

ACADEMIC RESIDENT

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An Argument for Professionalism

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Social values of our current market-driven, financially competitive economy make it difficult for physicians to act without self-interest and remain focused only on patient need. Because of these circumstances, it is particularly dangerous to take professionalism for granted. At stake is our integrity and, with it, our power. In each preceding modern era, insightful and caring physicians have persevered through their own challenges to professionalism. Now it is our turn. We must promote honor in order to maintain the trust of the public. It is worthwhile to reflect on our current professional environment and ensure we are proceeding on a successful course. This brief essay is meant to be provocative. It will describe the need for professionalism and question some current assumptions. A case will be made for heightened vigilance.

Professionalism is more than competence.

Professionalism is defined simply as behaviors that place the interests of the patient ahead of one's personal interests. In practice, this is not so simple. All behaviors and actions related to our physician role are involved, including direct patient care decisions, relationships with the biomedical industry, and relationships with colleagues.

Maintaining professionalism requires more than delivering technically competent care. Physicians are also responsible for maintaining high standards of practice, educating future generations of physicians, providing unbiased scientific and ethical leadership, while ensuring that the interests of patients are promoted.

Why the need for professionalism?

Without professionalism, we are no more than technicians exercising a trade. The difference between a job and a profession is the deference accorded by society, reflected in trust and respect. Because of such deference, professions autonomously set standards of education and performance. Professions regulate themselves and are accorded special privileges, such as the ability to establish rules of conduct. Successful professions ensure that members behave according to self-imposed principles. As part of the governing freedoms accorded, the members themselves determine competence, discipline the members, and even select who is allowed to enter.

Some other important skills are not socially constructed as a profession, such as art, music, and writing. Other jobs have prestige because of high standards for education, such as teaching, engineering and architecture, but are limited in professional standing because of high variability surrounding entry, oversight, and performance standards. Notably, as the standards are made consistent and high levels of performance demanded, prestige and influence increase. Medicine has historically been viewed as noble and, therefore, has been granted the most deference. This is true because of the maintenance of rigorous, high expectations of those who practice medicine, along with the practitioners' devotion to the patient.

It is useful to think about this in comparison to business, manufacturing, and finance. Any person can claim business skills, with or without training. This is the hallmark of our society. Business schools have long struggled to define themselves as a profession, with only partial success. The business schools began to gain professional stature as they elevated entrance and performance standards for their MBA candidates. Even so, the schools maintain that one of the key advantages is the networking opportunities afforded through alumni connections. Business schools struggle with professional identity even as they and their graduates are financially successful.

In medicine, however, there is a clear expectation for professional standards and accountability. Physicians define the practice, set the standards, and control who enters. Physicians are allowed to do so because of both the technical nature of the field and also because of the unequivocal focus on the good of those served. In business there are no such expectations since the marketplace, capitalistic forces, and the law control behaviors. The goal of business is to generate shareholder return. Maybe medicine is headed this way, moving out of the realm of profession, becoming a business. We can see some of the problems with the loss of professionalism by the lessons of the legal profession.

Traditionally, doctors, lawyers, and the clergy were the 3 recognized professions. In the law, society has lost some of the benefit associated with high levels of professionalism. The law has unsuccessfully maintained its stature because of the inability or unwillingness to address the nature of the profession and govern behavior. The law believes that justice is best served through rigorous argument, so this limits professional consensus. As an inherently adversarial profession, behaviors are competitive. As competitive behaviors increasingly center on money rather than justice and client-centered principles, the law becomes increasingly disrespected. The law cannot succeed as a business, governed by the marketplace. The loss of professional integrity means the loss of society's respect. If attorneys advocate for their own interests, over the interests of individuals or society, honor is lost. To the degree that this has happened, there has been diminished respect and reverence, along with weakening of the profession. Now the law is sometimes disparaged even as lawyers continue to be needed. If medicine allows weakening of professional underpinnings, we will suffer the same fate.

How is professionalism manifested?

