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SPECIAL ARTICLE

The meaning of professionalism in medicine

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The challenges facing the professions (and perhaps especially the medical profession) in the new South Africa are complex and far-reaching. Here an attempt is made to place these challenges in local, global and historical perspectives to facilitate a deeper understanding of their implications. A brief outline of forces influencing the social construction of health services is followed by some sociological and professional concepts of professionalism, and some reasons are provided for the public's concern about the image professionals have of themselves. The inadequacy of defensive responses by professions is emphasised and the need is outlined for introspection and deeper understanding of ethics, human rights and values in relation to medical practice.

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South Africa is crossing the threshold of transition into a future which hopefully will improve the lives of all its people through economic growth and increasing equity. While the enormous challenges that face us may seem entirely related to our local context, they are nevertheless deeply embedded in profound transformative processes at a global level. I shall not revisit here a previous attempt to explicate these forces of change and how we may cope with them,[1] although I shall refer briefly to a scholarly sociological perspective on this intriguing topic.[2] It is also not my intention to describe the state of health and health care services in South Africa, as these have been well documented in previous publications.[3-8]

Rather, my aim is to suggest that it is especially necessary for health care professionals in South Africa to look beyond their local context and narrow self-interest: to historical traditions, to an understanding of health services as social constructs, to the ethical aspects of professionalism, and to how we live in a changing world in which these traditions and foundations are being deconstructed, reinterpreted and reconstructed. Hopefully, this will provide a vantage point from which to view more clearly the profound challenges we must face.

As a starting point, it is appropriate to acknowledge how daunting a task it is to rebuild a nation emerging from an embattled past, under circumstances characterised by simultaneous needs: (*i*) to achieve economic growth while redistributing resources; and (*ii*) to create a culture in which respect for the liberty and freedom of individuals is associated with a spirit of community. The widespread admiration for our endeavours to move peacefully towards these goals is both real and fragile. If we can succeed, as a country and as professionals, in meeting these challenges we could maintain that interest, admiration and support well into the future.

Our starting point for change (the material legacy of decades of apartheid to health care services and the health of our people) is complicated by the pervasiveness of racism.[4] We can appreciate that this will not easily be eradicated when we reflect on the extent to which racism continues in other societies in which it should have been obliterated by apparent long-standing commitment to human rights and individual dignity.[9] Racism is not limited to one group of people or to a few countries; no people — white, black or any other — are immune from stereotyping and discrimination against others. Gender discrimination is another example of oppression that reflects powerful social forces. The great challenge that we face in South Africa, where racism has been so intense, is to show that as a nation we can more effectively rise above the discriminatory attitudes and structures that so divide human beings and, in the process, set an example of understanding, tolerance and co-operation where others have failed to do so.

Another point that needs to be re-emphasised is the extent to which social circumstances determine the health of populations as well as that of individuals. Living conditions, economic status and other social factors profoundly affect health.[10] Health care services and how health care professionals function in society are also socially constructed phenomena and hence there are marked differences in the way health care is delivered, even between countries of similar wealth and culture, e.g. the USA, Canada and the UK.[11] Many aspects of life have been 'medicalised' into these social constructs through which the medical profession and society have created very high and unrealistic expectations of what a health care system can deliver. Even realistic demands in affluent countries exceed the available material and human resources required to provide all that could be done and is desired.

The admirable social and health goals we would like to achieve are explicitly outlined in the Reconstruction and Development Programme and in various health plans. These ideas are ambitious and laudable, but we face the critical question of what should guide us towards achieving them at a sustainable rate of progress.[6]

Against this background, I would like to review some views of the concept of professionalism, consider how different perspectives might influence the attitudes of society and of professionals towards their roles now and in the future, and suggest some implications of these considerations for our profession in South Africa.

