



Developing Professionalism among Healers: Elephant in the Room

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ABSTRACT

Medical profession is moral enterprise and set of attributes, behavior and values. The New Year provides self-reflection to consider if attributes of professionalism is sagging and need to make it part of medical curriculum for medical students as well as training of health care workers.

Keywords: Medical professionalism; Sagging attributes; Factors

INTRODUCTION

According to existing literature, profession is defined as an occupation whose core element is work, based upon knowledge and skill, governed by code of ethics in service to society. The doctors in daily practice work simultaneously as healers and professionals. The health care professional has supreme value in society as being healers. The ethical attributes of medical professionalism are justice, empathy, honesty, clinical competence, avoidance of conflict of interest and to do no harm. The health care workers exhibiting above mentioned attributes develop good doctor patient relationship with improved clinical outcome. This is essence of medical social contract and clinical competence being its foundation. Universal health coverage determines that quality and clinical competence is key element of life saving health services [1]. What is quality pertaining to medical services? Literature shows that multiple elements are linked for health care quality. These are safety, timely, integrity and same for all. Statistical data reveal that in lower middle-income countries, between 5 million-8 million deaths are attributed due to poor quality services [2]. It should be emphasized that effective emergency management requires rapid assessment by consultant and timely treatment of medical

conditions for instance hypoglycemia, hypotension and sepsis etc., can save thousands of human lives.

Health care is human right. There are 5 fundamental rights to be guaranteed for all humans: Preservation of life, religion, property, personal honor and social mind. Ethical practice and professionalism are required to meet standard for medical practice and training. In UK, all medical schools have responsibility to ensure that the students and trainees are ethically fit to study and eventually “fit for practice” [3]. Clinical negligence is civil claim when loss has occurred as a result that standard of care was not met and it should be detected by expert opinion. Sometimes negligence occurs in complex medical conditions and difficult to detect. Remember that all clinicians make error during lifetime, and it does not necessary make negligence.

Medical profession is art and science and not business, but it is increasingly observed that in certain organizations this value system is replaced by revenue, business, lack of accountability and transparency. There is no one-fit-for-all answer for this issue and my present review aims to present the updated brief account of factors sagging the attributes of medical professionalism.

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HYPOSKILLIA: DEFICIENCY OF CLINICAL SKILL

“Education does not mean learning of facts but train your brain to think” (Einstein).

Some clinicians do not take medical history and reliable medical examination to reach unifying diagnosis; rather they learn to order all kind of tests and procedures. It is certainly due to lack of proper training and teaching of clinical skills for students and trainees [4].

No legacy is richer than honesty. A cross sectional study concluded that paucity of high quality and low-cost health care is due to lack of information among regular patients and the doctors. The researchers compared unnecessary tests and procedures of everyday patient with those of physicians. According to their results it was observed that 35% of physicians and regular patients got unnecessary X-rays even for minor surgeries. About 29% of doctors and 37% of regular patients got unnecessary cesarian section [5].

“Before ordering a test, decide what you will do if it is (1) positive or (2) negative. If both answers are the same, do not take the test.” (Archie Cochrane). For instance, use hands not CT abdomen to detect splenomegaly, use stethoscope not echocardiography to diagnose valvular heart disease or use eyes not blood gases to detect cyanosis.

PHARMACEUTICAL PAYMENTS MAY INFLUENCE CLINICAL DECISION MAKING?

There are change priorities and values in society with general interest in financial benefits and personal gains. To some extent these values may also affect medical professionals.

Recently a review of 36 studies and 101 analyses was carried out and 89 studies concluded that financial payments from pharma companies were associated with increase in prescription of manufacturer drugs [6]. Evidence also shows that even small payment may influence the professional attributes of honesty, behavior and conflict of interest [7]. It was reported that physicians who had direct contact with company salesperson or received drug sampling, had increased in prescribing the promotion drugs [8].

