MEDICAL PROFESSIONALISM – VALIDITY OF ARABIAN "LAMPS" IN THE CONTEXT OF MEDICAL EDUCATION IN PAKISTAN

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ABSTRACT

It is widely acknowledged that potent forces of a political, legal and market-driven nature are producing great stress on the practice of medicine. Such influences potentially threaten the underpinning which unites physicians, patients and society. There is a wide – spread concern both inside and outside the profession regarding the impact such forces impart on medical practice. According to Sir William Osler, "The practice of medicine is not a business and can never be one.... Our fellow creatures cannot be dealt with as a man deals in corn and coal; the human heart by which we live must control our professional relations" (Osler, 1932). Medical professionalism received a global interest in recent years mainly because of the high failures in the practice of medicine. Professionalism is defined as the ideal behaviors towards which physicians aspire while serving their patients and society. There is no consensus on what contributes to medical professionalism even among leading medical organizations and accreditation bodies. The elements of professionalism and attitudes of different groups to professionalism have not been explored in Pakistani context. Six domains of professionalism were identified by the American Board of Internal medicine (ABIM) in 1995, which include; altruism, accountability, duty, excellence, integrity and honor and respect. These elements provide a good template for validation. The ABIM framework seems a standard as it has been used as a consistent scaffolding for a number of studies in different countries to define attributes of professionalism over the past decade.

Key words: Medical, Professionalism, Global.

INTRODUCTION

Profession, Professionalism and Medical Professionalism

A profession is a vocation which is based upon specific education and training. The purpose of the profession is to provide service or advice for which compensation is provided by the individual or society (Webb, 1977).

A profession has some features which make it different from trade (Bullock, 1999; Jackson, 2010; Larson, 1978).

a) Formal qualification through examinations.
b) Apprenticeship or training.
c) Regulatory bodies which controls qualification and practice in that profession.
d) Rights and duties towards the society.
e) Identity in the corporate sector.
f) Hierarchy and bureaucratic structure.
g) Professional associations.
h) Licensing and working autonomy.

The members of a profession are the workers who work in autonomy or in groups. They are identified in the community as having high degree of knowledge, ethical behaviors, and attitude towards their clients and receive rewards for their services (Brown, 1992).

In general professionals are placed in higher social strata of society because of their professional education and specialized skills. Their presence in society is supportive in the development of professional culture.

Professionals enjoy a high social position, regards, and respect conferred upon them by society (Tinsley, 2009). This high esteem arises primarily from the higher social function of their work, which is regarded as vital to society as a whole and is of a valuable nature. All professions involve technical, specialized highly skilled work often called as "professional expertise" (RCP, 2009). Training of this work involves obtaining degrees and professional qualifications without which entry to the profession is barred. The Professionals need to have regular updating of knowledge and skills through continuing medical education (Lian, 2004).

All professionals are powerful by virtue of their profession. This power is used to control its own members, and also its area of expertise and interests. A profession tends to dominate, control and protect its area of expertise and the conduct of its members. The professionals acquire some of their power and authority because of their expertise and knowledge. They can modify rules to reduce inertia and increase problem

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solving and adaptability (Benveniste, 1987). Professions tend to be autonomous, which means they have a control of their own affairs. Professionals are usually independent in making their own judgments in the management of the patients.

The other meanings of professional autonomy is actually independence of serving their own interests. The professional autonomy can only be maintained if members of the profession present themselves to audit of their clinical decisions and judgments. The other members of the profession critically evaluate (Hrogland, 2000).

Professional ethics include the personal and organizational behaviors of professionals. Professionals and those working in recognized professions, exercise specialist knowledge and skills. The knowledge which is used in providing service to the public in a moral way is the domain of professional ethics (Chadwick, 1998).

Professionals are different from general public as they are capable of making judgment, applying their skills and reaching decisions in situations that the general public cannot. In making these decisions, professionals have to keep high standards of moral values and ethics. One of the earliest examples of professional ethics is the Hippocratic Oath to which medical doctors still adhere to this day.