Historical aspects

To 'profess' was, in its earliest use, the public declaration of one's religion, and it signified a commitment to a particular way of life. Later the term 'profession' came to mean earning one's living from a set of skills in which one had expertise. The complex nature of professional relationships

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can be traced historically from the earliest magico-religious era, through the early scientific stages in ancient Greece, the Christian era and medieval Europe, to the age of modern science and technology that is becoming increasingly dominated by the ideology of the free market.[12,13] The threads of this rich and varied history, with changing impact over time, have become inextricably woven into a complex tapestry of modern professionalism that is interpreted and played out from a range of overlapping perspectives in different social contexts.

Sociological perspective

Sociologists view the professions as social phenomena comprising a set of role characteristics: (*i*) possession of specialised knowledge and training that enable professionals to know what to do in particular circumstances, to be able to provide a rational explanation for their actions, and to undertake the action safely; (*ii*) dedication to public service; and (*iii*) socially approved self-governance.[14] These characteristics resemble those outlined by the Interim National Medical and Dental Council as the essential elements of medical professionalism.

The sociological concept of a profession has as its starting point a social context in which classes, status groups and other social entities, e.g. political parties, compete for economic, social and political rewards. The overall objective is to acquire a monopoly in the market for services rendered and to enjoy high social status. Achieving these involves working with the state, other professions, educational institutions and the public to acquire control over the educational process and over access to professional privileges. Different social and cultural frames of reference for the construction of medical relationships result, as indicated above, in a range of different systems for delivering health care.[14]

Professional perspective

An alternative view of medicine claims that the sociological concept of professionalism is cynical, somewhat minimalist and inadequate, does not reflect its higher ideals and, if encouraged as the norm, cannot adequately serve the public or the profession.[12]

Traditionally, professionals and (some) philosophers have had a broader concept of professionalism that goes beyond the sociological description to include a complex of virtues and ideals involving habits of mind and character. This concept includes an idea of what professionals 'ought' to do — an 'ought' that derives from dealing with people who are in a dependent, vulnerable, exploitable state of weakened humanity.[12]

Such standards of professional behaviour also describe a way of being: the kind of good conduct, the virtuous character and the commitment to excellence as the internal purposes of the professional role. Professionals are expected to have integrity, to be worthy of trust, to be more concerned with caring for others than with making money, and to have a substantial commitment to their clients' welfare. They are admired and respected for an ethic of service and for commitment to the use of professional skills and knowledge with excellence and in morally acceptable ways, i.e. with honesty, impartiality and integrity in the pursuit of justice, wisdom and truth, all for the good of society and the profession.[12]

None of these virtues is seen as natural but rather as acquired, both through education and in the practical setting where one learns to understand what they mean.

Aristotle described two components of virtue: the intellectual virtues (rigor and objectivity in one's work), and the practical or moral values (honesty, compassion and temperance), which derive from the habits of working practically within one's professional field. Within this concept of the profession it has been claimed that the only protection gainst exploitation is the moral character of professionals.[12]

Flores[12] has described MacIntyre's argument[15] that although differing conceptions of virtue have been advanced over the ages, they can all be understood in terms of a single, complex core concept involving three dimensions, each with its own history and conceptual background.

Firstly, a virtue is properly understood as an excellence displayed within the context of socially co-operative practices that contribute to the realisation of goods which make up and define these practices. Practices provide the context for developing those virtues crucial to achieving valued social goods. Those goods that depend on the exercise and skill of experience and are internal to a practice must be distinguished from external goods (such as fame, fortune and social power) that are only connected to a practice as a result of social, economic or political circumstances. The internal goods of a profession, only achievable by those whose virtuous behaviour is the norm, have the value of enriching the life of the professional, of the profession and of society.[12]

Secondly, virtues sustain a lifetime quest to define the good by which all other goods are properly understood. Here it is important to recognise that the institutions in which we practise tend to erode virtues, as institutions are more concerned with the acquisition and control of external goods. So practices can become corrupt and out of touch with the internal goods of professional practice,[12] and the question 'what is good' becomes 'what is good for me and my institution'.

