EDITORIAL

Medical Professionalism but Where Are the Role Models?

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The knowledge boom is at its peak. Under this influence the healthcare profession is undergoing rapid transformation. This transformation has brought along positive changes in professional progress but is accompanied by challenges to many aspects of professional practices.

Doctors now face distracting financial incentives, commercial pressures, loyalty challenges from corporate employers and compulsive financial targets by organizations.[1] There are challenges of the modern world, the evolving ecology of the profession, and the public awareness of the healthcare dynamics, with ever rising expectations from the healthcare providers.[2,3] All these pose threats to medical professionalism.

In rural areas of Pakistan, the healthcare workers still face adverse reaction from the public especially affecting the vaccination groups and preventive initiatives.[4] Mass initiatives for health are viewed with doubt by the people and social media becomes flooded with antagonistic views by the public.

Patients eagerly seek second opinions about doctors' decisions considering that the decision may have been made only to enhance financial gains by the doctor. Doctors are frequently accused of receiving money from other services where they refer their patients for different treatments. Their recreational tours of foreign countries are allegedly sponsored by the pharmaceutical companies against prescription favors. These and many other allegations and accusations plague the social media and public talk to create a general atmosphere of lack of trust in doctors as a professional community.

An additional challenge was faced by the medical profession in the form of COVID-19 pandemic a few years back. This pandemic unraveled many limitations in the healthcare profession, including the trust that the public had in health care providers.[5] The pandemic unveiled a wide trust deficit between the public that the doctors serve, and the doctors themselves.

During covid 19 pandemic, a large segment of the society did not get themselves vaccinated.[6,7] This segment included many doctors. They simply did not trust the advisability and efficacy of vaccines. It rejuvenated the initiative to promote medical professionalism.

Medical professionalism stands out as the signpost of professional prestige for the community of healthcare professionals. The professions serve to promote and protect values in addition to providing professional services to the community. Whereas the term, medical professionalism still evades a consensus for its definition, there is consensus about the fact that medical professionalism is intimately related to all the humane characteristics of healthcare providers.

The term provides umbrella to all the humane beliefs, values and behaviors that underlie the trust that the public has in doctors. These beliefs and behaviors are deeply embedded amid the sacred space between the patient and the doctors. But in addition to that, there is the intrinsic imperative for the doctors to do their best on their part to provide compassionate care to their patients. The medical profession owes its nobility to the humane characteristics of compassion, empathy, and humility of healthcare professionals. Upholding this nobility calls for protecting and promoting the values of the profession and is a shared responsibility of all the members of the professional community.

This is one area which is vulnerable to the transformative effect of all the influences of the modern world.

The imperative was well perceived in the historic Hippocratic oath; the earliest expression of medical ethics, establishing principles of medical professionalism. Since that time the profession is trusted for its commitment to all the humane characteristics that are the hallmarks of a physician's behavior.

Unfortunately, most physicians and especially young doctors are poorly equipped and trained to face the

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challenges in an amicable manner.[5] This has resulted in a widening trust deficit between the service providers and the served. The situation calls for urgent and effective corrective measures that may have a long-lasting impact on the current healthcare landscape. External regulation of doctors and legislative measures for protection of doctors may save formidable situations but can have a negative impact on the trust-based relationship between doctors and their patients.

Regulatory and accreditation bodies have responded to this challenge in the form of emphasis on medical professionalism as an essential component of medical curriculum.[8 9] Medical academia has been increasingly sensitized about the essentiality of training in medical professionalism. However, there is a problem of formal ownership of the training program focused on professionalism. At individual level, all the members of academia and faculties appreciate the ethical and value-based training, yet no one is particularly motivated to assume legitimate ownership of the training program. The most conducive environment for the training of undergraduate medical students is available during their clinical clerkships where they are under direct supervision of highly skilled and experienced consultants. Most of the time, however, they do not assume deliberate responsibility for formal training of medical students in this area. During clinical clerkships the students face the most challenging environment where lapses in professionalism are likely to occur in real-life situations. Lacking the required mindfulness and under pressures of academic performance these lapses go unnoticed. In this way precious feedback and training opportunities are lost. Not only this, but these lapses, when uncorrected, stay as habits in future professional life.

The scarcity of effective and robust assessment methods related to medical professionalism is a problem that lets the non-professional attitudes grow unnoticed. [10]

The expanding bulk of curricular content for trainee doctors at all levels keeps them engaged in activities that leave less space for value-based activities and learning.

The professional environment is losing its positive impact in promoting the values so characteristic of the profession and its legacy. Institutional cultures have imperceptibly melted into corporate cultures in response to the sustainability pressures on healthcare system as a whole. commodification of healthcare services has changed the focus from patient care to profit maximization and cost-cutting measures. Inequality in service provision to less privileged segment of society has served to undermine the professional nobility, once so widely recognized. The professionals also face pressures of meeting financial targets of corporate employers and government agencies and find it difficult to prioritize patient care at the top position.

Job stress of varied nature has been affecting the performance of clinicians leading to a rising incidence of burnout in healthcare professionals.[11] Values of medical professionalism are victims of the burnout in doctors.

Self-accountability and self-regulation of the profession has gradually faded and provided space for external regulation that has aggravated the situation in terms of eroding the trust-based relationship of doctors with their patients.

The situation calls for urgent, effective, and sustained corrective measures. Responding to this situation is the shared responsibility of the whole professional community supported by civil society at large. Teaching institutions have greater responsibility in this respect because they are the ones who can exert deeper and heavier impact. Since they provide training to budding professionals, their impact may be longer lasting. They also possess legitimate power to exert influence over the students and trainees.

The professional community must pronounce explicitly their self-commitment to the values of the profession. Gaining the support of the civil society is important to re-build the trust relationship between the service provider and the served. The imperative cannot succeed without the awareness, involvement, and support of civil society. The voice of the professional community must be made audible to all. Societal expectations from the professions must be re-explored to correctly develop the problem-solving approach. This can be done through a broad-based dialogue with all segments of society with a view to developing a strong political will to institute a positive change in the situation. This effort should generate physicians' advocacy for patients

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and their health.

Teaching institutions must integrate medical professionalism in their curricula. But to make this curriculum effective and progressive, development of professionalism departments is essential. This will generate ownership and ensure dynamic curricular progression through departmental efforts. Dedicated departments will serve to promote research in the area and work to train faculty and master trainers in the field.

Structured faculty training with regular follow up should also be instituted to ensure conducive institutional culture that fosters value-based activities of learning and training. Emphasis on ethical practice and moral self-accountability can nurture such an institutional culture.

Exit from teaching institutions and entry into clinical practice is a crucial time in the life of young doctors. And here they are exposed to a learning interaction with experienced and seasoned clinicians and practitioners, who act as role models for them. Their adherence to ethical practice, respect for patients, dedication to patient's good and upholding professional values possesses a strong impact on the shaping of moral behaviors of young doctors.

Senior clinicians have a responsibility to embody the excellence of professional practice for their trainees and mentees. They must act as powerful role models for others to follow. Whereas the foundational impact can be affected by the institutional effort but its maturation to a solid professional identity is the job of a role model. Where, in our professional environment, do these role models flourish? Where do they even exist? How can this widening lacuna be filled; is the most important question to be answered.

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CONFLICT OF INTEREST

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