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"Altruism: Should it be included as an attribute of medical professionalism?"

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Abstract

Problem: Altruism is often included in classical and modern definitions of medical professionalism and some feel that medicine is a vocation where altruism is a pre-requisite. However since the 1970s there have been changes in society affecting the way all professions are viewed. Some high profile medical malpractice cases mean the public no longer perceives the medical profession as infallible. Following the Harold Shipman case, medical educators began to argue that retaining the concept of altruism did a disservice to the medical profession where *"it is the claim of altruism that allows the medical profession to claim moral superiority"*.[1]

Approach: The historical course of medical professionalism was examined looking at changes in the way the profession viewed itself and how doctors were regarded by the public. It drew on the socio-cultural changes of the latter half of the twentieth century as well as the rise in medical malpractice cases to show how these have influenced professional values. Changes to the medical profession following the case of Harold Shipman were highlighted with the current usage of the term altruism by members of the profession.

Outcomes: Arguments both for and against retaining altruism in the definition of medical professionalism were discussed. Ethicists argued that following the moral code of beneficence in the course of medical practice, it was not possible to be altruistic and many feel that receiving a fee for services can never allow for true altruism. There is an argument that working without consideration for one's own well-being may lead to an increase in burn-out in the medical profession.

Next steps: For many, the future of the medical profession lies in abandoning altruism as part of its defining qualities and adopting a new ethical definition of professionalism that fits with the complexities of modern society

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1. Introduction

The term "altruism" was introduced as an opposite to "egoism" by the nineteenth century French philosopher Auguste Comte as a guide to working in the interests of others.[2] With its sense of service and self-sacrifice, altruism is often thought to be an integral factor of medical professionalism.[3] What distinguishes a

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craftsman from a professional is the latter's "devotion to the public good".[3]

Swick states unequivocally that altruism is a necessary part of the medical profession.

> *"Values such as compassion, altruism, integrity, and trustworthiness are so central to the nature of the physician's work…. that no physician can truly be effective without holding deeply such values".*[4]

However the public's expectations of the medical profession have undergone radical changes in the last fifty years. Medicine is increasingly accountable and patient-centred with doctors subject to commercial drivers and performativity metrics.[5] In addition medical malpractice cases mean that the profession is no longer viewed in the same unquestioning regard.[6] In this light the classic definition of professionalism may appear paternalistic with doctors beginning to question retention of altruism.[2]

This discussion will look at the classic view of medical professionalism and the socio-cultural drivers that necessitate a change in the way the medical profession is viewed including the impact of the medical malpractice cases of the 1990s. It will discuss arguments for retaining altruism as a trait in the definition of medical professionalism and reasons why it may be better to abandon this term. If altruism does not feature then it may be necessary to define medical professionalism using a new ethical code.[7,8]

2. The rise of medical professionalism

Medical professionalism is often defined as having two distinct strands, that of "healer" arising from the time of Hellenic Greece and Hippocrates and that of the "classical professional" arising from the growth of universities and guilds in the Middle Ages, although the two are inevitably closely intertwined.[3] The ascendancy of law and the clergy as classic professions occurred at a similar time and all were characterized by themes of mastery of a body of knowledge, autonomy and self-regulation. In 1915 Abraham Flexner, an American sociologist defined the profession of medicine as experienced at that time,

> *"professions involve essentially intellectual operations with large individual responsibility; they derive their raw material from science and learning; this material they work up to a practical and definite end; they possess an educationally communicable technique; they tend to self-organization; they are becoming increasingly altruistic in motivation".*[9]

Although altruism is mentioned in passing, the Flexner report changed the way medicine and medical education was practised in America and around the world.[10] In the early 20th century medicine became increasingly focused on scientific positivity with a new emphasis on the biomedical model as the gold standard.[10] Many feel this shift to excellence in science led directly to a reduction in the 'professional ethos of caring' from within the profession.[10,11]

However changes in the way the profession was viewed by the public occurred more slowly.[12] The status of doctors rose during the first half of the century and they were given increasing influence over health policy.[11,12] The public had an inherent trust in authority with an assumption from patients that doctors would be altruistic.[12] In return doctors were able to maintain a monopoly over medical practice with an ability to self-regulate under an implicit arrangement termed the *social contract.*[12].