Thirdly, virtues contribute to the preservation of those historical traditions that underpin professional practices, and the life stories of individual quests for the good. The expression of professional virtue helps define and shape the tradition, without the influence of which a profession is cut off from its historical foundations and its future possibilities. The result is a loss of mission and an undermining of the meaningful conduct of a profession.[12]

Clearly implied in MacIntyre's work is the concept of professionalism as a commitment to the ideal of excellence in the exercise of professional skills, as the best way of achieving the internal ends of a profession. Because the ends of professional practice generate goods of value both to society and the professions, persons who pursue the professions and are committed to ideals of excellence are expected to uphold standards of conduct beyond those an ordinary individual accepts. Being a professional in this

complex sense means being a certain kind of person, who believes in and aspires to such specific ideals as integrity, justice, wisdom and truth. A person whose routine conduct is so informed is therefore an exemplary person.[12]

Social criticism of the professions

This broader concept of professionalism is, however, vigorously challenged by social critics and by the public, who perceive an alternative and very different set of professional motivations. These alternatives, rather than being internal to professional practice, are external to its main purpose, and comprise behaviour that is self-seeking and self-serving in the quest for wealth, power and status. This description fits George Bernard Shaw's claim that the professions are 'a conspiracy against the laity'.

While it is inevitable, and indeed acceptable, that there should be two aspects of professionalism, one serving the admirable internal purposes of the profession, the other comprising an external, socially and economically understandable accompaniment, social critics believe that the balance between 'calling and professionalism' and 'career and entrepreneurship' is tilting towards the latter, particularly in the context of the powerful and pervasive market ideology.[12,16-19] According to the commercial view, practising of a profession is no different in principle from selling one's wares in the marketplace. Beyond some basic obligations not to coerce, cheat or defraud others, the professional would have no obligations to anyone except those voluntarily undertaken with specific individuals or groups, and there is no specific professional morality that transcends the morality of all citizens.[14] It has also been argued from a philosophical perspective that the moral expectations of doctors should be less strongly differentiated from those expected of all citizens.[20]

Professional introspection

We need to ask ourselves why there is this social distrust of the professions, and whether it is valid. How well do we actually live up to the ideals and moral dimensions to which we claim allegiance, and which serve as the basis for the monopoly granted to us by society and its expenditure on our training to serve the common good and the public interest?[21] Are we committed, and seen to be committed, to these or have we become fully co-opted into selfish professional pursuits and the market economy?[16-19, 22] How is our professionalism monitored, audited and promoted? What actions are actually taken against unprofessional action and how are these reported to the public? Are the codes and the minimalistic legalistic approach adopted by such bodies as the Interim National Medical and Dental Council and the MASA enough to do anything more than sustain the sociological concept of the profession? Has the dead hand of the law been substituted for a vital moral commitment?

It seems to me that such concerns are indeed justified in many societies, perhaps particularly in South Africa and the USA, and that our professional bodies do not do enough to encourage the kind of health care services in which the virtues of professional life could be sustained. If we are not prepared to examine ourselves and take action for failure to meet some of the higher aspirations of professionalism, we should not be surprised if the public loses trust in us and we should be willing to accept a sociological description of the professional role and all that goes with this!

It is important to try to understand some of the complex interacting reasons for growing societal mistrust of the professions.[23-26] These include the ways in which major advances have been made and applied in medicine; the cost associated with their use, often for individual gain; the changing face of death in a technological world; the growing gap between the knowledge and power of the medical practitioner and that of the patient; high and often unrealistic expectations from patients regarding what they should receive from professionals; the need for rationing because of increasing costs; erosion of professionals' commitment to the internal purposes of their role; and not least the expansion of bureaucracy with 'commodification' of medicine in a world in which economic considerations have become supreme.