The internally constructed codes of professional practice in any professional organization are the binding factors that members of the profession need to follow. This is required to prevent exploitation of the patient and to preserve the integrity of the profession (Brazier, 1987).

Medical Professionalism is a system in which values and judgments are applied on moral grounds to the practice of medicine. Medical Professionalism exemplifies the expected behaviors and attributes of practitioners (Wilson, 2010). In its broadest sense, medical professionalism encompasses all aspects of the higher attributes of being a physician but it might be understood differently by members of the medical profession itself. Even leading medical organizations have different interpretations and attributes of the elements contributing to medical professionalism. Medical professionalism is a blend of moral commitment and core behaviors (Swing, 2007).

Medicine must be taught as a profession for the service of the patients. Medical professionalism is about both complementary roles; the role of the healer is more concerned with doctor-patient relationship and the role of the professional which is regulating the medicine – society relationship as a whole (Cruess, 2006). One of the researchers from Canada described medical professionalism as a contractual relationship with a series of obligations and expectations based on mutual trust between the society and medicines. In North America, the concept of professionalism is commonly used to present the theoretical construct, framed in abstract, idealistic terms and character traits e.g. honesty, integrity and accountability (Van Mook, 2009). In Europe, the term professional behavior is more prevalent to reflect observable behaviors which can be taught and assessed. The General Medical Council (GMC) and the Medical Schools Council of United Kingdom have produced guidance on professional behavior for medical schools and students. The guidance focuses particularly on fitness to practice. However, a professional is more than being fit to practice medicine (O'Sullivan, 2012).

Historical Background
Medical professionalism is also called as medical ethics in the literature. It includes moral values which are applicable to practice of medicine in theory or in clinical scenarios.

The history of medial professionalism reveals role of Muslim physicians in establishing its foundation "The conduct of a Physician" was the first book written b a Muslim scientist on this subject and Ar-Razi is another physician who made significant contributions. Jewish thinkers and catholic theologists also contributed according to their own religions and medical professionalism grew gradually but steadily in different times.

One example of western medical professionalism is Hippocratic Oath which was published in the 5th century. By the 18th and 19th century considerable advancement occurred in this field and the terms of medical ethics and medical jurisprudence were coined in the literature.

In United Kingdom compulsory apprenticeship and licensing of the formal qualification for medical practice was introduced between 1815 to 1847. At the same period code of ethics was introduced by American Medical Association. In the middle of the 20th century through the liberal theory and introduction of procedural justice the medical ethics received its new name of bioethics.

All these changes led to establishment of culture of medical ethics and medical professionalism which was witnessed in the form of institutional review boards, hospital ethics committees and integration of medical professionalism in the curriculum of medical schools worldwide.

Historically cultural differences have created difficult medical ethics problems. Some cultures i.e. African, Subcontinent, Chinese have spiritual and magical theories about the origin of diseases. Management of these patients with modern medicines and devices may prove difficult and unethical according to local cultural taboos (Ryan, 2010).

In some regions and cultures, if the diagnosis is of life threatening diseases, i.e. cancer, AIDS, or of diseases with social stigma i.e. Tuberculorsis, patient is not

usually informed about the diagnosis. This was even practiced in western world till 1970's when the concept of informed consent was introduced (Appel, 2006).

In this electronic era a lot of medical researches are conducted online and there may be violation of informed while patients or subjects data is exchanged on discussion boards and bulletin boards (Eysen back, 2001).

Definition and Perception of Professionalism

Attitude in an individual develops through experiences and built in temperament, whereas perception is something which a person interprets and organizes meaningfully through the sensations from the surrounding world (Lindsay, 2008).

Attitudes, therefore, moderate perceptions which may be manifested in explicit behaviors. Attitudes on professionalism are developed in a dynamic process of solicitation as described in the literature (Hilton, 2005).

