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"Altruism: Should it be included as an attribute of medical professionalism?"

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Abstract

Problem: Altruism is often included in classical and modern definitions of medical professionalism and some feel that medicine is a vocation where altruism is a pre-requisite. However since the 1970s there have been changes in society affecting the way all professions are viewed. Some high profile medical malpractice cases mean the public no longer perceives the medical profession as infallible. Following the Harold Shipman case, medical educators began to argue that retaining the concept of altruism did a disservice to the medical profession where *"it is the claim of altruism that allows the medical profession to claim moral superiority"*.[1]

Approach: The historical course of medical professionalism was examined looking at changes in the way the profession viewed itself and how doctors were regarded by the public. It drew on the socio-cultural changes of the latter half of the twentieth century as well as the rise in medical malpractice cases to show how these have influenced professional values. Changes to the medical profession following the case of Harold Shipman were highlighted with the current usage of the term altruism by members of the profession.

Outcomes: Arguments both for and against retaining altruism in the definition of medical professionalism were discussed. Ethicists argued that following the moral code of beneficence in the course of medical practice, it was not possible to be altruistic and many feel that receiving a fee for services can never allow for true altruism. There is an argument that working without consideration for one's own well-being may lead to an increase in burn-out in the medical profession.

Next steps: For many, the future of the medical profession lies in abandoning altruism as part of its defining qualities and adopting a new ethical definition of professionalism that fits with the complexities of modern society

Keywords: Altruism; Autonomy; Ethics; Medical education; Professionalism

1. Introduction

The term "altruism" was introduced as an opposite to "egoism" by the nineteenth century French philosopher Auguste Comte as a guide to working in the interests of others.[2] With its sense of service and self-sacrifice, altruism is often thought to be an integral factor of medical professionalism.[3] What distinguishes a

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craftsman from a professional is the latter's "devotion to the public good".[3]

Swick states unequivocally that altruism is a necessary part of the medical profession.

> *"Values such as compassion, altruism, integrity, and trustworthiness are so central to the nature of the physician's work…. that no physician can truly be effective without holding deeply such values".*[4]

However the public's expectations of the medical profession have undergone radical changes in the last fifty years. Medicine is increasingly accountable and patient-centred with doctors subject to commercial drivers and performativity metrics.[5] In addition medical malpractice cases mean that the profession is no longer viewed in the same unquestioning regard.[6] In this light the classic definition of professionalism may appear paternalistic with doctors beginning to question retention of altruism.[2]

This discussion will look at the classic view of medical professionalism and the socio-cultural drivers that necessitate a change in the way the medical profession is viewed including the impact of the medical malpractice cases of the 1990s. It will discuss arguments for retaining altruism as a trait in the definition of medical professionalism and reasons why it may be better to abandon this term. If altruism does not feature then it may be necessary to define medical professionalism using a new ethical code.[7,8]

2. The rise of medical professionalism

Medical professionalism is often defined as having two distinct strands, that of "healer" arising from the time of Hellenic Greece and Hippocrates and that of the "classical professional" arising from the growth of universities and guilds in the Middle Ages, although the two are inevitably closely intertwined.[3] The ascendancy of law and the clergy as classic professions occurred at a similar time and all were characterized by themes of mastery of a body of knowledge, autonomy and self-regulation. In 1915 Abraham Flexner, an American sociologist defined the profession of medicine as experienced at that time,

> *"professions involve essentially intellectual operations with large individual responsibility; they derive their raw material from science and learning; this material they work up to a practical and definite end; they possess an educationally communicable technique; they tend to self-organization; they are becoming increasingly altruistic in motivation".*[9]

Although altruism is mentioned in passing, the Flexner report changed the way medicine and medical education was practised in America and around the world.[10] In the early 20th century medicine became increasingly focused on scientific positivity with a new emphasis on the biomedical model as the gold standard.[10] Many feel this shift to excellence in science led directly to a reduction in the 'professional ethos of caring' from within the profession.[10,11]

However changes in the way the profession was viewed by the public occurred more slowly.[12] The status of doctors rose during the first half of the century and they were given increasing influence over health policy.[11,12] The public had an inherent trust in authority with an assumption from patients that doctors would be altruistic.[12] In return doctors were able to maintain a monopoly over medical practice with an ability to self-regulate under an implicit arrangement termed the *social contract.*[12].

3. Socio-cultural drivers forcing a change

Initially this autonomy was thought to be good for the profession and for society in general.[3] However from the 1970s sociologists began to question and challenge the natural order.[12] They became concerned the social contract was flawed, with doctors acting more frequently in their own interests.[13–15] Friedson argued that the medical profession had become too autonomous and powerful for the good of society and was in urgent need of independent regulation.[13] Others felt that the cultural and economic factors in society created professions that were "commercial, self-serving, and inevitably looked after their own interests".[15] Professions were not able to truly act in the interests of others when this involved commercial transactions and self-regulation.[15] Doctors were also criticised for not looking beyond the individual needs of their patients to the health of society as a whole.[3]

Haug felt a "tipping point" had been reached and observed five social factors calling for a necessary de-professionalization of medicine.[14] These can be adapted to make them more relevant for today's society.

a) Medical knowledge no longer consists of esoterica only available to practitioners of medicine but is readily available to the general public. Medical information aimed at laymen in the form of books and websites have narrowed the knowledge gap between doctor and patient.

b) The general population has become more educated with educated patients more likely to challenge the authority of doctors and demand certain treatments.

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