The tendency towards entrepreneurship by professionals in the modern world is evident in the adoption into medical practice of some characteristics more typical of modern industry. Relman has coined the term 'medical industrial complex' to indicate the extent to which medicine has become more like an industry and less like a profession;[17] and Kassirer has described how managed care and the morality of the market place have adversely impacted on medicine.[18] The emphasis on careers, self-interest and money is associated with the risk that professionalism could degenerate into special interest groups engaged in a socially harmful struggle for power, position and privilege. The time is indeed ripe for a new metaphor for medicine.[19]

Other recognised areas of tension include conflicts of interest in research, scientific fraud in the context of competitiveness for fame,[27] and a changing balance in the emphasis between the care of individual patients and measures required to improve the health of whole populations.[10] The latter applies especially, as we all know, in South Africa.

The new medical ethics

It was against such a background of revolt against authority and professional power in North America in the 1950s and 1960s that a new concept of ethics in medicine emerged.[28] A more critical perspective on medicine developed, the debate about medical ethics became multidisciplinary and was translocated from a position almost exclusively within the profession to the public arena. The growth of the new formal discipline of bio-ethics has involved rigorous intellectual endeavours, particularly by philosophers and lawyers, and more recently by sociologists, anthropologists and others, who have systematically examined what may be right and wrong in medicine and advanced appropriate arguments for various concepts of morality in medicine.[13] The new bio-ethics has focused on patient autonomy, patient rights and questions of public policy — how the

latter is formulated and how resources are allocated. In calling for greater professional accountability, these developments perhaps favour a morality for professionals that more closely resembles that expected of people in many other jobs, than any specific professional morality.

Human rights and medical ethics

The abuse of human rights in situations often highly visible to health care professionals, e.g. in prisons, and especially in less developed countries, has, in recent years, stimulated increasing attention to links between protection of human rights and medical ethics.[29-32] Given medical responsibility for relieving pain and suffering, and the position of relative power that doctors hold in society, it is appropriate that human rights should be protected through attention to the ethical responsibilities of doctors toward those in their care, especially when in a vulnerable state. In some repressive countries meeting these expectations may require great courage and virtue.[29]

The global context of change

It is also necessary to reflect briefly on some aspects of life in the global context that are crucial to us as professionals. In a globalising world in which: (*i*) natural resources are being depleted by population growth and environmental degradation; (*ii*) concepts of time and space are being radically altered by modern forms of communication and transport; and (*iii*) we can prolong life, transplant organs and manipulate genetic structure, the bonds of long-standing traditions are being loosened and our understanding of what constitutes disease, health and nature is changing.[2]

The world is also increasingly being polarised (within and between countries) into a small and shrinking core of people who have access to more and more resources and a large and growing periphery with access to less and less through exploitative processes that are sometimes overt but often covert, and that involve transfer of resources from one group of people to another.[33] Political and economic agendas have also been changing since the end of the cold war, and some 'universal values' are being challenged, while others are supported.[2] South Africa is in these respects a microcosm of the world.

Values

This leads to questions about the nature of values, which values are important to us, and why.[34-37]

Societal values — respect for persons, respect for liberty and respect for the law — are enduring civic values essential to peaceable democratic societies and should be taught in schools and in institutions of learning. The creation of a constitution in South Africa is the blueprint for the pursuit of these goals.

Our personal values — derived from our culture, from our sense of morality and aesthetics and from our economic, political and religious values — can vary widely without threat to the social order.[35] Indeed, a mark of a stable democracy is its tolerance of a broad range of personal values and their teaching in the home, in churches and in private groups. But there has not been adequate dialogue in the public arena on deeply held personal values, especially in South Africa, and how these can be respected in pluralistic societies, bound by a common set of values. Without such dialogue, there is great potential for violence between those with dogmatically held views who are in a battle for social and economic power.

