
PROFESSIONALISM IN MEDICINE

Part II

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Challenges to the Elements of Professionalism

1. Abuse of Power
2. Arrogance
3. Greed
4. Misrepresentation
5. Impairment
6. Lack of Conscientiousness
7. Conflicts of Interest

ABIM Project Professionalism. et al.



Challenges to the Elements of Professionalism

1. Abuse of Power

- Interactions with patients and colleagues
 - not allowing patients to voice their wishes
 - using junior colleagues to enhance one's own bibliography
 - staff -> residents -> intern -> students





Challenges to the Elements of Professionalism

1. Abuse of Power

- Bias and sexual harassment
 - the profession has a responsibility to ensure an environment in which all colleagues enjoy respect for their contributions





Challenges to the Elements of Professionalism

1. Abuse of Power


- Breach of confidentiality
 - patients trust that comments made to us will be held in the strictest confidence
 - casual comments of patients' situations in public (elevator, cocktail party) represents an abuse of confidentiality
 - comments in public can come back to haunt you (elevator is the ear of the lawyer)





Challenges to the Elements of Professionalism

2. Arrogance

- an offensive display of superiority and self-importance
 - denotes haughtiness, vanity and disdain
 - runs counter to the demeanor of the professional
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Challenges to the Elements of Professionalism

2. Arrogance

- medical education-long, arduous training, mass of knowledge can foster the development of arrogance
- arrogance destroys professionalism in 3 ways:
 - reduces our ability to think for ourselves
 - makes empathy for a patient difficult
 - removes the beneficial role of self-doubt



Challenges to the Elements of Professionalism

3. Greed

- defined as the inappropriate aspiration of fame, power or money
- creates no room for understanding or compassion
- altruism, caring, generosity and integrity are compromised
- physicians must continually ask themselves whether their actions are guided by the best interests of their patients or their own financial interests (i.e. capitation)

Challenges to the Elements of Professionalism

4. Misrepresentation

- consists of lying and fraud
- lying - conscious failure to tell the truth
- fraud - conscious misrepresentation of material fact with the intent to mislead
- lying about services performed in order to obtain payments from insurance companies is fraud
- physician deception of third-party payers to secure approval of medically indicated care even when the deception is intended to help the patient???

Doctors Willing to Lie for Coverage

Many physicians sanction the use of deception to secure third-party payers' approval of medically indicated care. Of 169 internists surveyed, deception was supported for:


1. Coronary bypass surgery (57.7%)
2. Arterial revascularization (56.2%)
3. Intravenous pain meds and nutrition (47.5%)
4. Screening mammography (34.8%)
5. Emergency psychiatric referral (32.1%)
6. Cosmetic rhinoplasty (2.5%)

Freeman V. et al. Arch Int Med 1999



Challenges to the Elements of Professionalism

5. Impairment

- substance abuse, chemical dependency, alcoholism, dementia and psychiatric illness
 - impaired physicians frequently cannot recognize their limitations or acknowledge the existence of their impairment
 - most significant problem in addressing impairment is the natural reluctance to be the first person to draw attention to a colleague
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Challenges to the Elements of Professionalism

5. Impairment

- rationalizations for inaction:
 - “What if I’m wrong?” “May be just a bad day”
 - “Someone who knows him better will act”
 - “What will my colleagues think of me?”
 - “I can’t destroy her family”
- obligated to protect the public’s interest by taking action (CAP, PHP etc.) to have the impairment addressed and the physician rehabilitated

Challenges to the Elements of Professionalism

6. Lack of Conscientiousness

- “failure to fulfill responsibilities”
- a physician who does the minimum:
 - takes the most abbreviated history
 - waits for x-ray report rather than view them personally
 - doesn’t return the family’s phone call
 - visit’s the chart rather than the patient
 - blames the bureaucracy for every problem



Challenges to the Elements of Professionalism

6. Lack of Conscientiousness

- physician who is too busy:
 - research more important, and no commitment for time and effort required for teaching responsibilities
 - who is late for rounds
 - misses meetings with students



Challenges to the Elements of Professionalism


7. Conflicts of Interest

- the physician must avoid situations in which the interest of the physician is placed above that of the patient
- self-referral:
 - ordering a lab test or diagnostic procedure for a patient from businesses in which the physician has a financial interest



Challenges to the Elements of Professionalism

7. Conflicts of Interest

- over-utilization of services:
 - inappropriate treatments, overcharging, and repeated office and hospital visits when no longer necessary for the management of the patient's symptoms or disorder
 - prolonging life with inappropriate intensive therapy
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Challenges to the Elements of Professionalism

7. Conflicts of Interest

- under-utilization of services:
 - physician's bonuses and salaries are linked directly to reducing patient care expenditures by limiting access to subspecialty consultation and expensive treatment options



Challenges to the Elements of Professionalism

7. Conflicts of Interest (in academic environment)

- collaboration with industry
 - when economic self-interest appears to replace scientific integrity, we lose public trust
- compromising the principles of clinical investigations
 - bias in research if we have a financial interest in the sponsoring company
 - full and specific disclosure of the potential financial conflicts of interest is imperative

Challenges to the Elements of Professionalism

7. Conflicts of Interest

- acceptance of gifts:
 - AMA and ACP/ASIM have indicated in their policy statements that personal acceptance of substantial gifts or subsidies from companies (payments for travel, lodging, personal expenses for meetings) is unprofessional and strongly discouraged



AMA's Ethical Opinion on Gifts to Physicians from Industry

- Gifts to physicians should benefit patients and be of minimal value. Drug samples are allowed, but non-retired physicians may not request samples for personal or family member use
- Gifts under \$100 are permissible but should be related to a physician's work

(AMA Code of Medical Ethics, opinion 8.061)





Gifts to Physicians

“Drug samples are commonly taken by physicians and office staff for personal and family use.”

