Challenges of educating for medical professionalism: who should step up to the line?

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CONTEXT The teaching of professionalism has recently become an important issue in medical education. Medical professionalism remains controversial, but several recently published institutional documents on professionalism seem to express an implicit, yet broad consensus on three points: that professionalism mainly consists of adherence to a specific set of professional attributes constitutive of medical role morality and readily identifiable as virtues of medical professionalism (VMP); that medical education needs to focus on the endowment of these attributes, and that medical ethicists should play a central role in assuming this educational responsibility.

METHODS This paper examines the assumption that the task of supporting the development of the VMP should primarily fall to medical ethicists. Considerations in favour of this position are weighted against a set of countervailing considerations. The latter include the charge that the VMP are too vague as educational guidelines, that they may not be teachable, and that the responsibility for their development must be shared across the medical faculty.

CONCLUSIONS Medical ethics educators are right to embrace the professionalism agenda on four conditions: that the limitations of addressing the formation of professional attributes in university-based teaching are recognised; that there is clinical as well as university-based evaluation of professional attributes; that the development of the VMP as a process of professional socialisation is seen as an interdisciplinary educational project, and that the examination and explanation of the cognitive grounds of the VMP are the focus of medical educators' activities.

KEYWORDS teaching/*methods; professional competence/*standards; *education, medical, undergraduate; ethics, medical/*education; virtues; attitude of health personnel.

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INTRODUCTION

As recently as 1999, it was still possible to lament the fact that the role of professionalism in medical practice was 'little discussed'.[1] Barely a half-decade later, and shortly after the appearance of the American College of Physicians' 'Charter of Medical Professionalism' in *The Lancet* in 2002,[2] the topic of professionalism had exploded in the medical literature. During these years, numerous professional, national and international bodies developed charters, curricular statements or guidelines relating to medical professionalism, in both graduate and undergraduate medical training. Although the search for appropriate methods to implement, teach and measure professionalism continues,[3–5] an implicit consensus seems to prevail on three points. The first is that professionalism consists in, among other things, adherence to a specific set of professional attributes constitutive of medical role morality and proper to medicine's fiduciary responsibility. The term 'virtue' does not explicitly feature in many of the recent documents on medical professionalism, but key attributes of professionalism that recur in such statements are readily identifiable as virtues when viewed from the perspective of contemporary virtue theory.[6–9] Be they statements of curricular goals,[10–14] theoretical accounts of medical professionalism,[1,6,15,16] or assertions of the value of medical professionalism written with political intent,[2] all seem to rally around the idea

Overview

What is already known on this subject

Virtues of medical professionalism (VMP) need to be taught in medical education. Medical ethics is often regarded as the proper teaching environment for their delivery.

What this study adds

Problematic aspects of teaching virtues are discussed. It is concluded that virtue terms are vague and traits difficult to teach. Medical ethicists should not be held solely responsible for instilling the VMP. Instead, the process requires interdisciplinary co-operation.

Suggestions for further research

Further analysis of the content and grounds of the VMP is necessary, especially in terms of how they relate to medical excellence and patient care and how such insights serve education for professionalism among medical students.

that the virtues of medical professionalism (VMP) are *fidelity to trust*, *benevolence*, *compassion*, *intellectual honesty*, *courage* and *truthfulness*.[6] The second point of implicit – yet broad – agreement in recent statements on medical professionalism is that medical education needs to focus on the endowment of these professional attitudes among medical students. The third implicit assumption is that medical ethicists should take the lead in assuming this educational responsibility.[7,17,18] This paper critically examines the assumption that, in the educational division of labour, the task of supporting the development of the VMP should fall to medical ethicists. We begin by presenting an explanatory account of why the formation of the VMP has of late become a matter of urgency. Next, we briefly weigh considerations in favour of medical ethics education embracing the professionalism framework against a set of countervailing considerations. We conclude by cautioning that if the formation of the VMP is to be made a core concern of undergraduate and graduate medical ethics education, then its inclusion must be based on a realistic appraisal of the proper scope and limitations of university-based instruction in the virtues and values of professionalism and must be accompanied by a rich appreciation of how the development of medical virtue requires the involvement and co-ordination of all those involved in the formal training of doctors.

