

FROM THE EDITOR

I Am Proud of Being a Doctor.... I Hope You Are, Too: A Plea to the Future of the Medical Profession

Priya Radhakrishnan, MD

Dr. Radhakrishnan is editor of Forum and can be reached at PRadhakri@dignityhealth.org.

Dear Incoming Interns and Residents:

It's past July 1. You have been welcomed to the "real world of medicine," just having matched into your program if you are an intern. You have tasted the joys and perils of being a manager if you are a new R2 resident. You have started the countdown toward completion of residency if you are an R3 resident.

Interns, you are still awed by the MD or DO on your name tag. Being addressed as "doctor" still feels like the new dress shoes that are not quite broken in.

Senior residents, you are just becoming comfortable running your first code as a second year or conducting your first morning report as a third-year "teacher."

Interns, as you navigate the system, you may soon change the way you address human beings. You will pick up the medical slang; you will learn how to deal with a "crashing" patient, a "drug seeker," a "frequent flier," or a "non-complaint" patient. Mr. Smith has probably become the CHF on bed 2 or the a-fib admitted during the night. Unfortunately, many of you will learn, if not already, not to pick up your phone if the hospital or chief resident's number displays on caller ID or during the night or on a weekend when an unfortunate colleague who is scheduled for call is going into pre-term labor or falls ill with the flu.

Interns, before the word *call* brings about dread or going to clinic and taking care of patients becomes a chore, I would like to share with you the Physician's Charter. Seniors, if you are not aware of the charter, I would greatly appreciate your taking some time to read this.

Amongst all the competencies

defined by the Accreditation Council for Graduate Medical Education, I strongly believe that most important and often most neglected competency in our attempt to make you well-rounded knowledgeable doctors is that of professionalism. For centuries, the public and the medical education community assumed that all physicians were born into this world as consummate professionals. Unfortunately, most of you during your medical school and residency have been exposed to physicians acting out—occasionally similar to *enfant terrible*—in the midst of the nursing station. As a community, we have not always been on the cutting edge of professionalism. We seem to accept and turn a blind eye when one of our tribe does not conform to the high standards expected of our ilk.

The Physician's Charter was developed to ensure that all physicians had the same code of professionalism. It states that "The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. The three fundamental principles below are a guide to understanding physicians' professional responsibilities to individual patients and society as a whole."

- *Primacy of patient welfare.* The principle is based on a dedication to serving the interest of the patient. Altruism contributes to the trust that is central to the physician-patient relationship. Market forces, societal pressures, and administrative exigencies must not compromise this principle.
- *Patient autonomy.* Physicians must have respect for patient

autonomy. Physicians must be honest with their patients and empower them to make informed decisions about their treatment. Patients' decisions about their care must be paramount, as long as those decisions are in keeping with ethical practice and do not lead to demands for inappropriate care.

- *Social justice.* The medical profession must promote justice in the health care system, including the fair distribution of health care resources. Physicians should work actively to eliminate discrimination in health care, whether based on race, gender, socioeconomic status, ethnicity, religion, or any other social category.

The charter goes on to describe a set of professional responsibilities that inform how physicians practice the fundamental principles of the primacy of patient welfare, patient autonomy, and social justice. They are:

- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- Just distribution of finite resources
- Scientific knowledge
- Maintaining trust by managing conflicts of interest
- Professional responsibility

Commitment to professional competence. Physicians must be committed to lifelong learning and be responsible for maintaining the medical knowledge and clinical and

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team skills necessary for the provision of quality health care. In today's world of instant information, it is our responsibility to ensure that we have the most up-to-date information that will help in the care of the patient. This is particularly important when you are in the last hour of call and the patient comes in on Xarelto (rivaroxaban). Take a minute to look it up; it may determine whether the patient lives or dies from a GI bleed or a hemorrhagic stroke. Knowledge is available at the point of care. It is our duty to access it.