Students' Perception on Professionalism

Medical students have diverse range of attitudes on professionalism which further change overtime. A study (Chard, 2006). reported that medical students and junior doctors see medicine as a profession which is learnt through apprenticeship and defined by responsibility towards patients. This requires qualities such as altruism and humility.

Professionalism, for students, is not only related to behaviors but also to appearance. Dressing up as a doctor was strongly perceived by students as a characteristic of being professional. This is of particular importance in the country like Pakistan, where media portrays doctors in full suit, white coats and glasses (Finn, 2010).

A number of students reported no gender-based variations in attitude on professionalism in undergraduate medical students (Nath, 2006; Kenyon, 2005; Huggett, 2008).

Others proved some differences related to altruism (Krych, 2006) and sympathy (Stark, 2006). All the above information and studies bring us to the observation that there is a lot of variations in the perception of medical professionalism amongst the medical students and junior doctors.

Teacher's Perception on Medical Professionalism

Many studies by various researchers have shown that teacher and faculty members admitted that teaching and evaluating professionalism posed a challenge for them (Bryden, 2010; Nath, 2006). This is because it is easier to preach rather than to practice professionalism. They have also reported that attitudes of professionalism vary according to the education rank and age, among students and faculty members. In another

study of teaching of professionalism was rated both by the faculty and the students. Students' rating was higher than the faculty's rating about themselves (Quintance, 2008).

All these studies disclose that these perceptions of medical professionalism vary according to gender , age and rank in the professional life.

Understanding the variability of perception of professionalism in the faculty members and medical teachers is important for their own learning of professionalism and faculty development. Two schools of thought can be acknowledged in teaching and learning medical professionalism (Cruess, 2009). The first school of thought has an approach primarily as a moral endeavour, emphasizing altruism and services, the importance of role modeling and self awareness. The second school of thought advocates teaching professionalism in explicit manner either by defining a cognitive base or outlining a list of traits for professional behaviors. The two schools are complimentary to each other, as they engage both the heart and the mind of the learners, respectively.

Despite the value of professionalism in medical education, the teachers and faculty member themselves receive minimal attention on professionalism. This is evidenced by the fact that there is very limited number of researchers studying professionalism in the context of faculty development (Steinest, 2005).

Teaching professionalism therefore must also be addressed in faculty development. Teachers should be educated on how to teach and assess professionalism with relevance to their ethics, core values, culture and context.

Allied Health Professionals (APH) Perception on Medical Professionalism

The perception of medical professionalism by Allied Health Professionals (AHP) is based on ethical principles concerned more with patient care rather than patients cure. The patients cure is more of a responsibility of the physician through collaborative care with AHP (Storch, 2009).

Previously the focus of AHP was loyalty to the physician but with growing understanding of medical professionalism it has shifted to patients rights, dignity, confidentiality, and informed consent (McHale, 2003). This new concept also gives right to the patient for the choice and timing of treatment. The information about the patient is only to be shared with other personnel after the consent of the patient or his legitimate attendant (Rumbold, 1999).

By giving consideration to the themes above the AHP can endeavour to practice in an ethical way.

Medical Professionalism from Patients' Point of View

The integrity of the profession is preserved and the

exploitation of the patient is prevented through the codes of ethics practiced and enforced internally by the professional bodies or societies. Research on medical professionalism has highlighted another factor which influences medical judgment. This factor is conflict of interest which is common in both academic physicians and those who are in clinical practice (Ross, 2007). Some examples are to pathology Laboratories for tests and the fee is split between all the stakeholders (Swedlow, 1992). Doctors are also influenced by drug companies in the form of gifts or food and sponsorship of conference within the country and abroad. This obviously influences their prescribing pattern.

The growing trend of these achievements has forced many academic institutions to put a ban on the sponsored gifts, food or travel by the industry (LA Times, 2010).

Another challenge in the practice of medical ethics and professionalism is the development of sexual relationships between the physicians and the patient or the relative of the patient. These relationships can create threats of deregistration and legal prosecution (Appel, 2004.)