Another research survey revealed that industry-sponsored meals were associated with an increased rate of prescribing the brand-name medication [9]. It was also observed that sometimes these drugs were not needed for treatment of patients.

DOCS BURN OUT: REALLY?

With the emerging awareness of public about rights of patients, there may be continuous workload under tremendous pressure in daily practice. Multiple external factors lead to burn out. Burnout is defined as a syndrome consisting of symptoms related to emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Recently a review

study comprising 16 articles from 9 countries showed that different subthemes of mental wellbeing like depression, stress, disappointment and burn out affected attributes of professionalism [10]. A significant inverse association was found between empathy and burnout. Academic performance was also related to burnout.

During the pandemic of COVID infection worldwide, there had been work related stress among health care workers. In a recent review by M Alamgir (2022), it has been narrated that a population at large had been on ventilator breathing particularly those who were smokers in past and hard ship along with stress of catching infection triggered burn out [11]. Although the medical professionals have implicitly agreed to accept professional obligations as professionals-but they are also as husband, wife, parent and children; mistakenly most people think these obligations as unconditional.

Professionalism requires that the interests of the patient be held above the physician’s own interests. Health care workers cared for patients at risk of transmission of the infection. The COVID-19 pandemic has been one of the periods when altruism and altruistic behaviors are best felt [12].

During the COVID-19 pandemic, burnout is present at higher than previously reported rates among health care professionals. In a study of 2,707 participants from 60 countries it was reported that 51% of health care workers reported burnout and is related to high workload, job stress of catching infection and limited organizational support. Statistical data shows that 50% of US medical students are women and 40% leave or part time [13]. A research paper describes that female physician are about 60% faster burn out than males owing to multiple unique factors like role in childbearing, gender difference, leadership opportunities, workplace harassment and decreased recognition for pay [14].

Another review narrated that rate of psychiatric disorders and substance abuse was significantly more among doctors than general public. The affecting factors were from patients, organizations and peers [15].

NURSING PROFESSIONALISM

Nurses may view their work with concept of obligations and attributes, interactions and role behaviors. The low level of nursing professionalism leads to negative outcomes such as increased turnover and decreased productivity in the work setting. A total of 407 nurses participated in a study 16 with questionnaire for data collection. Results showed that four variables such as experience in years, working shift, having professional identification, and getting medical service were significantly associated with good perceived nursing professionalism [16].

TEACHING AND LEARNING METHODS OF PROFESSIONALISM

Doctor means teacher. Students enter medical school with aim to be good doctor, quality care of patients, and being successful

in the profession. Medical teacher should be well versed with understanding to keep white coat clean, not only with soap and water, but also maintaining attributes of professionalism. It is relatively new and poorly understood subject among young doctors in developing countries [17].

500 students participated in a study to observe the results of teaching professional attributes, it was concluded that robust curriculum with explicit teaching of professionalism uphold and maintained the pre-training values of medical students and brings about a significant improvement in their attitudes pertaining to professionalism [18]. The students recognized role modeling to be the most effective method in developing professionalism. They perceived that teaching strategies based on role modeling, mentoring, faculty development and formal assessment plan can improve the training of professionalism.

DISCUSSION

Below in mentioned a brief reminder of teaching methods of both components.

The first component is cognitive based medical professionalism; it is more than knowledge and should be taught explicitly at all levels. The cognitive base consists of definitions with attributes and social contract with society. Cognitive based consist of lecture to provide framework, small group discussions to explore personal interpretations and problem base learning and case discussion as stimulus for knowledge [19].

The second component of teaching this subject is concerned with long term combination of experience and reflection on experience. All learners should undergo real life or simulated situational experience as this is powerful tool of learning. Then small group discussions involving case vignette, video clips, narratives and role play are also robust method of experiential learning [20].

CONCLUSION

To be healer is privilege and they have chance to earn legacy as role model. There must be vibrant, well-crafted program of teaching professionalism in curriculum of medical schools and to produce graduates that are competent, aware of community needs and well versed with spiritual and ethical values.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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