I would begin with a quote from the Ethics Committee of the New Zealand Medical Association that had this to say about professionalism “Professionalism is the mastery of a complex body of knowledge, hand in hand with an ethical commitment to integrity, morality and altruism. These skills and attitudes are used in the service of others as the basis of a social contract between the medical profession and the community. Society, in return, grants the profession the privilege and the responsibility of self-regulation and autonomy in practice.”

There are any number of studies about professionalism but there is generally accepted a difficulty in defining professionalism well. The best definitions in the medical literature appear to use conceptual parameters rather than trying to provide a concise definition. Interestingly the quote above does appear to encapsulate these parameters. The use of the word altruism as part of the definition does however raise a linguistic argument. The original meaning of the term was “self-sacrifice” and this is not a realistic practical value but this factual meaning is not the same as the meaning attached to altruism by the professionalism movement, where it is used to refer to the “principle of the primacy of patient welfare.”

One of the best studies I came across was that by Hilton and Slotnick who identified three intrinsic and three co-operative or extrinsic attributes of professionalism. The intrinsic attributes were:

1. ethical practice. This reflects the basis of the relationship between patient expectations and professional provision of care.
2. reflection and self-awareness. The knowledge and skills used by doctors is both complex and ever-changing and requires a high level of cognitive reasoning.
3. responsibility/accountability for actions (commitment to excellence/lifelong learning/critical reasoning. Expectations of professionals is high, and sophisticated appreciation of the ethical considerations and factors influencing decision-making is required.

The cooperative or extrinsic attributes were:

4. respect for patients. Understanding their needs, and appreciating their understanding of the doctor’s actions.
5. working with others (teamwork).
6. social responsibility. Through the social contract, doctors have a responsibility to the societies they serve.

In that same article the authors reflect on what they call practical wisdom which is the capability of taking the knowledge and experience accumulated and using it to determine the best way forward at the time an action is required. Consequently, professionalism is a state reached after a prolonged period of learning, instruction and practical experience.

---

1. ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine, Ann Intern Med 2002:136(3) 243-6
2. Jotkowitz et al, Eur J Intern Med 2004:15(1);5-9
It behoves us as a medical profession to ensure that we produce doctors whose professionalism should not need questioning. Traditionally it was thought that the way that professionalism developed was by role-modelling but we know now that it can be taught – and should be an integral part of any undergraduate and postgraduate curriculum. Van Camp and his colleagues in 2006\textsuperscript{4} developed a tool that could be used to both assess the professional behavior of General Practice trainees and then monitor it over time. They were able to identify behaviours that reflected professionalism and created a tool that encompassed four separate parts

1. Professional behaviour toward the patient
2. Professional behaviour toward other professionals
3. Professional behaviour toward the public
4. Professional behaviour toward oneself

Such a tool would be most useful for validating whether what we currently do to both role-model and teach professionalism, is actually producing doctors whose professionalism is implicitly and explicitly acknowledged. Campbell et al in 2007\textsuperscript{5} undertook a study of the extent to which practicing physicians (in the US) agree with and act consistently with norms of professionalism – the results of which reflected that their understanding of professionalism was better than their adoption of it through their behaviours. This may or may not reflect New Zealand behaviour but I am sure we could learn from it.

Professionalism therefore can be defined, albeit with some difficulty, and furthermore can be measured in terms of behaviour, and can be taught through changes in behaviour.

So the question I would ask is –if the medical profession is not seen to be acting with professionalism, who acts to either improve that, or to remove its privileges and responsibilities? We need to be taking up this challenge as a profession or it will be done to us. But one final thought - is it happening in reverse? Are our privileges and responsibilities to be autonomous and self-regulating being eroded away and so there is a subsequent loss of professionalism?

If you are interested in this topic, then make sure you come to the NZMA GPCME South conference which is to be held in Dunedin 16-19\textsuperscript{th} August where there will be a session devoted to professionalism.

\textsuperscript{4} Van de kamp et al, Medical Education (2006), 40: 43-50
\textsuperscript{5} Campbell et al, Annals of Int Med, 2007;147;795-802