Medial futility is another avenue which comes under the domain of medical professionalism. It is the advanced care demanded by the relatives of patient who has less than 1% chance of survival. This non beneficial care has many financial, social, and psychological repercussions (Jordan, 1998).

The controversial ethics brought about by advances in biology and medicine is termed as Bioethics. The medico legal issues that are addressed under this domain are abortion, enthanais, organ donations, health care rationing, and refusal of treatment on religion or cultural grounds (Goldim, 2009).

Medical professionalism provides certain priveleges to the patient, which includes right to courteous and professional health care provided by qualified professionals, maintenance or privacy, confidentiality, right to have detailed explanation about the diseases and its treatment. They should also have the privilege of informed consent verbal and written for treatment and for involvement in research (Faden, 2004).

Medical Professionalism in Pakistan

The world Medical Association in its general assembly in 1949 adopted the international code of medical ethics. The main goal of this code is to bind the physician to his / her duties towards the patient and conduct his / her colleagues in an ethical manner (www.wma.net/ en/ 30 publications/ 10 policies/ 1c8/ index.html).[50]

The first formal document related to Islamic medical ethics was published in the 9th century. It regarded physician as guardian of soul and body and the higher emphasis was laid on care of remedies by the physician, dignity of medical profession, and removal of corruption among physicians (Islamic Science, 2001).

The prohibition of illegal recreational drugs occurred under Islamic Law and description of the peer review process was also published in the beginning of 10th century by Islamic Schools (Quran).

Pakistan Medical and Dental Council (PMDC)

The need for a registration and regulatory body for the medical profession arose immediately after Pakistan came into being. Pakistan Medical and Dental Council was established in November 1947 on the recommendations of a Health Conference. The council was then reconstituted under medical and dental council Ordinance 1962.

The code for the practice of medical professionalism was passed in 1968, which was revised twice subsequently.

The highlights of code of ethics / medical professionalism developed by PMDC are as follows (PMDC, 1962).

1. **Oath of the Muslim Doctor**
   To protect human life in all stages and under all circumstances and protect them from death, malady pain and anxiety, and to be an instrument of Allah's mercy, extending medical care to everyone without discrimination.

2. **Teaching of Medical Ethics / Medical Professionalism**
   The curriculum committee of the PMDC will ensure that adequate information on the code of ethics is included in the undergraduate medical college curriculum; and that case studies have been prepared and disseminated to provide guidance to practitioners. The goal of teaching medical professionalism is to improve the patient care through ethical and legal practices. After teaching of this subject the medical students should be able to identify and manage common ethical problems of medical and clinical nature.

3. **Fundamental Elements of Patient-Physician Relationship**
   Patients share with physicians the responsibility for their own health care.
   a) The patients have a right to receive information regarding their health, disease, and its treatment.
   b) The patients should be fully involved in decision making regarding the treatment they are likely to receive.
   c) The patients are to be treated with respect and dignity.
   d) The confidentiality is to be maintained.
   e) The health care to be provided in continuity.

4. **Ethical Standards of Professional Competence, Care, and conduct**
   The interest and advantage to the patient should be a major consideration in the diagnosis and trea-

tment by a physician.

5. **Confidentiality**

The physician has a right to and should withhold disclosure of information received in a confidential context, whether this is received from a patient or a result of being involved in the management of the patient or review of a paper. It is in certain specific circumstances that the physician may carefully disclose information where health, safety and life of other individuals is at risk.

6. **Conflict of Interest**

It is a situation in which professional judgment is influenced more by the secondary interest instead of primary interest. The primary interest of a physician is patient and for a researcher it is scientific data. Whereas, the secondary interest may be financial, personal glory, and promotion.

7. **Truth Telling**

The physician is responsible for providing truthful information to the patient regarding the diagnosis and informed choices about treatment. This is particularly important for life threatening disease or where the diseases have prolonged mobidity and debilitation.

8. **Certificates, Reports and other Documents**

Medical certificates, reports, and death certificates are requested from registered medical and dental practitioners. It is the responsibility of the practitioner to provide information to the best of his knowledge and ensure the date and time of examination and reporting.

