

Medical professionalism – who cares?

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ABSTRACT – Who cares about medical professionalism? It seems doctors, patients and, surprisingly, the media do. The relevance of medical professionalism for these three groups is examined from the journalist's/patient's point of view. The report and findings of the Royal College of Physicians Working Party on Medical Professionalism is discussed. In conclusion there is a synopsis of recommendations and future action required by individuals from all three groups to enable progress to be made in this important area of communication.

KEY WORDS: communication, ethics, media, medical professionalism, patients

When I had my first pregnancy test, I provided a urine sample and an unlucky toad was immersed in it. The toad ovulated and, 40 years on, my daughter laughs as she hears how her arrival was heralded. If this sounds like the black arts and witchcraft, I can only say that it was then the standard pregnancy test and was used in a leading teaching hospital. My daughters can buy a pregnancy test at Boots in their lunch hour. How far we have travelled in such a short space of time.

Whilst some of our expectations of, and attitudes to, medicine may have changed over the years, our expectation of a good doctor has not. We define a good doctor as someone we can trust, someone who knows what he/she is doing, someone who has good clinical skills and judgement, who will help to make and keep us well and with whom we can establish a relationship of mutual respect.

The Royal College of Physicians Working Party on Medical Professionalism

When I was invited to join the Royal College of Physicians (RCP) Working Party on Medical Professionalism I was unaware of the fascinating journey that lay ahead. I was co-opted from the RCP Patient and Carer Network with two hats – one as a patient and the other as a journalist. For most of my working life I was a broadcaster and television producer at the BBC and have made documentaries and features, amongst others for *Horizon* and *Newsnight*, on medical research, cerebellar ataxia, MRSA, breast cancer and HIV. I am unashamedly a

champion of improving communication, demystifying the media and helping to forge partnerships between professionals and the media.

The 18 members of the RCP Working Party gathered in Autumn 2004 under the chairmanship of Baroness Cumberlege and began to look at the question, 'What do we understand by the concept of medical professionalism today and what are its hallmarks?' In the months that followed, we had a series of oral evidence-gathering sessions from witnesses who, as well as from medicine, came from patient groups, the law, nursing, the church, economics, business and the Department of Health. In addition, we had over 100 written responses to a set of questions²; we convened focus groups, held seminars and a workshop in Cambridge, took soundings from RCP Fellows and Members and listened keenly to a broad range of medical and lay opinions.

Do we care about medical professionalism?

In December 2005, following months of reading reports and papers, listening, taking evidence, examining and debating, the report, *Doctors in society*, was published.¹ It defined medical professionalism in the 21st century:

Medical professionalism signifies a set of values, behaviours, and relationships that underpins the trust the public has in doctors

and documented that the evidence we had examined showed an overwhelming desire to put medical professionalism back on the political map of health service provision in the UK. It was clear that medical professionalism – often known by other names – was already held dear by many in and around the profession. Medical professionalism, it appears, is not only very much alive and kicking, but above all it is valued.

The responses from doctors and, reassuringly, from young trainees clearly showed that medical professionalism is about commitment to values which include integrity, compassion and continuing improvement. And, of course, it is about relationships with patients.

From wider evidence it is apparent that society values medical professionalism (and the excellence that flows from it), and this is the basis for the moral contract between the doctor and the patient.

Although patients may not recognise the term ‘medical professionalism’, they certainly know what it means to have a ‘good doctor’ treating them – and value him or her accordingly.

Ironically, it is also valued by the media. Journalists, however, have expectations of the medical profession and if standards appear to slip the media have a field day.

Recommendations

Following publication of the Report, in the early part of 2006, we are now rolling out the recommendations and engaging further with the individuals and organisations who contributed to our work. These recommendations identified opportunities and ways for organisations and individual doctors to respond, and already there is much positive action on this front.

Patients now see the opportunity to be partners in this work. So often we hear of patients’ rights but not of patients’ responsibilities. At an everyday level, a patient’s responsibility could be as simple as turning up for a hospital appointment. Patients need and want to play their part in the next stage. As the patient representative on the Working Party, I am encouraged by the interest and involvement that is being shown by College patient networks and patient groups.

