in day to day practice. This is enunciated by the GMC in the booklet “Good medical practice 2006”. Fundamentally, the patient must be able to trust doctors with their health and lives. To justify the trust the doctor must be committed to the following principles.3

- Make the care of your patient your first concern.
- Protect and promote the health of the patient and the public.
- Provide a good standard of practice and care.
  1. Keep your professional knowledge and skills updated.
  2. Recognise and work within the limits of your competence.
  3. Work with colleagues in a way that serves the patient best.
- Treat patient as individuals and respect their dignity
  1. Treat patient politely and considerately
  2. Respect patient right to confidentiality
- Work in partnership with patients.
  1. Listen to patient and respond to their concerns and preferences
  2. Give patients the information they want or need, in a way that they can understand
  3. Respect the patient’s right to reach decisions with you about their treatment and care.
  4. Support patients caring for themselves to improve and maintain their health.
- Be honest open and act with dignity
  1. Never discriminate unfairly against patients and col-
with stenting. Patient with chronic renal failure was given symptomatic treatment and today he is offered the benefit of renal replacement therapy like Dialysis and transplantation.

There is rapid development of technology in the field of imaging since the discovery of CT scan by Dr. Hounsfield and physicist Courmach in 1972. The CT scan and MRI are useful, as it is non-invasive and direct method of imaging the brain and other organs. PET scans make it possible to provide information on the functional status of the tissue. While the various imaging technologies are useful in the diagnosis of diseases of the brain, spine, chest and abdomen there are instances of them being inappropriately used. CT scan is ordered in cases of established dementias, metabolic encephalopathies and routine cases of headaches, or even for some financial considerations. Then the high technology becomes a burden instead of a boon. Further there are rapid developments in the field of genetics, molecular diagnostic methods, targeted therapy and regenerative medicine and use of computer and robotics in medicine. Hence it is essential for doctors to update his knowledge and skills so that he can provide good standard of medical care. The goal may be achieved by attending continued medical education programs, workshops, conferences, reading journals and in recent times, the liberal use of information technology. The internet is the fastest growing communication medium in the society today and the patients sometimes consults the doctor only after viewing the internet web-sites. The internet could be used effectively in medical education, bedside decision making, patient records and communication. Professionalism in practice requires not only the acquisition of knowledge and skills but also the wisdom to avoid inappropriate use of technology. The revalidation of the license to practice will help to achieve this objective. Afterall the patient wants “The kind of doctor I want is one who, when he is not examining me is home studying medicine” (George S Kaufman 1889-1961).

2. Doctor – Patient relationship:

Doctor-patient relationship is the essence of clinical practice. In earlier days the patient accepted whatever the doctor advised and he had “doctor knows best” attitude. This paternalistic attitude has changed and we have today a well informed patient, who would like to interact with the doctor regarding his disease. It is not unusual to find especially an “urban” patient present before the doctor with an “internet” diagnosis and management before the virtual consultation. Many of the information may be misleading and biased and cannot represent the virtual clinical situation. The doctor’s job is to interpret and moderate the information, relevant to clinical situation, rather than providing information. Hence the doctor-patient’s relationship becomes interactive rather than paternalistic. The doctors have to develop communication skills much more than before and

2. Never abuse patients’ trust in you or public trust in the profession

3. You are personally accountable for your professional practice and must be prepared to justify your decisions and actions

ANCIENT PROFESSION IN MODERN ERA:

The practice of medicine in modern era is fast changing in many ways and beset with unprecedented challenges virtually in all cultures and societies. These issues questions many of the assumptions on which the profession has based its practice for more than 150 years. Increasingly, the profession faces resource constraints to meet the appropriate needs of the patients, dependence on market forces and perverse financial incentives which leads to induce doctors to forsake their traditional commitment to the primacy of the patient's interest.

The various challenges are rapid development of science and technology, changing doctor-patient relationship, work-life balance, growth of consumerism and litigations and commercialisation. (Fig 1)

1. Explosion of scientific knowledge and high technology – A boom or a bane?

Medicine is growing and changing at an unprecedented rate along with high technology. A third of what we know today become obsolete after 10-15 years. In olden days doctors rarely interfered with the disease process and the patients are more often cared for than cured. The following are the few examples:

A patient with heart block was treated conservatively with some sympathomimetic drugs, while today he has access to pacemakers of various types simulating the physiological action of the heart. Earlier patients with angina was prescribed nitroglycerine for the relief of pain and today he is subjected to various investigations and procedures for revascularisation of the heart like CABG and angioplasty.
spend more time with the patients or their relatives. This involves skill in communicating about the diseases, especially in difficult situations like incurable ones, diseases with social stigma like HIV and Venereal diseases and communicating about regarding the impending death. “It is a distinct art to talk medicine in the language of non-medical men” (E H Goodman)

3. **Work-Life Balance:**

One of the realities of the modern world is that doctors feel that they have to spend time with the family especially when more and more women are entering the profession. The changed attitude of “work-life” balance may affect professionalism. However the continuous care of the patient may be maintained by group practice and team work.