9. **Business and Contractual Obligations**

Business dealings and contractual engagements have a negative impact on patients care. The code of medical professionalism restricts the physicians and dentists to get involved in any such relationships.

10. **Consent**

Patients should be fully informed about the nature of disease, type of treatment, cost of treatment, results, and complications of treatment. The patients should be given freedom to choose the physician and treatment and refusal of treatment. The consequence of refusal should also be informed. After all this the patients should authorize autonomously for medical interventions.

Professional Societies and Associations

All the professional medical associations of the world are affiliated with World Medical Association. World Medical Association was established in 1947 and 102 National medical Associations are its members covering 10 millions physicians (wma, 2002).

The members of this association utilize this form for active and free communication regarding medical ethics, professional competence and professional freedom.

The World Medical Association has passed various declarations, resolutions, and statements regarding medical professionalism, which serve as a guideline for National Associations and International organizations. These statements also cover research on human subjects, drug abuse, family planning, and effect of pollution on health (WMA Activities, 2002).

The Pakistan Medical Association is affiliated with World Medical Association and is a formally registered member of WMA. It follows all the regulations and code of conduct established by WMA. Pakistan Islamic Medical Association (PIMA) is a parallel association which has emphasis on medical ethics according to the tenets of Islam. PIMA organizes ideology, moral and professional training of member doctors and inculcates in them medical professionalism. It is also trying to help to align the National Health Policy according to the principles of Islam. In addition to PMA and PIMA, there are many specialty associations. To give an example, in the specialty of Ophthalmology, Ophthalmological Society of Pakistan is a well established organization with over 3000 members, 13 regional branches and 6 subspecialty associations (ospcentre, 2007). It has a subcommittee for ethics. The ethics subcommittee has developed National Guidelines and circulated them nationwide. It also holds workshops and conferences in which in addition to professional skills and knowledge, ethical principles and practices are highlyghted.

Pakistan Medical and Dental Council is an external regulatory body, whereas, specialty associations are internal regulatory bodies, which maintain the standards of medical professionalism and ethics on the basis of moral pressure and peer pressure.

Judicial and Administrative Control for the Implementation of Medical Professionalism in Pakistan

In Pakistan Medical Professionalism is regulated externally by Pakistan Medical and Dental Council and internally by self regulation, peer pressure, societal pressure and professional bodies like Pakistan Medical Association and Specialty Associations.

In situation of breach of code of ethics or mal practices of medical professionalism, the patient's right and privileges are by judicial and administrative control.

In the judicial system special consumer courts have been made responsible to deal with the matters of medical negligence, misconduct and breach of contract or trust between the patient and the doctor. These courts act like regular civil courts and have the powers of penalizing the professionals, if found guilty, to the level of fine, imprisonment or both.

As a model, an autonomous health regulatory body has been established in the province of Punjab by the name of **Punjab Health Care Commission (PHC).**

In 2010 it was established to improve the quality, safety, and efficiency of health care institutions of Punjab (PHC, 2010).

The main role of PHC is to implement minimum service delivery standards at all levels of health care. This would improve the quality of health care and develop an environment of clinical governance.

Clinical Governance

It is a system which makes the health care institutions responsible for developing, maintaining, and improving the quality of their services. This system covers all types of health care institution i.e. hospitals, laboratories, nursing homes, clinics etc. The management of this system also supports the staff of these institutions for continued medical education and continued professional development. The directorate of clinical governance is also responsible for ensuring implementation of minimum service delivery standards.

Minimum Service Delivery Standards (MSDS)

The level of service delivery standards is variable from country to country and region to region. Some of the countries can barely meet the standards and some are at the highest level of achievement. These minimum service delivery standards are applicable to all levels of health care i.e. primary, secondary, and tertiary and covers all the specialties and sub-specialties. In order to develop and establish MSDS in Pakistan, it is pertinent to look at this practice in other parts of the world so that the gaps in its initiation and establishment are identified and rectified.

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