EDUCATING FOR MEDICAL PROFESSIONALISM: CHRONIC AND ACUTE CONCERNS

Why has the idea of introducing professional attributes as central teaching goals in medical education suddenly become so attractive to so many in medical education leadership?

To most medical educators, surely, when taken in the abstract, the idea that medical education needs to control for professional attributes is self-evident. An integral part of the formation of the student's identity as a member of a professional body involves the process of socialisation into professional life and its values. The need for socialisation into the norms, culture and institutions of professional life and practice connects, in turn, on a deeper level with the basic requirements of good practice and the social role of medicine as doctors themselves understand it. The VMP are *internal* to medical excellence in that they are instrumental to the doctor's central 'profession': that she is competent to help patients and will help with their best interests in mind.[6,19,20] The absence of provisions to ensure that candidates for professional status achieve at least threshold competency in such professional attributes as truthfulness, benevolence and intellectual honesty would threaten the very status of medicine as an institution endowed with the public's trust.

Notwithstanding perennial debates about which virtues might be essential to good doctoring in general, the imperative to socialise students and young doctors into the medical profession and its values is a *chronic* educational concern insofar as it has always been and will remain central to medical formation. It does not explain, however, the renewed call to teach the VMP or why it has been so readily answered. Why, in other words, has the problem of professional socialisation in medicine, looked after for so long by the 'hidden curriculum',[21] suddenly come out in the open?

The demand that professional preparation now take a more activist approach to the development of attitudes of professionalism stems from a widespread and international impression that a number of *acute* threats to the republic of medicine as a profession are abroad. Summarily, these are:

- concerns that doctors now routinely put self-interest above patient interest;[1,22]
- increasing inequalities in access to medical care and a perception that such disparities damage doctor–patient relationships;[1,23,24]
- worries that doctors are frequently unwilling and lack the ability to understand and apply the findings of modern medical research;[19]
- high-profile cases of failure in both clinical and governance areas, such as, for example, those represented by events at Bristol Royal Infirmary (mismanagement and severe neglect of children in need of cardiac surgery[25]);
- perceptions that, in the American context, 'managed care' depersonalises doctor–patient relationships[19] and creates conditions where doctors are perceived as serving the interests of health management organisations first and patients second, and[22]
- the perception that medical education not only fails to support the development of the VMP but actually creates conditions antithetical to their cultivation (some aspects of the hidden curriculum[21,22]).

Every one of these concerns touches directly on the 'moral foundations'[1] or 'ethical dimensions'[26] of professional status, which, according to standard sociological accounts of professionalism, bear on the doctor's basic fiduciary responsibility to serve patients' best interest to the highest level of her skill.

MEDICAL ETHICS TEACHING AND PROFESSIONALISM

Who should assume educational responsibility to ensure that the virtues and values of medical professionalism are instilled in the course of medical education? The task might seem to fall naturally into the specific area of competence of medical ethics and, indeed, commentaries to the effect that medical ethics should take a leading role in imparting professionalism are not that hard to find.[7,17,18] The rise of professionalism, moreover, has coincided with a period of the re-framing of professional curricular standards. Meant to govern not just the teaching of medical ethics but, in several cases, to set out comprehensive guidelines for the training of doctors on a national level, these documents show a pattern of presenting the standard material of medical ethics teaching in the same category as the skills- and knowledge-based items designed to capture the core of medical 'professionalism'.[11,13,27–29] Is this 'professionalism' framework the right one for university-based medical ethics teaching, as these documents seem to suggest? Is the implicit suggestion that medical ethics education has a special responsibility for the formation of the VMP correct?

PRO THE PROFESSIONALISM FRAMEWORK FOR MEDICAL ETHICS

The case for medical ethics adopting the professionalism framework is straightforward, which probably accounts for the lack of discussion of this particular point prior to the formulation of many of the forementioned curricular documents. There is simply no other established curricular area in medical education that has anything approaching the conceptual affinity that pertains between concern for the development of the VMP and medical ethics. In addition to medical ethics' traditional prioritisation of the development of moral reasoning skill – itself one of the competencies that consistently crops up among the professional skills listed in curricular documents – the elaboration of ethical concepts which are highly relevant to the formation of professional virtues and attitudes is *already* established as a mainstay in medical ethics courses. These include, for example, 'respect for persons', 'autonomy', 'informed consent', 'paternalism' and 'beneficence'. Furthermore, medical ethics teaching staff often have axiological training and are thus better placed than their colleagues in other departments to coach students in tackling questions of values, morality and virtue. Medical ethics, then, dovetails with the project of explicitly considering and reflecting on ethical ideals and virtues of medical practice. In sum, medical ethics, as an explicitly non-technical subject within the modern medical curriculum, seems to be the subject which has both the best conceptual as well as pragmatic resources to take on responsibility for making sure students and young doctors are 'professionally virtuous'.