4. **Consumerism and Medico-legal Problems:**

In recent years there is growth of “Consumerism” even in the health care field. The patient is considered as a consumer and the doctor is only a service provider. Further the patients are increasingly demanding, critical and possibly litigious.

In India, the consumerism is further encouraged by passing of Indian Consumer Protection act 1986. The Supreme Court in its judgment 1995 brought the service rendered by medical practitioner under the ambit of this law. In interpreting the act the court seems to have overlooked the vital differences between the sellers or a manufacturer and a doctor. The meaning of the word “service” is unduly stretched to include the medical profession. The law disturbs the patient-doctor relationship which is unique, based on mutual trust, faith and confidence. The doctor while examining the patient may look upon him as a future litigant; which leads to the practice of “defensive” medicine. The defensive medicine practiced by the doctor, may result in over investigations and cross-references which may not be in the best interest of the patients. The question is whether the growth of consumerism poses a threat to professionalism or is it a stimulus to provide more efficient service and better record keeping. On the whole consumerism disturbs the Doctor-patient relationship which is the very basis of medical professionalism.

5. **Professionalism Vs Commercialism:**

The greatest danger for professionalism comes from commercialisation of health care services. The impact of “market and corporate” driven health care services on the medical profession is varied. There is no doubt in market driven health service there will be better management especially financial one. However commercialisation damages professionalism in many ways. The doctor may keep the financial interest of the institution above the patient's interest. He is likely to over-investigate and resort to unnecessary procedures. Instances are there that the physicians asking for PCR when sputum or gland biopsy shows AFB. Repeated CT scans of chest is ordered when chest X-Rays gives the relevant information. Endoscopy, Coronary angiograms and other invasive procedures are conducted for questionable reasons. The interest of the patient is the core issue for the profession whereas the profit is for the business.

In the “market driven” health care services the value of the doctor is judged by the amount of money he gathers for the institution and not on his professional standing. Hence in this commercial atmosphere the doctor starts conducting unhealthy, unethical self promoting activities like advertisements and false claims of success stories.

Health insurance is another area which disturbs the medical professionalism. While the insurances is beneficial to the patient, the professional management of a patient may be sacrificed for the financial gains of the doctor and institutions. One observes unnecessary prolongation of ICU / hospital stays of the patient, excessive investigations and inappropriate procedures. Further, adequate treatment is not provided to the uninsured and the poor resulting in unfair discrimination in the health care delivery.

**PROFESSIONALISM – QUOVADIS?**

There is an increasing tendency for commercialisation, consumerism and defensive medicine in health care delivery which may threaten the very nature and basis of medical professionalism. Doctors alone with the support of society must contend the above forces even in presence of diverse cultures; national tradition and varied health delivery systems by upholding the following ethical principles.

1. **Primacy of the patient’s welfare:** Profession demands to keep the patient’s interest above all other considerations. Market forces, societal pressures and administrative exigencies must not compromise this principle.

2. **Do no harm to the patient (Premium non-nocere).**

3. **Patient’s autonomy:** Doctor must respect patient’s autonomy. In the present day the doctor-patient relationship should be interactive and patients’ decision regarding their case is paramount, so far as these are in keeping with ethical practice. The decision must not lead to inappropriate care.

4. **Social justice:** Doctor must provide justice and should not discriminate in health delivery based on race, gender, socio-academic status, religion or any other social category.

**CONCLUSION:**

Doctors must re-affirm their faith in principles of professionalism individually and collectively to maintain the fidelity of medicine’s social commitment during the present turbulent modern era. The society grants a physician a status, respect, autonomy in practice, the privilege of self regulation and financial rewards. In return, professionalism makes the doctor commit to integrity,
workers. This value forms the basis of a moral contract between the Medical profession and Society. Each has to strengthen the system of health care on which our collective human dignity depends.

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