3. Socio-cultural drivers forcing a change

Initially this autonomy was thought to be good for the profession and for society in general.[3] However from the 1970s sociologists began to question and challenge the natural order.[12] They became concerned the social contract was flawed, with doctors acting more frequently in their own interests.[13–15] Friedson argued that the medical profession had become too autonomous and powerful for the good of society and was in urgent need of independent regulation.[13] Others felt that the cultural and economic factors in society created professions that were "commercial, self-serving, and inevitably looked after their own interests".[15] Professions were not able to truly act in the interests of others when this involved commercial transactions and self-regulation.[15] Doctors were also criticised for not looking beyond the individual needs of their patients to the health of society as a whole.[3]

Haug felt a "tipping point" had been reached and observed five social factors calling for a necessary de-professionalization of medicine.[14] These can be adapted to make them more relevant for today's society.

a) Medical knowledge no longer consists of esoterica only available to practitioners of medicine but is readily available to the general public. Medical information aimed at laymen in the form of books and websites have narrowed the knowledge gap between doctor and patient.

b) The general population has become more educated with educated patients more likely to challenge the authority of doctors and demand certain treatments.

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c) Medicine is becoming increasing sub-specialized and it is not possible to rely on the knowledge of any one doctor. Doctors need to consult other doctors and often technical experts to make diagnoses so reducing their absolute autonomy.

d) There is a realization that the knowledge of doctors is fallible with patients losing faith in the supremacy of medical knowledge to provide all cures. This has led to an increase in alternative medical practitioners and self-help groups.

e) There has been a vast increase in medical costs with the public requiring greater accountability from doctors in how NHS funds are spent. This has led to an increased emphasis on performativity in medicine with the advent of NHS managers controlling hospital budgets and waiting lists in hospital medicine. This emphasis on performativity is one of the elements that weakens the principles of autonomy as the physician becomes a regulated professional.[5]

Many of these changes in performativity can be summed up by a letter entitled "Epitaph of Profession" written by Don Berwick to his elderly, doctor father,

> *"The assumption of technical mastery weakened as evidence grew of tremendous, unexplained variation in the patterns of practice, evidence that came with our new data systems. You never knew that Dr Harwich ordered X-rays three times as often as you did. Dr Harwich didn't know either. Now, you both know, or can know, and so can the insurance company that pays you. And, frankly, so can the newspapers. Your private work space is now flooded with glaring light"* p130.[16]

4. Medical malpractice cases

In recent times medical malpractice cases have had a lasting impact on the way the medical profession is viewed. High profile investigations of poor performance in the medical profession such as the Bristol enquiry into childhood deaths and the investigation into harvested organs at the Alder Hey hospital have reduced the public's trust in the medical profession.[6]

The scandal causing the biggest impact was that of Harold Shipman, the general practitioner convicted in 1998 for murdering up to 250 of his patients.[17] This seriously challenged the view that the doctors are altruistic and acting only in their patients' interest and there were concerns that the public enquiry would drastically limit the autonomy of the medical profession.[6] The results when published were less damaging than feared although there were a number of recommendations designed to make the GMC more accountable including introduction of revalidation and lay members on fitness to practise panels.[17]

4.1. Medical profession regroups post-Shipman

Following Shipman the medical profession was shaken and a supplement in The Lancet asked the bleak question,

> *'Medicine in the UK after Shipman: Has "all changed, changed utterly"?'*[18]

Doctors were confused, trying to define what was meant by medical professionalism but finding it difficult to agree on a definition.[1,6,19] The King's Fund called for doctors to reconsider their attitudes and produce a definition more suited to a complex world,

> *"The traditional image of doctors is of selfless individuals prepared to 'go the extra mile' for their patients at all hours of the day or night. But the medical profession should ask itself how far this image remains relevant in today's conditions?"* p. 12–13.[6]