Patients are often silent, but supportive, participants in medicine – the noisy obstreperous ones are usually the minority. Doctors need to see the benefits of engaging more with the goodwill of this silent majority. At one level it is about educating patients. We have come a long way since the toads and the pregnancy test and it is exhilarating to remind ourselves how far we have travelled as a society in the provision of healthcare over the last 25 years. Patients who would previously have died now expect to live. They demand to live. They want the latest technology and when it is not available or things go wrong they blame the nearest person – often the doctor. It is imperative that patients’ increasing expectations are harnessed, whether they concern waiting times or drug rationing, in the formulation of a constructive response to the problems which surround efforts to improve healthcare provision. At the same time, there is a need for patients to be reminded how much clinical excellence and medical professionalism are integral to their healthcare. If this means that doctors have to find new ways of communicating more effectively with their patients, then they will need to do so.

Informed patients also have a responsibility to address negative stories if they are unfair, and to be prepared to engage with the media alongside the medical profession and tell the story as they have experienced it. Patients have both good and bad experiences and it is sobering to reflect that continually knocking the medical profession is not a harmless sport to either party.

Patients need to appreciate that medical professionalism not only drives doctors but probably lies at the heart of why they became doctors in the first place. Doctors and patients need to understand the enormous social changes that society is going through and this has to be factored into expectations. Together, we have a responsibility to understand the constraints imposed by this changing society, but this can only happen if we are able to communicate with each other in an honest and open way.

This will help patients to understand courses of action in a broader context than their own. A doctor taking time to make sure that a patient feels involved in decision making may prevent critical reactions and media involvement. In this process a new supportive partnership between the medical profession and patients can flourish. The silent supportive majority can thus be motivated. Patients and doctors need to recognise, ‘We are in this together’. A partnership of this kind can only have benefits for the patient, the medical practitioner and for society’s view of medicine generally.

From the evidence submitted it is clear that there is both fear of, and often contempt for, the media. It is true that journalists can behave badly, just like patients and, may I say, doctors, but most journalists worth their salt are committed to seeking truth and at the same time producing a good story that will make headlines (with their name attached). A good story gets them air time or sells newspapers. Fame keeps their name in the frame and the money pays their mortgage. A good crisis story of death, doom, destruction and ineptitude may be leapt on by journalists but there is also a market for other stories that carry a much more positive message. Journalists need help to find these exclusive and positive stories. Sometimes it is possible to turn the doom-laden headline into something that is more considered and constructive. This may require an uncomfortable mix of courage and openness.

Newsworthy stories with the addition of people (patients) are like gold dust to journalists. But, equally, forging relationships with professional journalists of integrity is money in the bank for the doctor. As a broadcaster, I have over the years made complex ideas into excellent programmes with the invaluable assistance and trust of some very helpful and eminent doctors. It works both ways round. A journalist knows that a good working relationship with an enthusiastic doctor is invaluable and impeccable medical contacts need to be looked after. For the medical profession the furthering of these relationships can offer more than a sound bite.

A quality that many of our witnesses identified as being most needed was leadership in the medical profession. But how are we to know who the medical leaders are if they are not visibly seen to be leading? The profession needs strong role models who are prepared to lead from the front, doctors who are prepared to stand up for the profession often under pressure and maybe in a crisis; doctors who take pride in their work, their colleagues and the medical professionalism that drives them; doctors who are willing to reassure the patients they serve. This is where doctors can work with and use the media to achieve these ends. I encourage doctors to be more courageous.

Conclusion

I submit that this RCP professionalism report¹ is one small step along this journey. It is time for members of the profession to take pride in the high standards that are implicit in medical professionalism and to make their voices heard.

The report’s recommendations offer organisations and colleges an opportunity for significant policy change. For

individual doctors it offers an opportunity to catalyse that change. Here are some suggestions to make a start:

- Recognise that the media and doctors are often locked into unnecessary stereotypes.
- Engage with and develop relationships with journalists at both a local and national level.
- Recognise when you are on the back foot and go onto the front foot. Alder Hay, for example, was an excellent opportunity to inform the general public about the complex demands on the pathology service.
- Turn negative stories into positive ones.
- Work with patients to achieve this.

Medical professionalism is alive and kicking. Patients want it. Doctors value it. The media respect it. With a strong partnership between doctors, patients and the media we can ensure that, unlike the toad, it has strong legs and runs.

References

- 1 Royal College of Physicians. *Doctors in society: medical professionalism in a changing world*. Report of a working party. London: RCP, 2005.
- 2 Royal College of Physicians. *Doctors in society: medical professionalism in a changing world*. Technical supplement to a report of a Working Party of the Royal College of Physicians of London. London: RCP, 2005. www.rcplondon.ac.uk/pubs/books/docinsoc