

From the Editor

On professionalism

The mark of professional people is that they embody a set of principles. They understand them. They literally stand under them. They are able to remove their own needs and focus their entire attention on what needs to be done, for as long as is necessary, doing it for its own sake, not for any other reason.

(MJ Platt, Lecturer in Manufacturing, University of Cambridge)¹

This engineer's view of professionalism is not far removed from the medical profession's view, articulated by Sir Donald Irvine in his recent Duncan Memorial Lecture.² Engineers developed their civic role through the huge engineering projects of canal and iron bridge construction during the nineteenth century, giving Thomas Telford both the technical and the moral experience which led his young assistant Henry Robinson Palmer to found in 1818 the Institution of Civil Engineers, the first professional engineering body in the world. It was through the practice of civil engineering that 'the competencies of civilised behaviour in the self-developing craftsmen' emerged. The term 'civil engineering' defined 'the moral sphere' in which they worked. It is of the greatest concern now to witness the indictment of professionalism in engineering, with the replacement of professional expertise by business managers so vividly presented in David Hare's recent play, *The permanent way*. The professions of law, medicine and others are equally concerned about the erosion of trust in professional expertise.

The idea of trust, 'now often seen as obsolete, even dangerous, in public and professional life, and particularly dangerous in medical practice', is analysed in detail by Baroness O'Neill in the Samuel Gee Lecture, which we are privileged to publish in this issue.³ Yet it was trust in the professions which gave doctors among others their standing in society. In an editorial in this journal in 1967, the late

Dr Stuart Mason described the doctor as a good citizen with 'a stabilising influence in an uneasy society'.⁴ There is now a notable absence of doctors from civic life, as observed by Professor Eric Thomas, Vice-Chancellor of Bristol University, in his recent Lloyd Roberts Lecture at the College.⁵ The decline of their civic status as professionals has no doubt been accelerated by the new accountability culture, which, in the words of Baroness O'Neill, 'explicitly seeks to marginalise professionalism and professional standards'.³

The causes of the erosion of the professional status in medicine have been much discussed. In examining these issues, our President, Professor Carol Black, has given her own specific description of professionalism for doctors: it means, she says 'mastery of technical knowledge and skills – clinical skills and communication skills – and attitude and behaviour'.⁶ The assault in the present climate is on attitude and behaviour. But why?

Pressures in medical training have led to fragmentation of traditional teams and 'firms' and a consequent decline in apprenticeship. It is not possible to learn competencies from books. A professional attitude and behaviour is acquired from mentors and seniors. Indeed, a German trainee working in this country perceptively described the supportive atmosphere in the UK in which doctors 'strive to be memorable teachers to the next generation'.⁷ We must hold fast to these traditions even as they are eroded by the demands of reduced working hours and shift working patterns. These have led to a decline in continuity of care for patients which also results in a loss of learning opportunities for trainees just when the importance of direct supervision is increasingly recognised. All of these changes are accompanied by new contractual demands to achieve clinical targets, inconceivable in past generations.

Recognition of the problems leads us to seek solutions. Lord Phillips, solicitor and life peer, wrote

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in this journal recently of the pressing need 'to shore up and refurbish professional altruism'.⁸ Baroness O'Neill argues that trust in the independent judgement of professionals, so badly needed in society, might be restored if some professional organisations accepted the necessary changes. This College has already been active in examining these issues, initially by its support for the Medical Professionalism Project.^{9,10} Now it is timely and appropriate that the College will not only present a report on measures to enhance clinical continuity of care, but will also shortly establish a working party to examine ways in which we might restore the values of professionalism in medicine.

References

- 1 Platt MJ. Developing competence and trust: maintaining the heart of a profession. *Prof Ethics* 2003;11:3–18.
- 2 Irvine D. Patient centred professionalism – decision time. Duncan Memorial Lecture, Liverpool, 2003.
- 3 O'Neill O. Accountability, trust and informed consent in medical practice and research. *Clin Med* 2004;4:269–76.
- 4 Mason AS. Editorial. *J R Coll Physicians Lond* 1967;1:339–40.
- 5 Thomas E. The future of clinical research – an outside-in view. *Clin Med* 2004;4:169–72.
- 6 Black CM. Medical professionalism: have we lost it? *Health Services J* 11 Mar 2004; pp27.
- 7 Simmgen M. Why German doctors enjoy British medicine. *Clin Med* 2004;4:57–9.
- 8 Phillips A. Are the liberal professions dead, and if so, does it matter? *Clin Med* 2004;4:7–9.
- 9 Medical Professionalism Project. Medical professionalism in the new millennium: a Physicians' charter. *Clin Med* 2002;2:116–118.
- 10 Alberti G. Professionalism – time for a new look. *Clin Med* 2003;3:91.

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