Commitment to honesty with patients. Physicians must ensure that patients are completely and honestly informed before they consent to treatment and after treatment has occurred. Physicians should also acknowledge that in health care, medical errors that injure patients do sometimes occur. Whenever patients are injured as a consequence of medical care, patients should be informed promptly because failure to do so seriously compromises patient and societal trust. Reporting and analyzing medical mistakes provide the basis for appropriate prevention and improvement strategies and for appropriate compensation to injured parties. Do not become the X factor—the physician with his/her arms crossed, blaming everyone else for the mistake or covering up the mistake. Patients deserve better. Educate and improve the medical community by acknowledging your mistakes; we will all become better as a result. Do not become defensive during M&Ms. Do not use data and adverse reactions for political gain or one-upmanship; use them to better the community.

Commitment to patient confidentiality. Earning the trust and confi-

dence of patients requires that appropriate confidentiality safeguards be applied to disclosure of patient information. This commitment extends to discussions with persons acting on a patient's behalf when obtaining the patient's own consent is not feasible. In today's world of electronic and digital information, protect your patient's privacy. Do not leave sign out sheets at Starbucks or in your car. Do not look at medical records of patients or people you are not involved in. You will periodically face conflict between disclosure of information and public health. Do not disclose any information however seemingly trivial on social networking sites.

Commitment to maintaining appropriate relations with patients. Given the inherent vulnerability and dependency of patients, certain relationships between physicians and patients must be avoided. In particular, physicians should never exploit patients for any sexual advantage, personal financial gain, or other private purpose. Transparency is required of all physicians.

Commitment to improving quality of care. Be open to rapid cycle innovation. *Occupy* the world of rapid cycle innovation. You are the generation of Facebook, Twitter, and instant access and change. Don't shut a blind eye to things that irk you—be the solution. Don't bemoan the "yet another rule." Be open to new projects and new work flows. Be the change agents that your generation is famous for. Don't be the sticks in the mud that my generation is famous for. Avoid the "w(h)ine and cheese party."

Commitment to improving access to care. Medical professionalism demands that the objective of

all health care systems be the availability of a uniform and adequate standard of care. Do not bury your heads in the sand as many have done before you. Take a stand, and be the advocate your patients need.

Commitment to a just distribution of finite resources. While meeting the needs of individual patients, physicians are required to provide health care that is based on the wise and cost-effective management of limited clinical resources. Do not become the mindless robot who orders daily CBC, CMP, and magnesium every night; use the apparatus between your ears: your brain. "Choose Wisely," which means learning the evidence-based recommendations for testing and therapy and applying them to your patients. Your 30-year-old patient does not deserve to go into bankruptcy court for a \$50,000 hospital admission because you ordered a nuclear stress tests, coronary CT angiogram, a coronary catheterization, and daily labs despite her low pre-test probability of CAD. She needs to be involved in shared decision making to ensure that her health is managed in the best way possible.

Commitment to scientific knowledge. Much of medicine's contract with society is based on the integrity and appropriate use of scientific knowledge and technology. Be honest in research and reporting.

Commitment to maintaining trust by managing conflicts of interest. Medical professionals and their organizations have many opportunities to compromise their professional responsibilities by pursuing private gain or personal advantage. Do not adopt the age-old adage "you scratch my back and I will

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scratch yours.” Do not become the doctor that has the specialists on speed dial. Be aware of your biases, and make sure that you discuss these with your patients and colleagues. There is no such thing as a free lunch.

Commitment to professional responsibilities. As members of a profession, physicians are expected to work collaboratively to maximize patient care, be respectful of one another, and participate in the processes of self-regulation, including remediation and discipline of members who have failed to meet professional standards. We are responsible for ensuring that our colleagues are role

models and capable of practicing the best medicine. Don't turn a blind eye to the colleague who may have issues with mental health or addiction or simply sheer fatigue.

So dear residents, as a physician, you have agreed to stand up and hold your head high and help your patients and your colleagues. As you navigate the complex world of knowledge, stress, flows, and boards, remember the Physician's Charter. The next time the phone rings in the middle of the night, pick it up. A kind word and a helping hand go a long way in ensuring that the science of medicine becomes the art and craft of medicine. We owe it to

ourselves, our community, and our patients to be professional. Set high expectations of yourselves and the community around you.

I am sure that you will love being a doctor as much as I do. I am going on my 11th year, and it's been a wild ride—a tough emotional roller coaster full of surprises. I would not have it any other way.

Thanks for listening.

—Dr. R

Postscript: This article was adapted from Medical Professionalism in the New Millennium: A Physicians' Charter. Lancet 2002; 359:520-2.

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