

# Task Force report

## Part II: Barriers to Professionalism

### Editor's note

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

Our profession needs serious recovery. Despite an awesome biomedical technology, few would yield, the people and their physicians have never been less satisfied. Charges and costs threaten bankruptcy. Errors undermine confidence. Systems of care function too often as barriers. Well-intended third party micro-management diverts resources and peaks frustration. Too often, physicians are perceived as greedy technocrats who inadequately care for, listen to, or teach their patients, and neglect civic and professional leadership. And yet, we all know thousands of times each day and all across Wisconsin compassionate and effective medical services—the ideal—are rendered. Can we identify these highly effective events, thoroughly understand them, and create conditions under which the ideal becomes common?

In the last issue of *WMJ*, you read about “Professionalism Defined.” In this report from the Wisconsin Medical Society Professionalism Task Force, you will read members’ views of “Barriers to full implementation of professionalism.” As you reflect on each barrier, consider its antonym, i.e., what changes would oppose the barrier, and, what action must we take as professional and civic leaders to effect those changes? Should we and the people who authorize our practices expect anything less?

—Norman Jensen, MD, MS, Vice-chair, Wisconsin Medical Society Task Force on Professionalism

### I. Barriers to full implementation of professionalism

#### A. Physician attitudes, beliefs, knowledge and behavior (internal to the doctor)

1. Economics more important than the patient
  - Assembly line medicine
  - Financial disincentives
  - Greed makes them (some physicians) insensitive to patient needs
2. Loyalty has become divided
  - Allegiance to group/University/clinic/solo setting
  - Shifting relationships patient/doctor within society
3. Lack of assertiveness
  - Excessive silence of physicians about their own dissatisfaction
  - Attitudes of being “powerless victims” in the face of professional trouble
  - Physician opinion that they have insufficient time per patient
  - Physician opinion that they have lost control of the enterprise (autonomy)
  - Personal commitment undermined or lost
  - Weak visibility and leadership in the support of community activities

4. Lack of awareness of public attitudes and desires
    - Weak understanding/acknowledgement of public dissatisfaction with health care
- B. The organization, structure and management of health services (external to the doctor)
1. Advent of strong specialty organizations competes with AMA, Wisconsin Medical Society, and county societies in Wisconsin
  2. Rapidly rising costs of health care promotes payer initiatives in cost containment and competition
  3. Fealty to group/University/clinic/solo setting
  4. Shifting relationships between patient and doctor within society
    - Drug companies marketing directly to the patient
    - Insurance company micro-management
    - Drug formularies
    - Time limits on physician/patient conversation
    - Increased demands in filling out forms, etc. limiting time for professional activities
    - Prior authorization—unlicensed decision-making by non-physicians who do not voluntarily identify themselves
    - Financial restrictions/control, etc.
    - Assembly line medicine
    - Advent of business and production models (and language) of service and finance
  5. Multiple stakeholders in the health care delivery system
  6. Advent of “mid-level” clinicians (nurse practitioners and physician assistants)
    - Increasing numbers of “mid-level” clinicians
    - HMOs promoting “mid-level” clinicians for primary care
    - Demand by “mid-level” clinicians to increase scope of practice
  7. Barriers to peer review/quality control
    - Peer review process limited by lack of federal law protecting discovery
  8. Race, gender, class and geographic disparities in health care utilization and health outcomes
- C. Public attitudes, beliefs, knowledge and behavior toward health care
1. Public dissatisfaction with medical service
    - Public opinion that doctors don’t listen and don’t care
    - Public opinion that doctors don’t spend enough time or inform adequately
    - The paradox: “I like my (current) doctor, but doctors generally are unsatisfactory”
  2. Public distrust of physicians’ undivided loyalty
    - Doctors withhold services to save money
    - Doctors are greedy
    - Doctors refuse to publicize doctor-quality information
    - Doctors don’t inform a patient (or apologize) when an adverse event and/or medical error occurs
    - Doctors keep silent on sub-standard practices and practitioners
  3. Public (patient) expectations generally very high
    - “Fast food medicine”—I want treatment and want it now
    - Increased access to information on internet, much of which is inaccurate and physicians cannot dispute all the inaccurate info
    - Any bad outcome (even if informed) has the threat of litigation
    - Patients don’t take responsibility for their own health
- D. Professional leadership from organized medicine (local and national)
1. Weak leadership for a national policy assuring access to good health insurance for every citizen
  2. Weak leadership on fast-rising and already high per capita health expenditures
  3. Weak leadership on dysfunctional drug prices
  4. Slow responses to error in health care
  5. Weak representation and advocacy for public policy at all levels
  6. Attitudes of powerless victims in the face of professional trouble
  7. Weak visibility and leadership in the support of community activities
  8. Lack of influence with HMOs and insurance carriers to allow more time
  9. Lack of political support from allied health professions, especially nursing
  10. Lack of a proactive attitude to emerging health care issues
  11. Lack of a policy and procedure for continual envisioning of ideal and optimal health care of the future