The King's Fund also had some discomfort with the use of the term altruism in the background of increased regulation,

> *"An increasingly complex system for ensuring accountability can undermine the professionalism it is supposed to safeguard. Doctors may feel less inclined to behave altruistically if they are excessively scrutinised".*[6]

The working party of the Royal College of Physicians (RCP) heard evidence from a wide variety of doctors and patients to produce a definition of medical professionalism.[1] Altruism was one of the most hotly contested areas of debate,

> *"It is the claim of altruism that allows the medical profession to claim moral superiority. 'I am a doctor, therefore, I am good'. Certainty of goodness leads to complacency and worse".*[1]

Some medical members of the working party wanted to dispense with the term altruism but were eventually persuaded to retain it by the lay members of the team.[1]

Around this time there were calls to formally teach professionalism to medical students.[19,20] Many medical educators were keen to retain the concept of altruism in their new definitions of medical professionalism.[4,19] However some were reluctant to use the term altruism since they felt "subjugating" oneself was in conflict

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with maintaining a healthy work life balance.[20] They replaced altruism with "balance availability to others with care for oneself".

One explanation for these discrepancies is the variable definition of altruism. The Oxford dictionary defines altruism as "the practice of disinterested and selfless concern for the well-being of others". However many studies use the somewhat gentler definition of "unselfish caring for others".[21] This involves the traits of compassion and empathy to which most doctors would readily subscribe.

Indeed one study surveying views on altruism in 180 doctors and students in the UK found the most popular definition (54%) was "To engage in any activity that will alleviate the suffering of needy patients." Unsurprisingly with this definition only 11% of the sample disagreed with the statement, "altruism is the mark of a true professional".[21] Another survey of medical trainees linked to a RCP working party found that 69% of 2175 medical trainees agreed or strongly agreed with the statement "medical practice requires altruism" although the term altruism was not defined.[22]

5. Arguments for retaining altruism

There is a clear disagreement regarding retention of the term altruism as a part of medical professionalism. For those in favour, there is a sense that they are clinging onto this concept as a standard to boost the somewhat flagging medical profession.[23] In the post-Shipman era, if we can show that we are altruistic then we are worthy of professional status and do not deserve the disapprobation from the public. Surveys of doctors in training seem to show support for the term altruism, although the definition often remains uncertain.[21,22] As we are driven by the government and hospital managers into a world of performativity then retaining altruism can ensure we are morally superior and aspiring to higher ideals than a mere occupation.

There is also a sense that altruism is part of the gender debate in medicine. Medicine is becoming increasingly feminized and more than 60% of medical students in the UK were female in 2006.[24] Altruism has traditionally been a female trait associated with caring professions such as nursing.[25] Those that want to retain the term of altruism may be keen to highlight this female caring attitude.

6. Arguments against retaining altruism

However the arguments against retaining altruism in the definition of medical professionalism appear more compelling. Aspiring to altruism may encourage us to inhabit a moral high ground that we cannot maintain in the long term. As we put ourselves on a pedestal we have even farther to fall when the next medical scandal hits the media. Others feel that the retention of altruism is a form of 'nostalgic professionalism' trying to return to a time of old and could be seen by new graduates as 'patronizing, old-fashioned, outdated, and unhealthy'.[26]

The aspect of a commercial transaction forms another argument against altruism.[14] Many people feel that it is not possible to be truly altruistic if you are receiving something in exchange and even the "feel-good factor" people gain from doing good work is a type of "reciprocal altruism".[27] Most doctors, whilst not the richest in society, earn a reasonable standard of living from medicine. It is difficult to argue we are acting unselfishly while having a better standard of living than many of our patients.[23] Private medicine is even harder to equate to altruism as doctors order tests that they know will be paid for by their (insured) patients.[1]

> "*A private doctor carrying out cosmetic surgery is a businessman selling a product and no more altruistic than, say, Giorgio Armani or Estée Lauder*".p. 20.[1]

