

Maintaining a professional approach to life

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When I last met Charles walking by the river on an early summer's evening I raised with him the problem of maintaining a professional approach to life, which has been the subject of recent debate. I regret to say that this proved to be our most gloomy conversation so far.

'Charles,' I said, 'there is a lot of talk in the College about maintaining professional standards. How is it to be done?'

'You must be professionals in the old sense of the word,' he replied.

'What do you mean?' I said.

'Well, when I was a child I asked my mother what the difference was between someone who is a professional and someone who isn't. Her reply was that a professional is and a workman does.'

'A neat definition.'

'Yes,' he said, 'but I profoundly believe that professional standards can only be maintained by those who "are". That means that in the same way as an army officer is subject to military law at all times, a doctor has to be the doctor the whole time. The concept of a fundamental separation between professional and private life is fatally flawed.'

'So, we should work 24 hours a day?'

'No, I didn't say that, but the connection between work and play should, in modern jargon, be "seamless". Fixed hours of work are incompatible with a professional life and some form of continuous responsibility is almost a necessity.'

'But that is expecting the impossible of the individual,' I said.

'No, Coe, not if workload is reasonable and he has the opportunity to have, and accepts willingly, a comfortable life; a concept that has almost gone from society.'

'What do you mean?' I asked.

'Well, I mean comfortable in two senses, first financially and secondly in a wider social concept. A professional person should be better off than average so that the occasional unpaid fee would

cause no embarrassment, but equally he should not be driven by ambition for an ever-rising standard of living but accept a comfortable life. Similarly, he should live comfortably without the distraction of the immediate niceties of supporting himself. In other words, he should be able to do his job in comfort and without distraction, integrating it with the rest of his life but still finding time for leisure on his own and with his family.'

'That is a very sexist view,' I said. 'Why shouldn't he be she?'

'It doesn't have to be "he",' he replied, 'There are other ways of providing the security of a comfortable living other than in the traditional family. The traditional, bachelor Oxford don is a good example. And despite her poverty the contemplative nun does not have to disturb her prayer by going out and doing the shopping.'

Having said that, the feminists often forget that some of the privileges of men to which they object were not really those of the male, but of the head of the family and the wage earner, and frequently did not include control of the purse strings. I say this with due respect to the two distinguished lady presidents of your College. Feminists, like all who induce change, must accept that there will be adverse as well as desirable consequences of their revolution. This means recognising them, showing sympathy with those adversely affected, and trying to overcome them. In another context the ex-chairman of the Commission for Racial Equality, Lord Phillips, black but admittedly a man, is quoted as saying that the group he most fears for are young white males.'

'Perhaps,' I said, doubtfully.

But he insisted, 'Previous generations had their reasons for their approach. The destruction of the norm of roles within the family and consequent lack of home stability are major factors in the destruction of professionalism. Exceptional individuals can always overcome these problems but the average person cannot. The pressure to separate work from private life puts a great strain on the truly professional of today and even more so on the young who wish to aspire to a professional life style in the next generation.'

'But surely the changes which you seem to attribute mainly to feminism are not the only causes?'

'Certainly not,' he replied. 'Personal service has become more expensive, and more importantly, less acceptable in the eyes of servant, served and society alike. Remember that an officer with a batman had more time for soldiering than one without. The man and lady of the house are freed to carry out their professional and other obligations.'

'Who sees it that way today?'

'Virtually no-one and that is the problem.' He added, 'I could cite many others for example a comfortable life implies satisfaction of one's pleasures near at hand. A long annual family holiday is fair enough, but the constant demand for short breaks neither reflects, nor predisposes to a peaceful contented home.'

'But other social changes may not have helped?' I suggested.

'I am afraid I come back to the ladies, but one in particular and hardly the typical feminist!'

'A former prime minister?' I ventured.

'Yes, by inducing the cult of the individualism and encouraging the pursuit of financial gain for its own sake, she and her government must take a large share of responsibility, They also did something with a more subtle effect.'

'What was that?'

'Discouraging the culture of learning for its own sake.'

'How's that relevant?'

'It cultivates the attitude that there is no such thing as learning in the same sense as her notorious phrase "there is no such thing as society," not accepting that the abstract or metaphysical may have an existence, an ethic and a tradition that transcends its physical components.'

'How's that relevant?' I asked.

'Well, similarly there can be no such thing as the profession of medicine to generate an ethic to strive for perfection from within. Instead outside control is demanded.'

""Transparency""!

'How I dislike that word! Yes, as was pointed out in last year's Reith Lectures, the perceived need for tight supervision and audit, by assuming wrongdoing in its absence, makes the quest for "transparency" create rather than alleviate mistrust. Furthermore the traditional method of ensuring the quality of professional service is diminishing.'

'And what's that?' I asked.

'Professional services are essentially personal. Despite what I said about greed for more money, the direct payment of fees by the client to the practitioner is the natural method of recompense.'

'But the cardinal principle of the NHS is to the contrary!' I replied, somewhat taken aback. 'Are you against the NHS?'

'No,' He replied. 'But many, perhaps more successful, foreign state systems do retain some form of patient to doctor fee, even if it is reimbursed. The NHS too must accept its adverse consequences and that's not all, remember Bob H.'

'Yes, I always thought him a sensible chap until he refused to join the Junior Hospital Doctor's Association that I was promoting in the sixties.'

'Can you remember why he didn't join?'

'It seemed mad at the time, but it was because they supported free compulsory residence and fixed working hours! Looking back perhaps it was because he saw that the writing was on the wall.'

'Absolutely!'

'And then there was the department's insistence that in the new hospitals in the sixties and seventies there should be no separate mess facilities for doctors!'

'Coe, you have got the thrust!'

'So you see no hope for the future?'

'I am afraid not,' he replied. 'Unless social trends are altered professionalism will die and we have no choice but to accept the alternative of close supervision and tight audit.'

Knowing that I intended to submit this conversation to the editor, we rehearsed these arguments at a dinner to which he had invited me at his old College. We were sitting with a medical student called Stephen who listened intently, and did not seem entirely convinced, so I concluded, 'So there is no hope, Charles, but what do you think Stephen?'

Stephen replied, 'I find your social arguments old-fashioned; what matters is autonomy!'

'Agreed, but the times are against you in this respect as well. Much of what I said also applies to autonomy,' said Charles. He followed, 'Do you mean autonomy of the profession or the doctor?'

‘Both,’ Stephen replied.

‘The first demands independence and contrary to the trends that I have noted, full recognition of the profession as a profession, in particular true self-regulation with a GMC leavened and not dominated by the lay membership.’

‘And autonomy of the individual.’

‘When not fee-earning but a dependent salaried employee, a professional’s remuneration should be as detached as far as possible from his immediate responsibilities. This was well-satisfied when the Health Service started but successive contract changes have progressively brought them closer.’ Charles replied and added, ‘Once the patient is accepted for treatment, there must be clinical independence from the management which provides resources and so rightly sets priorities.’

‘Less and less realistic,’ I said.

‘Quite,’ he replied, ‘with external control at both the professional and individual level, every effort should be made to reduce the impact of audit on mistrust. Most important is to accept that confidentiality must be respected because global audit must always suggest more apparent than real bad performance. This is essential if the future health service is to be of high standard and provided by content, albeit non-professional and non-autonomous staff.’

I know Charles was extremely embarrassed lest, despite the sincerity of his position, what he said might be misinterpreted as not recognising the virtue of having women within the medical profession.

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