Professionalism demands a standard of behavior higher than the marketplace demands, higher than capitalism demands, and higher than law demands. Professionalism requires ethics, honor, integrity, and a service orientation. Emergency medicine in particular continues to reaffirm such ideals and promote high standards. Nobody expects this of businesses, but businesses are not accorded the same social status or control that is afforded to the medical profession. If medicine is to preserve and enhance professionalism in order to preserve the trust of society, what does this mean to the individual in practice? How is professionalism manifested in our daily lives? A few examples may begin to help illustrate:

Case 1: The Journal of the American Medical Association

reviewed a manuscript that reported on a large, multi-center, prospective, randomized trial. The research was apparently well conducted and showed therapeutic benefit of a new drug. The authors were asked to report the contribution that each individual made to the project. The study was funded by the biomedical industry and conducted with the support of the company. The editors of JAMA asked the authors whether there was one person who had unrestricted access to the data and who could vouch for the integrity of the analysis and the results, but who had no conflict of interest. In order to assure absolute integrity of the study, the editor asked if there was any author who had not received compensation from the company that could guarantee the results. There was no such author and the study was not published.

Why did JAMA act this way? The study was good. Yet the editors realized that the journal's main currency is integrity. Unless the trust of the public and the practicing physicians is preserved, the journal has little more to offer than an industry publication reporting on science. As a profession, as a holder of public trust, JAMA must hold honesty and the public good in highest regard. It is easy to believe that this is not a big deal. But integrity is fragile. Trust is easily lost. It is essential to remain above suspicion. The highest standards are essential. The editors know all of this and the journal will remain successful because of it.

Case 2: Physicians attended a golf tournament and subsequent dinner that was funded by the biomedical industry. The representatives of industry were present, but there was no formal discussion of products or prescribing. No requests were made of the physicians.

The physicians received a benefit yet believe that they were not influenced. This is the delusion that allows marketing to be successful. People rarely can be influenced if they are aware of it. Still, the impact of such efforts is easy to project and easy to quantify, even as the involved physicians continue to deny the impact.

Commercials lure with entertainment, comedy, sexuality, and sensuality. The key to success is to disarm and briefly capture the mind. Behavior changes follow, without awareness. Few will admit that television commercials or print ads influence their individual behavior. Yet these create an image, a feeling, an attitude in the subject. These attitudes drive behaviors that positively

impact the businesses' shareholder return.

This is not an argument against industry, by the way. Businesses only do what contributes to their success. Further, the biomedical industry is a great strength of our health care system. More money is spent on research by industry than by the National Institutes of Health. Industry has provided some of the most important modern medical breakthroughs. The pressing current concern is not business practices, it is maintenance of physician objectivity. Objectivity will serve the patient best. If we wish to maximize professionalism, we will ensure that our interactions and decisions have little potential bias.

Case 3: The New York Times recently published an article condemning the New York City EMS system for not carrying amiodarone. After all, the article stated, a recent study demonstrated that it improved survival rates of patients in cardiac arrest. This struck fear into some emergency physicians because a standard of care was being promoted. The decision to use amiodarone should not be forced by newspaper articles or industry promotion. The research never demonstrated a survival benefit, but only described a return of spontaneous circulation with out-of-hospital use. High dose epinephrine will also increase rates of return of circulation, but will not increase neurologically intact survivors. High dose epinephrine is not the standard of care for this reason. Perhaps if the high dose epinephrine data only revealed the rates of spontaneous circulation and if it was also highly profitable, it would be in algorithms. There is no data that support a 1mg dose of epinephrine, after all.

Yet amiodarone is more profitable, so is being promulgated as a standard even though the data do not demonstrate increased rates of neurologically intact survival after out of hospital use. If the drug becomes the standard, no further research demonstrating neurologic recovery will be needed. One way to promote use is to get lots of attention and influence physicians through publications, symposia, media, "expert" physicians, and aggressive marketing. It will probably work, which means that a little science and a lot of promotion drive changes in care standards rather than a lot of science and objective physician decisions.