Westfall JM. et al





AMA's Ethical Opinion on Gifts to Physicians from Industry

- Gifts should not directly help defray costs of attending CME activity or compensate a doctor for time spent at the event. Exception is for faculty speakers
- Gifts should be secondary to educational purposes of activity
- Gifts should not be accepted if strings are attached

(AMA Code of Medical Ethics, opinion 8.061)





AMA's Ethical Opinion on Gifts to Physicians from Industry

- CME activities should be chosen for their educational value only, not because they offer exotic venues or activities
- Attending drug industry promotional events is permissible if other rules on gifts are followed

(AMA Code of Medical Ethics, opinion 8.061)






Challenges to the Elements of Professionalism

7. Conflicts of Interest

- Acceptance of gifts
 - many schools and hospitals permit various gifts and meals during conferences in exchange for listening to a sales pitch
 - ABIM - such practices should be eliminated or restricted





64% of internal medicine residency programs use support from pharmaceutical companies to fund meals, books, and meeting expenses.

Wolfsthal S. et. al.






Gifts to Physicians

“Most doctors strongly disagree that their prescribing behavior could be influenced by gifts they receive.”

Madhavan S. et al





Medical students (85%) believe it's improper for politicians to accept a gift, whereas only 46% found it improper for themselves to accept a gift of similar value from a pharmaceutical company.

Palmisano P, et al. J Med Educ.





Promoting Professionalism


1. Didactic teaching
2. Role-modeling
3. Institutional environment





Promoting Professionalism


1. Didactic teaching and Role-modeling

- no studies assessing influence of lectures and role-modeling on the development of professional values
 - no evidence that didactic teaching alone enhances professionalism
 - both approaches appear important (environmental heredity influences)
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Promoting Professionalism

Institutional Environment (Academic Health Center)

- every interaction within a training program shapes and molds behavior
 - numerous sociological studies have documented its impact on shaping the attitudes, values, and beliefs of students/residents
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Promoting Professionalism

- an “unfriendly” culture can erode our teaching goals
 - hospital staff yelling at residents in front of students
 - time constraints - less time with families
 - unprofessional behavior can be perpetuated within the system





Promoting Professionalism

Institutional Environment

- Challenged by the managed care revolution
 - by seeing large numbers of patients quickly, teaching physicians have less time instilling professional values to students/residents
 - bedside clinical skills can deteriorate
 - faculty salaries becoming more dependent on clinical income than in the past



Promoting Professionalism

Institutional Environment

- Challenged by our technological progress
 - diagnostic imaging and lab tests have become more sophisticated
 - this excess reliance can foster poor history taking, superficial exams and produce doctors deficient in basic skills
 - residents/students need to see faculty “role-models” examine and communicate with patients to absorb the values we want to instill



Recommendations for Role Models

1. Focus on the problem, not the people
2. Be solution oriented
3. Be fair
4. Never negotiate when you're angry
5. Show your love and enthusiasm for the profession

Dorn B, Marcus L. et al





Biblical Scholar Hillel:


“Watch your thoughts, they become your words, watch your words, they become your actions; watch your actions, they become your habits; watch your habits, they become your character; watch your character, it will become your destiny”

Dorn B, Marcus L. et al







Challenges to the elements of professionalism include:

- a. Abuse of power, arrogance and greed
 - b. Misrepresentation and impairment
 - c. Lack of conscientiousness
 - d. Conflicts of interest
 - e. **All of the above**
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All are abuse of power except

- a. Bias and sexual harassment
 - b. Using junior colleagues accomplishments to advance yourself
 - c. Casual comments about patients on an elevator
 - d. Not allowing patients to voice their wishes
 - e. All are examples of abuse
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Potential conflicts of interest include
which of the following

1. Over utilization of services tied in any way to income
 2. Underutilization of services tied in any way to income
 3. Acceptance of certain gifts
 4. Certain collaborations with industry
 5. All are potential conflicts
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Which is not considered a conflict or unprofessional by professional organizations

- a. Room and board at the Ritz for a conference
 - b. Gifts related to your work under \$100**
 - c. Plane fare to learn how to place a device
 - d. All of the above
 - e. None of the above
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Regarding AMA's ethical opinion on gifts to physicians from industry which should not occur:

- a. Meals from drug companies for resident conferences
 - b. Gifts to directly help defray the cost of attending a CME activity or compensate for time spent at the CME activity
 - c. An Alaskan cruise to learn about strep throat
 - d. A fishing trip to discuss a new medical device
 - e. **All should not occur**
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