Thus, at first glance, it may seem compelling that medical ethics is indeed the appropriate setting for instruction and reflection on the VMP, but three serious counter-considerations to the proposal significantly complicate matters.

AGAINST THE PROFESSIONALISM FRAMEWORK FOR MEDICAL ETHICS

Counter-consideration 1: the VMP are too vague

The first counter-consideration is that the VMP are *too vague* to be a suitable subject of basic medical

training. That the professionalism movement has made the theme of moral virtues and values in medical practice a point of widespread reflection and discussion cannot but be regarded as a positive development. However, as naturally as it may come for educators, the argumentative move from the identification of desirable traits to using trait words to pinpoint educational objectives is marred by the charge of vagueness.

The educational vagueness of a desirable trait term refers to disagreements, often stemming from conventional cultural standards and even personal moral outlooks, over the term's precise practical interpretation. Even if it were agreed by all parties, for example, that doctors should aspire to high standards of honesty and compassion, in practice behaviour that one person calls 'honest', another might regard as 'lacking in compassion'. Similarly, one doctor's display of 'courage' in exposing herself to contagion is another's 'irresponsibility'. In all fairness, it is in the very nature of a curriculum not to offer justification of listed desirable traits. The assumption, however, seems to be that the curricular documents in question report educationally useful *agreement* on the virtues and that the readers of the documents *know what they mean* both in theory and in clinical contexts. But this is not the case. Calling the documents 'consensus' statements and charters glosses over the fact that the medical profession still struggles and will almost certainly continue to struggle for a consensus on the meaning of the VMP. Society, which is regarded as having an important stake in the concept of medical professionalism,[30] also lacks consensus on which virtues should be central to the medical profession and what exactly the virtues should mean in real clinical life. In sum, although doctors and citizens may agree on the abstract idea that several virtues are important in the medical profession, a range of different reasonable interpretations as to their content, range and limits exists.

The problem of vagueness generates a perplexing educational dilemma. In one respect, if medical ethics teaching gives in to the strong philosophical temptation to relish substantive controversies over rival interpretations of the VMP, then the thematic treatment of medical virtue in university-based instruction becomes merely an academic exercise, having little to do with either medical socialisation or the promotion of the VMP as practical professional dispositions. By contrast, if medical ethics education is insufficiently sensitive to the plurality of opinions in modern medicine and society on medicine's aspirational ideals, the idea of setting out to instil the necessary substantive moral perspective opens itself to two interconnected objections to the effect that it embodies an overly conservative approach to teaching. Firstly, there is the risk of crossing the line between education and social control. Medical ethics *education*, it seems, should first and foremost aim to build knowledge and rational understanding and can only trade these aims for conformity to traditional patterns of thought and behaviour at the expense of losing its claim to being educational. Secondly, it risks adopting an attitude of paternalism towards students that is no longer considered acceptable when applied towards patients. In the last decades, modern medicine has taken great pains to protect patient autonomy. Today, patients are encouraged to express their own views and values and doctors are urged to respect these when offering treatment options. It is therefore debatable whether young doctors should be taught to ascribe to a fixed body of virtues presupposing a substantive moral perspective without questioning, or at least discussing, the legitimacy of the underlying moral perspective itself. In sum, the failure to sufficiently allow for the fact that substantive conceptions of virtue and value in medical practice are fallible, controversial and evolving would amount to an abnegation of educational responsibility.