This is not the fault of industry, by the way. The manufacturer is doing their job well, which is to provide a return for

shareholders. The physicians are the ones with the professional responsibility for medical decision-making. We are the ones challenged to objectively set the standard for the United States public and for our individual patients. The relationship with industry becomes complicated since the fundamental goals are different. If physicians accept financial compensation from industry, we have to worry about subsequent threats to autonomy and professionalism.

Physicians must remain vigilant, independent, and worthy of the public's trust. We must remain independent of undue influence and clearly, even aggressively, establish the proper standards of care. Honest differences of opinion are expected, even encouraged, as the science emerges. If amiodarone proves beneficial, and I hope that it does, physicians should quickly adopt it. Industry should be positively regarded for the support of the science, should be allowed to properly disseminate information about the drug, and be respected for its important role in our health care system. Industry should not, however, be the ones to drive standard of care decisions. This is up to objective medical professionals.

Case 4: A patient presented to a community hospital 1 1/2 hours after the onset of acute left sided weakness. A head CT scan was rapidly ordered, blood tests were ordered, and the patient was rapidly stabilized. The 3 hour window for thrombolytics passed and the drug was not administered. The patient had a dense hemiplegia, was disabled, and sued because thrombolytics were not administered.

There is a lack of evidence that thrombolytics can be safely used in the typical emergency department, under usual conditions, for the treatment of acute stroke. Evidence suggests that it is more dangerous than beneficial unless a rigorous, but resource-intensive system is developed to support its use. This is not currently available in most hospitals. Despite good evidence that the systems of care in many hospitals do not support the safe use of thrombolytics, they are still promoted as a standard of care, not always heralded by reason, science, and physician judgment, but by public relations, media, and experts funded by industry. I am unaware of any research paper that has demonstrated the safe use of this agent in usual emergency department conditions. All research has demonstrated dangerous protocol violations and the potential for increased danger to

patients. On the other hand, a physician may be able to confidently administer the drug after assessment of risks and benefits. So who should decide? Who is setting the professional standards? Is it industry, the law, or autonomous physicians guided by reason, integrity, balanced assessment of the science and the practical implications? Every physician operates under the illusion that he or she is such a reasoned professional. The equally important question, however, is who is establishing the premise behind the reasoning?

It is not possible to claim that we are not influenced by industry. After all, more stroke patients are harmed from aspiration than could benefit from thrombolytics. We have no aggressive campaigns to increase attention to head positioning and suctioning, though. Technology and industry get more attention than low-tech, but highly beneficial treatments. Aspiration precautions will not capture the attention of well-meaning physicians. We all know why. We must then ask who is driving the medical profession, physicians or the biomedical industry? Is industry taking over control of the standards of care, of innovation, of demands for excellence? Are we just along for the ride?

order to challenge the reader. The trust of the public, preserved through our autonomy, our suspension of self-interest, and our integrity, strengthens us. It is our primary source of influence. Without this, we become a mere trade, a remnant of a profession, and will see our stature fall. As we confront marketplace forces we must reinforce our integrity. We must buttress ourselves. Integrity is easily compromised and hard to restore once lost. Each of us has the duty to protect and preserve the profession. It is an honor to work with colleagues who are models of professionalism. I congratulate you in advance for your ongoing commitment to these principles.

Where will the future lead?

As marketplace incentives continue to hold sway, will physicians subordinate personal financial interests for the sake of objectivity? Will physicians remain outside the realm of marketing in order to remain critically observant? Because of uncertainty, there are many external agencies which would like to regulate physicians because of faltering trust. They will be successful unless physicians maintain, monitor, and model the highest of professional ideals.

A few professional challenges are described in this essay, but only very few.

Some other issues of increasing professional importance include:

1. Behaviors toward colleagues
2. Interactions with patients
3. Honesty, deceptiveness, and shading the truth.
4. Interactions with insurers
5. Documentation and compliance
6. Elimination of bias and prejudice

Each of these is complex and worthy of similar provocative discussion. This essay illustrates just a few examples in