Commitment to Professionalism

Guide articulates values, principles of practice

A new guide developed by the College uses a principled framework to articulate the unique relationship that binds physicians to their patients, and the profession to society.

The Practice Guide: Medical Professionalism and College Policies articulates the values and principles that provide the foundation for good medical practice. The Guide explains how key values – compassion, service, altruism, trustworthiness – drive the principles of practice which enable the profession to provide the best quality care to their patients.

In developing this Guide, the College has recognized the emergence of an explicit culture of medical professionalism, said Dr. Jeff Turnbull, president of the College and chair of the working group which developed the Guide.

"Physicians are confronted by resource restraints and challenges that can make it harder to deliver quality care to patients. It is under these circumstances that affirming the fundamental values of medial professionalism becomes all the more important," said Dr. Turnbull.

Dr. John Watts, chair of the College's Education Committee, said that making explicit the values that underlie the practice of medicine is one of the most important recent actions that the College has taken. "It is an important step in moving towards a philosophy of promoting and enhancing

what physicians do well (what the vast majority do, most of the time) rather than concentrating on punishing what is done poorly," he said.

The Guide doesn't set out any new expectations for physicians. The values, principles and duties set out in the Guide are intended to provide broad guidance to the profession, rather than describe specific standards for practice or create legal obligations. Physicians are encouraged to refer to the relevant College policies that are organized within this framework for more specific guidance.

Dr. Turnbull acknowledged that translating the Guide's values, and principles into action in the course of running a busy practice can be difficult. Yet, he says, the Guide's ideals are not unattainable; in fact, most physicians demonstrate that commitment to excellence every day.

Comments from consultation

"In totality, I think this is an extremely progressive step and will be of enormous benefit to the profession as a whole."
- Hospital Chief of Staff.

"It will prove to be most helpful for all of us, whether just beginning to practise or those much more experienced."
- Hospital Chief of Staff

"It has been well received and was felt to reflect the goals that physicians would like to aspire to ... I'm sure it'll be useful as a teaching aid, reference for institutions in defining physician behaviour and is appropriate to have in the public domain."
- Hospital Chief of Staff

"[It] does an excellent job of organizing existing College policies around a set of overarching principles and values."
- Hospital Chief of Staff

"Our opinion is that the values, principles and duties set out in this guide reflect family practice issues of relevance."
- The College of Family Physicians of Canada

"It nicely "packages" most relevant policies from the CPSO and the principles behind them. As a postgraduate program director in family medicine, this is a good resource for teaching."
- Assistant Professor

Medical professionalism, he said, is demonstrated every time a physician discusses a difficult issue with a patient openly and honestly or seeks to supplement his or her clinical knowledge by participating in continuing professional development.

Many took the opportunity to commend the Guide as a teaching tool for students.

The Guide is the result of intense consultation with physicians' groups, members of the profession and the public. The majority of the respondents – including the College of Family Physicians of Canada – commented favorably on the draft Guide. Most respondents indicated that the values of compassion, service, altruism and trustworthiness were appropriate and are reflective of medical practice today.

The format of the Guide was also widely endorsed. In organizing the policies around the set of values, respondents said the regulatory guidance is made more accessible and relevant.

Many took the opportunity to commend the Guide as a teaching tool for students. Dr. Watts said he sees the Practice Guide as a natural fit for the medical school curriculum.

"I believe that the Guide is an extremely important contribution to the education of both undergraduate and postgraduate students. Almost all medical schools have recognized the importance of the development of professional values, attitudes and behaviours in their students and have established programs and courses to meet this need. The Guide will be an important resource for teachers, students and curriculum planners," he said.

The College made a number of improvements based on the feedback generated by the draft. For example, respondents asserted that the Guide needed to recognize tensions between excessive demands on physicians and physician altruism. The Guide maintains that when providing care to a patient, the physician should always put the patient first, but now explicitly acknowledges the need for a healthy, balanced life. Specifically, physicians should not sacrifice their health or other important aspects of their life for their patients, states the Guide.

The Guide's continued relevance demands that it be a living document; responsive enough to reflect a changing

environment. So while values and principles are not likely to change, it is possible – even likely – that specific duties will.

"Eventually, we will want this Guide to be used as the definitive resource for medical students, physicians and members of the public seeking guidance about the expectations for members," said Dr. Turnbull. A physician who wanted to know more about patient confidentiality, for example, would use the guide to explore legislative obligations, College guidance and any related by-laws and regulations on confidentiality. And in the next phase of the project, case studies and other tools will be used to illustrate how those obligations apply in day-to-day medical practice.

