

# Task Force releases report; Part I: Professionalism defined

*Editor's note*

*This article is the first in a series taken from the report developed by the Wisconsin Medical Society's Task Force on Professionalism.*

Our profession is under great stress. Many within the profession are dissatisfied with what has happened to the ancient and respected doctor-patient relationship.

To address these issues, the Wisconsin Medical Society created the Task Force on Professionalism. This group, whose members are listed below, constituted a broad cross-section of practitioners. All came to the table with the energy, dedication and conviction needed to first identify the core issues, then design mechanisms for improvement, and wherever possible move toward resolving conflict both inside and outside the profession.

The culmination of this effort was a report, which will be published in the *WMJ* in five installments, with an introduction to each written by a task force member. We concede that this report has much overlap, but it is our goal that it will serve as a template upon which to build a better future for our profession and the patients we serve. We hope the reader will take away a sense of commitment and energy and will desire to be a part of this in whatever way possible. To the Society and the *Journal*, the Task Force extends special thanks for allowing this report to be disseminated in this manner.

—Richard Dart, MD, Chair, Wisconsin Medical Society  
Task Force on Professionalism

## **Background**

“The American health care delivery system is in need of fundamental change. Many patients, doctors, nurses, and health care leaders are concerned that the care delivered is not, essentially, the care we should receive. The frustration levels of both patients and clinicians have probably never been higher. Yet the problems remain. Health care today harms too frequently and routinely fails to deliver its potential benefits.”<sup>1</sup>

To address this and related concerns about health care and the contemporary practice of medicine, on July 12, 2001, the Board of Directors of the Wisconsin Medical Society commissioned a Task Force on Professionalism. The specific charge for this task force is “to undertake a review of all aspects of professionalism as set out in the Wisconsin Medical Society Strategic Plan and to make recommendations for programs and activities, consistent with the Strategic Plan, that support professionalism among physicians.” The result of the task force follows in this report, which is a summary of the task force’s due deliberations. This work is notable in that it is a unique effort, and appears to be taking a lead position on the matter.

Professionalism is grounded in three assertions. First: The physician is most powerfully influential by the example of his/her behavior. Second: Working in and through the Society, we can powerfully and positively influence the future

of patient care, our profession and health care policy. Third: Using these powers assertively, consistently and always for the primary good of the patient, we may increasingly recover our professional reputation and stature while enhancing professional and patient satisfaction.

The report begins with a working definition of professionalism and then lists current barriers to its full implementation. The format of the report further identifies singular and overlapping activities and issues and provides a working template consistent with the Strategic Plan that is intended to allow the Society to choose where to focus time, finances and effort aimed at restoration of professionalism. The plan concludes with a summary of steps to consider in the implementation and initiation of specific actions.

The task force fully acknowledges the charge made to it, and further realizes this is just the initial effort in this undertaking. The real work is now ahead. It is hoped that this report will serve the Wisconsin Medical Society, its Board of Directors, Executive Committee, councils, other interest groups, and the entire membership in the active implementation of these recommendations within the Strategic Plan. So that the existing Wisconsin Medical Society and council structure may enhance this effort, we recommend they (and other groups) be promptly charged with implementation of specific activities—and, where needed, new working groups be formed to help facilitate the development and activation of programs.

Finally, we would like to share the strong opinion of the majority of the task force, who, unlike some commentators, feel that it is not too late to recover our profession. However, our sense of the strong and growing threat leads us to urge prompt and decisive action by the Board of Directors to initiate several professionalism projects this next year and

to consider five-year and 10-year plans for recovery. Resources will be necessary from multiple sources—external funding as well as internal reallocation—for this critical professional recovery strategy.

On behalf of the members of the Task Force on Professionalism, we are pleased to present to the Board of Directors this report and thank the Board for this exceptional challenge and opportunity to serve the Wisconsin Medical Society and all the physicians and patients.

### Professionalism Defined

Professionalism encompasses goals, commitments, responsibilities, and conduct, all qualities that characterize a profession or an individual professional.

The word “profession” comes from the Latin *fateor*, which means “to proclaim.” The medical professional proclaims that he or she has two things to offer the public: special skills and a sense of morality, which stresses the primacy of patient welfare.

Elements that characterize a profession include:

1. A systematic body of theory, intellectual as well as practical knowledge, which must be mastered by a long and arduous process.
2. A regulative code of ethics and a means of enforcing it.
3. Accountability to society—In return for the promise to use the special skills for the benefit of individuals and society, the sanction of the community is given to the profession to:
  - Control its training and processes
  - Grant or withhold accreditation
  - Control the admission process to the profession
  - Establish a licensing system
  - Monitor and regulate conduct of its members
4. An inherent expectation of ser-

### Wisconsin Medical Society Task Force on Professionalism

Richard Dart, MD, Marshfield, Chair  
Norman Jensen, MD, Madison, Vice Chair  
Michele Bachhuber, MD, Marshfield  
Mark Belknap, MD, Ashland  
Philip Dougherty, MD, Menomonee Falls  
Scott Erickson, MD, Marshfield  
John Hansen, MD, Madison  
Charles Junkerman, MD, Glendale  
Richard Kane, MD, Milwaukee  
Jack Lockhart, MD, La Crosse  
Thomas Luetzow, MD, Watertown  
John Petersen, MD, Wauwatosa  
Robert Phillips, MD, Marshfield  
William Raduege, MD, Woodruff  
John Riesch, MD, Menomonee Falls  
Mark Schroeder, MD, Madison  
Dan Sherry, MD, Ellsworth  
Diane Thaler, MD, Madison  
Tosha Wetterneck, MD, Middleton

vice to one’s profession including teaching and mentoring.

Conduct is the most visible aspect of a profession and its members. The conduct of individual professionals in relation to individual patients forms the basis for the profession’s public reputation.

The qualities of a profession are inferred from the conduct of its members, leaders and institutions. “By its traditions and its very nature, medicine is a special kind of human activity—one that cannot be pursued effectively without the virtues of humility, honesty, intellectual integrity, compassion and effacement of self interest. These traits mark physicians as members of a moral community dedicated to something other than its own self interest.”<sup>2</sup>

### References

1. Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. 2001. <http://www.nap.edu/books/0309072808/html/index.html>
2. Crawshaw R, Rogers DE, Pellegrino ED, Bulger RJ, Lundberg GD, Bristow LR, Cassel CK, Barondess JA. Patient-physician covenant. *JAMA*. 1995 May 17;273(19):1553.



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