We have never seen as much intense discussion, focus, or immediacy for health care reform as that which is occurring today.

Many aspects of the medical profession—health care access, delivery, and insurance—are all under scrutiny and are receiving much debate. Lost in this discussion however, is the imperative for the physician to be able to sustain a key value to his or her identity as a skilled caregiver: professionalism.

When and if the present health care reform debate and legislative efforts conclude, a keystone to the doctor-patient relationship will be that physicians can hold to an ever-present, ancient set of principles included in the overarching definition of what professionalism is and the responsibility it carries.

In the Task Force on Professionalism 2002 Report to the Wisconsin Medical Society Board of Directors, professionalism was defined as follows: “Professionalism encompasses goals, commitment, responsibilities, and conduct, all qualities characteristic of a profession or an individual professional.”

The word profession, from the Latin “fateor,” means to proclaim. As such, the medical professional proclaims he/she has at least 2 things to offer the public: special skills and a sense of morality, which stress the primacy of patient welfare.

In the present-day environment, holding to these critical principles is not only very challenging, but can be quite difficult to sustain. Many pressures have been well identified in today’s practice world that only add to the difficulty in keeping professionalism in focus. Consider the following examples.

• Pressures for better outcomes and cost-effective utilization of labs, X-rays, and especially high-end technology, may or may not translate to better patient care. These pressures may be driven by potential financial gain or self-protection against litigation, as well as the deficiency of primary care physicians to manage the total patient and other socio-economic issues.

• Rising concerns about conflicts of interest also may add strain to professionalism and the ability to sustain a primary focus on the patient and his/her best interests.

• Pressures to assure patients are not re-admitted for the same diagnosis shortly after their discharge from the hospital recently have gotten more emphasis, again, both as a focus on cost cutting and best patient care practices.

• Pressures to increase patient responsibility for his or her own health care decision-making is now more common. However, a recent study of hypothetical medication choices associated with substantial risks showed that patients were more worried and concerned about being responsible for making the choice than when the physician is charged with the critical decision-making.

• Pressures to be efficient also exist, but in a recent Veterans Affairs study, frequency, quality, and duration of visits were noted to have increased, yet the impact on patient care was modest. They also found that more time was needed if counseling or screening was to be done.

Yet professionalism is a concept; there is no degree awarded for it even though it consists of definable components and is not easily acquired. Thus, how is the mantle of professionalism to be attained?

Recently Cohen provided some very sound considerations on the matter. He said, “Professionalism comprises the behaviors required of individual physicians in fulfilling the profession’s compact with soci-
Nurturing through health care reform:
1. Capitalize on health care reform efforts to reduce barriers to professionalism.
2. Expand health care coverage to improve access.
3. Reform the payment system to support continuous quality improvement (CQI) and reduce disincentives to optimum specialty balance.
4. Disseminate health information technology to support CQI and maintenance of competence.
5. Expand comparative effectiveness research to support evidence-based practice.
6. Reform malpractice to reduce “defensive medicine.”

Nurturing through health educators:
1. Adopt appropriate admissions criteria.
2. Establish explicit learning objectives.
3. Formal curriculum: cognitive rationale for adhering to the precepts of professionalism.

5. Articulate institutional expectations.
6. Evaluate and reward behaviors and attitudes emblematic of professionalism.

Professionalism, however it is to be attained, is something that needs to be worked on for a lifetime. Peabody summed this up nicely in 1927 when he said, “To begin with, the fact must be accepted that one cannot expect to become a skillful practitioner of medicine in the 4 to 5 years allotted to the medical curriculum. Medicine is not a trade to be learned, but a profession to be entered.” This is equally true for acquisition of a genuinely functional personal component of professionalism in the individual physician.

It is in the sustaining of professionalism that the physician protects the most critical of all elements in the patient-physician relationship—trust.

Loss of this unique, special, and most inviolable of all aspects of the doctor-patient interaction is to suffer the irrevocable loss of the most ancient and treasured status the physician has had bestowed upon him or her, by society.

References
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The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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