There are also arguments that altruism through its emphasis on self-sacrifice may lead to doctor burnout.[20] The amended Hippocratic Oath recited by the Yale graduating students in 2011 recognizes this fact,

> *"I know that I cannot effectively care for patients without also caring for myself. I will maintain perspective by seeking wellness, balance, and happiness in my own life, both within and outside my career".*[28]

Doctors are an expensive resource and as they act unselfishly to care for their patients without regard for their own health then they may put the NHS workforce at risk. Many doctors leave the profession due to ill health with 15–20% suffering mental health problems and suicide risk is more than 1.5 times that of the general population.[29]

Some doctors have also put forward an ethical argument against altruism. They argue that a doctor has a duty of beneficence to the patient they are treating and that altruism is supererogatory and applies to the population as a whole.

> *"Physicians are not and cannot be altruistic in their daily encounters with patients precisely because they are acting within a professional relationship,*

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and professionalism entails obligations to specific others, in particular, their patients" p168.[2]

Downie goes even further to suggest the medical profession should not explain its tasks as the moral duty of beneficence but simply as a "job description". He argues strongly against altruism and states that the post-Shipman media campaign is largely due to "doctors' high opinion of themselves".[23] Altruism is suggested as an optional choice for some doctors, for example those volunteering for charity work since they are then acting outside their professional obligations. This is in accordance with others' views that altruism is not necessarily a requisite or daily part of medical practice but something that doctors may do on occasions.[21]

7. Modern ethical definition of professionalism

However if the medical profession is to retain its respect from the public it is necessary for a new definition suitable for the modern world. Berwick continuing in the open letter to his father states,

"Rescue… lies in the reinvention of professionalism in a world on new terms of engagement" p130.[16]

One possible way to consider the medical profession is in the terms of modern ethical professionalism.[7,8] This defines a code of behaviour that is less positivistic and allows for uncertainty and ethical sensitivity. Many people feel our world is "complex" so we are not able to define our working life with the certainties of a positivistic definition and ethical code.[5] In such a system it may be better to embrace the new principles of ethical literacy. Modern ethical professionalism defines five principles more in tune with the modern age.[7] These are the ethic of *provisionality*, the ethic of *truth searching*, the ethic of *reflective integrity*, the ethic of *humility* and the ethic of *humanistic education.*[7]

When looking at medicine, these ethics are often more acceptable than those currently used and fit better with the practice of patient-centred medicine. They allow an open discussion with the patient, admitting where the doctor does not know the answer or has made errors. The doctor can reflect on their practice and perform flexibly, changing the response to different situations.

All these points apply equally well to medical education where being student-centred often equates to being patient-centred. Rather than being given moral absolutes students can be encouraged to develop ethical literacy and respond appropriately to differing situations. Since doctors are no longer on a pedestal the students have a choice to search out their own guiding role models. These ethics are markedly different and encompass discourses of uncertainty, unpredictability and an ability to learn from our mistakes. In this new definition of professionalism, altruism seems out of place and may be an unrealistic expectation for doctors.

8. Conclusion

Many doctors and patients are keen to retain the term altruism in the definition of medical professionalism however in the modern post-Shipman world this term can seem anachronistic. By trying to uphold the trait of altruism the medical profession is harking back to an earlier time when doctors held more autonomy and a greater degree of respect from the public. Stressing these higher ideals means doctors are more liable to criticism for failing to achieve the public's expectations.[21]

Altruism with its connotations of sacrifice and serving others without thought for oneself is unrealistic in the 21st century. Whilst empathy is a desirable quality in a doctor, altruism is asking for ideals beyond which most doctors are capable of delivering. It is as outdated as mastery and autonomy and should be put aside to allow for a revised definition of professionalism.

Replacing altruism with the ideals of ethical professionalism may allow doctors to be better practitioners and people. Doctors should remain patient-centred, compassionate and caring but true altruism as defined by the Oxford Dictionary does not have a place in the definition of professionalism.

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