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CRITICAL ESSAY

Ethics and professionalism in a changing world



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Abstract While medicine is in a fairly constant state of change, the same could be said about the organisation and provision of healthcare, which can lead to conflicting obligations as regard ethics, professionalism and the standards to which clinicians are generally held to account. Additional complexity arises if there is confusion as to what these two domains comprise, and while there is plenty of literature on ethics and professionalism in medicine, much less has been written about the relationship between them. A lay observer could be forgiven for having little sense of where one ends and the other begins. It is also possible that few practicing professionals have pondered specifically on these issues, and not only should it help educators (whose task it is to design, implement and assess programmes and curricula) to have greater clarity on these issues, but it could potentially be of benefit to patients as well.

Ethics and professionalism are not the same, even though they are closely connected. If ethics and professionalism are to become part of the DNA of practicing clinicians, it should be clear to everyone of what the domains comprise, and what the terminology means. This could make a difference in how doctors behave towards each other, and more importantly, towards their patients; attitudes define behaviours, which in turn influence the way in which individual episodes of care are given, so this is far more than simply a question of semantics.

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PALABRAS CLAVE

Ética;
Profesionalismo;
Medicina;
Cultura;
Cuidados de la salud

Ética y profesionalismo en un mundo cambiante

Resumen La medicina se encuentra en un estado constante de cambio, y lo mismo podría decirse de la organización y la prestación de servicios de salud, lo que puede dar lugar a obligaciones contradictorias en cuanto a la ética, el profesionalismo y las normas a las que los clínicos generalmente se enfrentan. La complejidad aumenta si hay confusión en cuanto a lo que comprenden estos 2 dominios, y si bien hay mucha literatura sobre la ética y el profesionalismo en la medicina, menos se ha escrito acerca de la relación entre ellos. Un observador lego podría

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ser perdonado por tener poco conocimiento sobre dónde termina uno y empieza el otro; también es posible que pocos profesionales hayan reflexionado específicamente sobre estos temas, y no solo puede ayudar en el caso de los educadores (cuya tarea es diseñar, implementar y evaluar los programas y planes de estudios) para tener mayor claridad sobre estos temas, sino que potencialmente podría también beneficiar a los pacientes.

La ética y el profesionalismo no son lo mismo, a pesar de que tienen una conexión íntima, y si la ética y el profesionalismo se convertirán en parte del ADN de la práctica de los médicos, debe ser claro para todos los dominios que comprenden y lo que significa la terminología. Esto podría hacer una diferencia en cómo los médicos se comportan el uno hacia el otro, y más importante aún, para con sus pacientes; las actitudes definen el comportamiento, el comportamiento influye la forma en que se dan los episodios individuales de atención, así que esto es mucho más que simplemente una cuestión de semántica.

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Introduction

It is often unclear where ethics ends and where professionalism begins, and this paper questions not only how the concepts are defined, but how they relate to one another in the rapidly changing world of medical practice. One reason why medicine continues to be afforded status as a profession is because it sets standards of conduct and technical expertise that patients and public can reasonably expect to be displayed by a registered doctor. However, not all countries work to the same standards or have fully functional mechanisms in place in order to uphold them.¹ It cannot simply be assumed, therefore, that standards are uniform or that they will apply equally in all different settings, even though one could argue that ethics and professionalism are about higher-level values that are immune from cultural difference and rise above the vagaries of individual healthcare systems.

Discussion

An important feature of professionalism is that it is outward-looking not inward-looking, having nothing to do with the self-serving interests of doctors and everything to do with protecting patients and members of the public.² While public protection and the provision of public service have long been embedded within the concept of professionalism, such concepts risk losing their meaning. Present realities of healthcare delivery mean that increasingly professionalism has less to do with public service, and more to do with meeting targets, even though in a country such as the UK, the tenet of public service is enshrined within a written constitution.³

It is fair to say that without a sense of public service, respect for the profession as a profession may not be entirely justified, since respect must be earned from colleagues and patients before doctors can reasonably expect to be afforded benefits that accrue from attaining professional status (such as higher than average earnings and social status within the community). Ethics and professionalism need

to be relevant to the society in which medicine is being practised, and it is insufficient to rely on broadly defined universal principles unless they connect to the realities of modern practice.

While the connection between ethics and professionalism is close, the terms are not interchangeable. While many attributes of medical ethics pertain directly to professionalism, not everything in ethics is about professional practice, and not all points of professional practice give rise to matters of ethical concern. To avoid circularity, it is worth looking further at these relationships, and interdependence may be the best model to use, whereby ethics and professionalism could be said to comprise two equal but overlapping circles, i.e., being neither separate nor two fully integrated domains. Each has its place and each has relevance to the other.

If the *Encyclopaedia of Bioethics* is right, "the task of ethics (moral philosophy) is to answer systematically a range of questions concerning right and wrong conduct"⁴; while this is a useful description, it is hard to define ethics accurately other than by reference to its application. Similarly, the *Stanford Encyclopaedia of Philosophy* offers no single definition for 'ethics', choosing instead a list of applications, such as 'business ethics, virtue ethics, feminist ethics', and so forth.⁵ Therefore, it is unsafe merely to assume that doctors, patients and the public know what the term 'ethics' means, and above all, it has to be grounded in practice. Professionalism similarly acquires meaning through being applied, and when, where and how the concept is applied also influences *how* it is applied. Unless and until it can be demonstrated that theory translates into practice, each term will have limited relevance to day-to-day clinical practice.

The following may be taken as a working definition of professionalism: "A concept applying to a particular category of persons that includes attitudes and behaviours in and out of the workplace", its opposite being unprofessionalism, which is about "behaviours that fail to conform to normative standards set by an independently regulated profession, such as medicine".⁶ While "as yet there is no overarching conceptual context of medical professionalism that is

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