The Guide is currently available on the College's website at www.cpso.on.ca under What's New.

Leaders in education of medical professionalism discuss the social contract between medicine and society

For the past 10 years, Drs. Richard and Sylvia Cruess have been leaders in the education of medical professionalism. Dr. Richard Cruess is a former Dean of McGill University's Faculty of Medicine and an orthopedic surgeon. Dr. Sylvia Cruess is an endocrinologist.

Several years ago, they contributed to an international physicians' charter which was drafted in an attempt to recoup aspects of professionalism that doctors have lost in the wake of growing government and private-sector control over medicine.

The document, entitled *Charter on Medical Professionalism*, addressed issues ranging from the primacy of patient welfare to the just distribution of finite resources and the disclosure of errors.

You have said the physician is both a healer and a professional. Could you define the characteristics of each role?

The role of the healer has been a part of society since before recorded history. Society has always required individuals to minister to them when they are ill. The characteristics of the healer have been quite constant through the ages. Caring and compassion, along with the sense that the healer will "be there" for the sick person have always been paramount. Professionalism as a contemporary concept relates more to society than to the individual patient. The healer is expected to address the issues of concern to the individual, while the professional must address more collective concerns. Thus, the setting and maintenance of standards are important privileges granted to medicine on the understanding that it will assure the competence of its members and that its members will function as healers.

Why is it important for a physician to fill both roles?

Quite clearly society's needs relate to the healer. However, medicine lobbied hard in the nineteenth century, urging society to grant it a monopoly over the practice of medicine and to use the concept of the independent and self-regulating profession as a means of organizing the delivery of medical services. Many have described this as a social contract between the medical ▸▸

profession and society. As a part of this contract, physicians must fulfill both roles.

How key is self-regulation to the concept of professionalism?

Medicine is granted certain privileges on the understanding that physicians and their organizations will behave in a certain fashion. The regulatory organizations actually operate on powers delegated to the profession by the state. These organizations are responsible for making certain that practising physicians understand their obligations under the social contract and the fact that there are consequences should the profession fail in meeting its obligations to society. But such organizations also have a major educational role to play, particularly as both society and health care have become more complex.

Why do the values of medical professionalism need to be made explicit?

The collegial nature of the medical profession in the past and the homogeneity of society made the transmission of the attributes of the professional and healer possible, primarily by role-modeling. Present day society and the profession are wonderfully diverse and the values and behaviors that students bring are equally diverse. For these reasons role-modeling alone is no longer sufficient and the values, attributes and behaviors that are expected by society of the physician must be made explicit. MD

Letters to the Editor continued

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the Act states that capacity must be determined through an assessment by a capacity assessor," stated the decision. The physician could be that capacity assessor, but only if he/she has successfully completed a training program provided by the Ministry of the Attorney General, maintains a minimum of $1,000,000 of professional liability, and is a member in good standing with the College.

Re: Determining Capacity to Consent, *Dialogue*, July 2007

The Consent and Capacity Board (the CCB) would like to commend your publication on distributing information about capacity to consent. The CCB welcomes these initiatives as we believe that there is a great need for physicians and other health practitioners to familiarize themselves with legislation and guidelines governing mental health in the province of Ontario.

However, we would also like to take this opportunity to comment on some of the information contained in the commentary which will perhaps provide a more accurate representation for the current state of the law.

First, the article makes reference in different parts to the presumption of capacity as being applied "unless reasonable grounds to suspect incapacity exist." This statement might lead to some misinterpretation. The presumption of capacity provided under the *Health Care Consent Act* always applies regardless of any suspicion. However, that presumption can be displaced by a finding of incapacity (and not by "reasonable grounds to suspect") made by a health practitioner.

Second, the first question of the section that starts off "How does one assess capacity to consent to treatment" may be misconstrued to imply, by omitting the words, "be able," that actual understanding is part of the test.

Third, the CCB conducts hearings under the *Personal Health Information Protection Act* in addition to the three Acts mentioned in the issue.

Joaquin Zuckerberg
Consent and Capacity Board
Toronto

Correction

In the July issue of *Dialogue*, the Consent and Capacity Board's toll free number is not the one that appears in the article about consent and capacity.
The correct number is **1-866-777-7391**.