Professional values, which include competence, beneficence, benevolence, non-maleficence, concern for justice, keeping of promises, telling the truth, compassion and respect for the person and dignity of others, are expressed in ethical codes and in guidelines that govern a specialised body of knowledge and skills, and should be taught at universities, in professional associations and in practice.[34-37] Respect for human rights, for the preservation of species and for future generations also needs to become more pervasive.

But we should also understand that the process of valuing is an activity undertaken within a culture, and that there is a complex and highly debated relationship between culture and morality. The way in which we combine societal, personal and professional values identifies us as the individuals and the society that we are and that we wish to be.[34-37] These are profound issues for health care professionals in this country to address for themselves as well as through their professional bodies.

Challenges of change

I should like to suggest that there are many questions that we as professionals in South Africa need to address. For example, are members of our profession united? If so, what values unite members and how are these values justified? What divides professions internally? Should more common ground be sought? Can we, as professionals, accept without question our society's policies and if not, why not? What is the meaning of academic freedom? Do privileged professionals have responsibilities on the international scene beyond those to their own countries? Are we consistent in our expectations of ourselves and our colleagues as professionals? How can we promote and sustain the idea of being a professional?

In South Africa, as elsewhere, it must be acknowledged that we live in a rapidly changing world and that as much as we value old professional traditions, these are not fixed in stone. Re-evaluating and reinterpreting our traditions provide the opportunity to respond to the need for constructive change. To achieve this means understanding that the nature of professional autonomy and power is changing (R Crawshaw — unpublished manuscript).[38]

Professional autonomy, which has until recently been dominated by the science and art of medicine, is being transformed by economic and bureaucratic considerations. The science of medicine (rooted in factual knowledge of basic and clinical science and a thinking mode based on logic), coupled with the art of medicine (which involves fulfilling psychological needs and a traditional doctor/patient

relationship characterised by empathy for suffering) have been in reasonable balance in the past. However, in the modern era, economic and bureaucratic considerations are increasingly intruding on decision-making in medicine. There is more concern today about health service budgets and about laws and regulations pertaining to health and the health care professions. The focus is on material means and/or profit in the delivery of health care. Accountants and managers are becoming increasingly influential in making decisions that affect patients and health care professionals (R Crawshaw — unpublished data).[16-20,38]

The nature of professional autonomy and the extent to which professionals have control over what they do are shifting because of changing ideas about what is valued in the practice of medicine. We have to understand how to work with and live with those changes. We must indeed hold on to and fight for the retention of those virtues and values that we cherish, but we must also be prepared to live by these standards. At the same time we must be open-minded enough to accept those criticisms that can be justified from alternative perspectives and work constructively to adapt to new circumstances.[1,2] We cannot go backwards. We have to use the best available scientific evidence with an understanding of the limitations of knowledge and of the pervasiveness of uncertainty — and combine these with defensible professional ethics and respect for good professional judgement.[39]

As professionals we must acknowledge our moral commitment not only to our patients, but also to the common good and the public interest.[21] Professionals must help to sustain and revitalise shared values and goals that underlie common purposes and a democratic way of life. True professionals are not created either by universities or by licensing bodies. They are created by the quality of the human experiences of those who promise to help people in distress. Professionals make a commitment to help other people. That commitment has a long history.[13]

Education and experience are necessary to encourage development of those special virtues. These issues have been thought about deeply by other societies and medical education in South Africa needs to include the broader study of ethics, human rights and the humanities to enhance our understanding of the professional role and its responsibilities.[40]

I share the concern of many that the medical profession and other professions, in South Africa and elsewhere, are to a considerable extent neglecting professional virtues and losing their 'soul'.[40-43] As we become more like an industry so the whole nature of health care changes, in my view adversely; this has long-lasting implications for our society. We need vision and courage to sustain what is vital to professionalism and to forge new and important responsibilities that can supplement those activities in medical education[44] and medical practice[45] that are crucial to the well-being of individuals and society.

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