

Professionalism in medical school

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“Life is short, the art long,
Opportunity fleeting,
Experimentation treacherous,
Judgement difficult”

This aphorism from Hippocrates perhaps sums up the issues that arise in teaching and assessing medicine both from a clinical as well as a holistic viewpoint. It is also particularly prescient when we consider teaching and assessing professionalism.

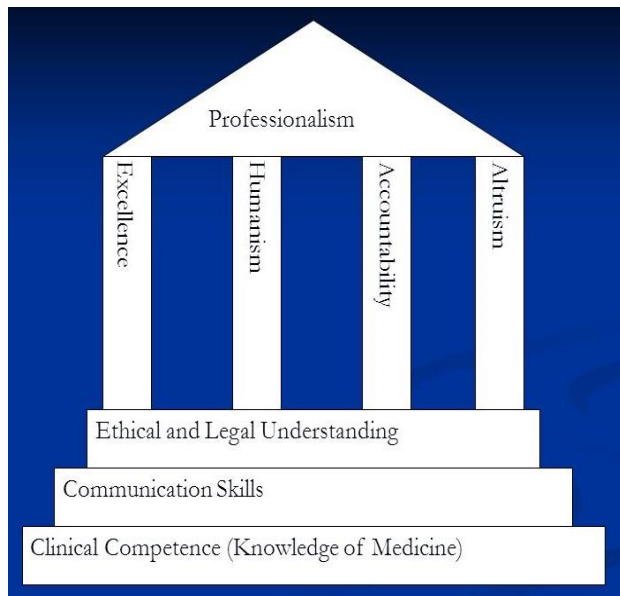
The origin of medical ethics and professional behaviour harks back to ancient times. The first known code of ethics was incorporated into the Code of Hammurabi in 2000BC and later found form in the Hippocratic Oath in the 5th century BC. This oath forms the basis for the modern medical oath that is used up to this day.

It was not until the 18th century that the tenets that govern professionalism in medicine were given form by two physician-ethicists, John Gregory and Thomas Percival. This was with the introduction of the principle of sympathy and moving towards a patient-centred care. The work of these two figures introduced the concept of competence, patient welfare and public trust in the profession. These were then used in the definition of medical professionalism and used as an instrument in measuring professionalism and development of professional etiquette. [1]

Medical professionalism may be defined as a set of intrinsic values, expressed as extrinsic behaviours which justify the trust between patient and doctor and between the public and the profession. [2]

The development of a professional medical practitioner entails clinical competence, good communication skills and an understanding of legal and ethical responsibilities. The conduct must be underpinned by:

- EXCELLENCE-being the best in terms of practice.
- ALTRUISM-a regard for the wellbeing of others.
- HUMANISM-attitudes and behaviours sensitive to the cultural and ethical values of the community at large.
- ACCOUNTABILITY-a responsibility to the patient, public, peers and subordinates in the profession.



These expected qualities must be ingrained into our medical professionals from the first day of entry into medical school and must be continuously and rigorously upheld through practice. While this may seem intuitive it is backed up by the work of Papadakis which concludes that “disciplinary action by a medical council is strongly associated with prior unprofessional behaviour in medical school”. [3]

All over the world, it is becoming increasingly clear that most complaints against doctors are due to conduct rather than competence. In Malaysia, the scenario is very much the same cases, brought before the Malaysian Medical council between 2015 and 2016 and included the following issues,

- Employing unregistered doctors
- Inappropriate examination of patients without a chaperone
- Failure to communicate the pros and cons of an operation
- Issuing medical certificates without examination
- Speaking inappropriately about a fellow doctor
- Possession and supply of drugs of dependence

All of which can be correlated to a failure of one or more of the required professional attributes and resulted in either reprimands, suspensions or in extreme cases being struck off. This has, in turn, resulted in an erosion of trust in doctors, with lay public opinion that doctors lean towards professional solidarity rather than the public good. As medical educators, it is important that we initiate and strengthen education in terms of professionalism and ethics and get it right, just as we do in areas of knowledge and psychomotor skills.

Recent work has indicated that poor professional conduct among medical students can be thematically grouped into the 4 I’s

- Involvement- failure to engage, issues with punctuality, initiative, patient contact.
- Integrity- dishonest behaviour, exam fraud, data fraud, lying.
- Interaction- inappropriate communication, discrimination, lack of cultural competencies, lack of empathy
- Insight- poor self-awareness, poor response to feedback, blaming others for inadequacies. [4]

Identifying these inadequacies as they surface and addressing them are imperative to ensure that our future doctors are holistic and have adequate competencies not just in the cognitive and psychomotor domains, but also have the necessary affective competencies that make them good human beings and doctors.

It is believed that an ethical and professional medical doctor will have better patient outcomes. This may seem intuitive but there is evidence that adopting the principles of professionalism will ensure high-quality engagement with stakeholders and better outcomes. [4, 5]

Regards,

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