

Professionalism in Medical Practice in Reference to Physician-to-Physician Relationship in the Singapore Context

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INTRODUCTION

While the easiest and most foolproof way to begin this discussion is to systematically and religiously define the various elements that characterise the word “professionalism”, I prefer not to. Instead, I will begin by taking a step backwards to determine the very reason for this discussion and then move on to examine what “professionalism” encompasses.

IMPORTANCE OF PROFESSIONALISM IN THE SINGAPORE CONTEXT

It is by no sheer coincidence with this topic that Dean John Benson, President Emeritus of the American Board of Internal Medicine, said, “Professional behaviour will provide an enduring answer that will outlive current notions around market values, managed access and even technology as the foundation of the health care system.”⁽¹⁾ Indeed, with the advent of technology, economic primacy and growing individualistic notions, the existence of the most basic and fundamental value that doctors all over the world are presumed to possess – medical professionalism – is being challenged tremendously. Singapore, with its vision of being a world-class healthcare centre, certainly falls prey to this situation.

Focusing on our local context, I bring to your attention an article in The Straits Times of 21 July 2000 that warned against our society becoming too materialistic and unhealthily competitive. Hence, it comes as no big surprise that Dr T. Thirumoorthy commented that “success in medical practice is often measured by the number of patients seen or the amount of money earned⁽²⁾”. Surely this must be one reason why there is an exodus of doctors from the public service to the private sector⁽³⁾. There are of course many other “un-virtuous” scenarios depicting the medical profession in Singapore today. After all, doctors are not any less human than the lay people and they too, perhaps share the Singaporean desire for the infamous 5Cs.

Be that as it may, this societal change should not and cannot be the case because “professionalism

is a structurally stabilising, morally protective force in society ... it is a cornerstone of a stable society”⁽⁴⁾. Professionals have an onerous duty to maintain a distinction between their professionalism from the fluidity of our ever-changing society. Professionalism cannot afford to succumb to the tide, for without such a constant, the society will be lost, mutated and wrecked in its multitude of changes and complexities.

More than that, physicians perhaps have an even higher standard to maintain by virtue of the role they play in our society. Physicians are those rare souls who carry with them an excellent body of knowledge and skills that are being continually kept up-to-date to treat the sick, prevent diseases, relieve pain and suffering, avoid premature death and pursue a peaceful death⁽⁵⁾. Additionally, physicians are also those with a heart who unconditionally care for people regardless of their “race, religion, nationality or social standing”⁽⁶⁾. It is a profession that has always commanded utmost respect from society and must continue to do so.

WHAT PROFESSIONALISM ENCOMPASSES

In an attempt to maintain medical professionalism, one will most probably try to define it in terms of say expertise, integrity, altruism, etc and endeavour to fulfil all the criteria required. However, this attempt might very well prove futile as “professionalism” would then be reduced to a mere idealistic model and this discussion a mere rhetoric. In fact, one could go as far as to say that even this seemingly idealistic model might be flawed as “professionalism” presupposes a lack of definition due to its all-encompassing and intangible nature. In view of this, I will discuss “professionalism” using a more practical approach by looking at the various “moments of clinical truths”^(7,8) where tangible action is most telling.

1. Continuing Medical Education⁽⁹⁾

First and foremost, it must be noted that the very title ascribed to the people of this noble profession – doctor – comes from the Latin root word *docere* which

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means “to teach”⁽⁹⁾. Further, The Hippocratic Oath, an articulation of “Medicine’s founding father”⁽¹⁰⁾, did place a duty on physicians “to teach ... this art – if they desire to learn it - without fee and covenant”⁽¹¹⁾. Widely read, this therefore means that doctors have a duty to teach not only medical students but also other fellow doctors.

One should not keep any form of cutting-edge technology or skill to oneself for fear that by imparting such knowledge, one would lose his standing in the profession. To operate under such selfish ambitions and competition would render the doctor a victim of our changing world. This doctor-to-doctor relationship stems from the fundamental duty towards patients and society at large because a doctor’s first responsibility is to always act in his patient’s best interest. By imparting such skills to fellow colleagues, more patients will certainly benefit and this advantage should override whatever self-preservation motives a physician has.

Apart from the clinical skill type of education, doctors should also educate by being exemplary role models for other doctors to emulate. This is what Marinker describes as “the hidden curriculum”⁽¹²⁾. Such education includes a doctor’s professional behaviour towards patients, fellow doctors, patients’ relatives, other healthcare workers and even his own character and lifestyle. This is perhaps one of the greatest ways to ensure that professionalism remains constant amidst the variations. It is indeed a great feat to hold onto all the noble virtues required of a remarkable doctor when surrounding people and circumstances direct otherwise. However, this demand would be made much easier if the people in the same fraternity hold onto such same values and exhibit repugnance for behaviour any less than virtuous. Even if one were to waver somehow and be attracted by all that glitter, simply having a leader to look up to would hopefully deter further such inclinations.

2. Self-Regulation⁽¹²⁾

One of the hallmarks of professionalism is that the profession must operate under self-regulation. Doctors are governed by the Medical Registration Act⁽¹³⁾ and bodies like the Singapore Medical Council (SMC) serve to ensure that a particular standard in the profession is maintained.

If, for instance, certain rules are flouted or doctors are negligent, the SMC will step in to take disciplinary action.

While it might seem awkward for fellow doctors in the SMC to exercise disciplinary action against their colleagues, this needs to be done in

the name of professionalism. One must not forget that professionalism carries with it a responsibility towards society and hence, errant doctors must be dealt with before any further harm is caused. In so doing, the public’s trust in the profession will also be safeguarded.

It is submitted that to maintain professionalism, action need not only be taken when there is medical negligence or gross misconduct. Some form of intervention should also be taken in more “grey areas”. For example, doctors who send patients for unnecessary testing in the guise of doing a thorough job when in truth, the aim is to churn out more money from the client. Another situation would be where defensive medicine is practised to ward off real or imagined litigation in today’s affluent and litigious society⁽¹⁰⁾.

Recently, there has been a hot debate on whether older surgeons should retire before their health and age take a toll on the patient’s well-being. Regardless of whether working beyond one’s ability is motivated by greed, maintenance of standing or simply for the love of the art, physicians must never detract from their call to protect the public. They must always remember that “the practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head”⁽⁹⁾.

The question that follows will then be, “When exactly should physicians blow the whistle on their fellow counterparts?” The answer is anything but specific. For, once again, the question of professionalism comes into play and only a professionally exercised discretion would ensure the survival of this very profession itself.

3. Physicians Working Together

Over the years, as our healthcare system is becoming more sophisticated, more and more physicians are working together in teams of specialised fields under one big hospital. Gone are the days where doctors work individually, except in the case of general practitioners. In fact, this trend will be more apparent in this new century as our healthcare system continues to strive towards being a world-class system.

With such a phenomenon, the importance of professionalism between doctors becomes even more important as there is now more interaction overall. In the first place, when doctors work together for the common good of the patients, there would undoubtedly be some form of friction be it in diagnosis or treatment as two minds can never be alike and the practice of medicine is not absolute. However, they must maintain their professionalism

by giving due respect and regard to the experience and competence of the other⁽⁹⁾.

Linked to this is the concept that doctors should never feel that it is an embarrassment to seek advice from other doctors when the need arises⁽⁹⁾. After all, doctors are only human and no one expects them to know everything in the field of medicine. If such an impossible task were to be demanded of doctors, then there would be no need for doctors to specialise and concentrate in particular fields in the very first place. Even within the same field, one should not regard a patient's seeking of second opinion as an affront to his competence⁽⁷⁾. To quote Dr C H Chew, "Misplaced pride has no place in good medical practice and can only compromise care of the patient⁽⁹⁾. Once again, the patient's best interest reigns and reigns to the extent that the relationship between doctors is governed by this responsibility.

Also, with teams, comes the need for hierarchical systems to ensure quality and transparent management. Therefore, some doctors will be placed in "higher" positions than others. It is noted that in electing doctors to such posts, some form of criteria will be needed. For instance, seniority, capability, leadership quality, etc. In fact, one form of yardstick could very well be the number of patients seen and the amount of money that the doctor has earned for the organisation. This seemingly harmless practice could lead to rivalry and competition among doctors and promote the undesirable practices of unnecessary testing and defensive medicine as mentioned above.

To curb all these unhealthy practices, the awareness of professionalism should be raised. Hospitals and the various heads of departments should initiate policies specifically catered for the culture of team-work. For example, they could adopt the system put forth by Dr Donald Irvine, President of General Medical Council, who encouraged a "mutually supportive environment ... to maintain the clinical effectiveness, integrity and good name of the team as a whole including the individual members." He then gave more specific guidelines like having clear values and standards, caring for each other, being committed to external review, fostering learning through personal and team

professional development, operational protocols, etc⁽¹²⁾. Of course these are but general guidelines and the Singapore Medical Council should fine-tune and modify it to suit our local context.

4. Professional Courtesy

Dr CH Chew noted that many doctors when called to treat their colleagues do generally waive the professional fees out of courtesy⁽⁹⁾. Such behaviour apart from being an outward expression of kindness towards people in the same fraternity, also serves as a characteristic that demarcates this profession from others. Indeed, such relationships are highly laudable and should definitely be maintained.

CONCLUSION

In conclusion, it must be said that the categories discussed above are not exhaustive for medical professionalism penetrates into every aspect of a doctor's life that very often is simply untraceable. To reiterate, "professionalism" is a term that defies any attempt towards definition. It is a virtue that is intrinsic; a calling that physicians have been called to. Ultimately, what we have to realise is that for us to maintain a civic society, to have what we call a civilisation, professionalism must stay.

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