Counter-consideration 2: the VMP are not teachable

A second objection to the proposal that medical ethicists' assume primary responsibility for development of the VMP is that they are simply *not teachable* in university-based medical education (this is relevant especially in undergraduate teaching). Even if medical ethics does provide, comparatively, the most appropriate instructional context for reflecting on professional virtue, an inevitable gap remains between an intellectual grasp of the VMP and their actual acquisition. The teaching of moral virtue can be straightforwardly introduced into the curriculum on a par with any other body of theoretical knowledge only at the cost of engendering major misunderstanding about what virtues are and how they are acquired.[31] Virtues are ideals of moral character and, as such, few people, if any, realise them. Their emergence depends on temperament as well as contingencies of socialisation. Virtues develop over a lifetime, not over a year or a semester. The fact that virtues are first and foremost forms of practical (not theoretical) understanding should not be taken to imply that medical ethics can do nothing to further the development of a student's professional character. The contrary is true. However, the structured learning environments typical of medical ethics

instruction, designed for the transmission of *theoretical* knowledge (and hence well suited for reflection on the cognitive grounds of virtues or the pluralism in their interpretation) are not fit for purpose as vehicles of the kind of *practical* knowledge moral virtues suppose. There is, of course, room for introducing teaching methods that are better adapted to the needs of educating for professionalism.[32] But as long as medical ethics training mostly takes place in classrooms and lecture halls, the demand that medical ethicists assume the responsibility for bridging that gap represents a request that they are poorly equipped to meet.

When the teaching of a subject area becomes the responsibility of one cadre of teaching staff, its effectiveness with regard to this content is, quite naturally, measured in terms of its success in teaching it. There is ample evidence from the medical education literature, however, that some of the toxic effects on contemporary medical professionalism referred to above in connection with the 'acute' problems in modern health care and medical education result from complex structural as well as sociological aspects of institutionalised medicine.[21,33] Prescribing instruction in the VMP as a means of halting the perceived erosion of medical professionalism – the causes of which, as some claim, lie in the social context and practices of contemporary medical education itself – may seem to be an easy solution. But this is a case of passing the buck: medical ethics education will not be able to fulfil this brief independently of others in the medical profession. As the problems are systemic, educating for the VMP in medical colleges is at best only one among several required remedial efforts. With this expectation laid at its door, medical ethics will be in the unwelcome position of having assumed a weighty and, at the end of the day, thankless responsibility it can never fulfil.

Counter-consideration 3: professionalism and the domain of medical ethics research

Thirdly, and finally, worry is warranted that medical ethics may not come out of the 'virtue shift' wholly unscathed. Despite the above-noted conceptual affinities and content overlap between medical ethics and the development of the VMP as a discrete curricular theme, it is also true that educational concern for professional renewal and for assisting newcomers in the discovery of their personal moorings in the profession has little to do with 'medical ethics' as it has been pursued as a field of medical research since its inception over 20 years ago.[18] Medical ethics as a field of academic research and subject of serious medical study within medical colleges continues to struggle for recognition in the eyes of faculty staff and students alike. Some would argue that the gains it has made in terms of perceived respectability owe much to the fact that medical ethics is now both a fully integrated, core subdiscipline of contemporary applied ethics as well as of modern medicine. For the reasons discussed above, getting too close to the professionalism agenda may once again threaten the status of the field just as it is making headway as an accepted taught subject.

CONCLUSIONS

We conclude that cautious endorsement of the 'professionalism' agenda for medical ethics is justified insofar as the following conditions are satisfied (Table 1). Firstly, it must be understood that the development of the virtues of medical professionalism is an interdisciplinary educational project in that all those involved in medical education, in medical ethics as well as in the technical subjects, are engaged in the process of professional socialisation. Secondly, the limitations of addressing the formation of professional attributes in university-based teaching must be recognised. Thirdly, the evaluation of professional attributes must be carried out in the

Table 1 Conditions to be fulfilled if the professionalism framework is to be embraced by medical ethics teachers

1 The development of the virtues of medical professionalism is regarded as an interdisciplinary educational project shared by all medical teaching staff
2 Limitations of addressing the formation of professional attributes in university-based teaching are recognised
3 Evaluation of professional attributes is clinical as well as university-based
4 The core instructional mandate consists of the examination and explanation of the cognitive grounds of professional attributes and must include:
- Exposing their significance and internal relevance to medical excellence
- Pointing out the possibility and existence of, and problems associated with, various interpretations of aspirational professional ideals and virtues in medicine
- Explicating how codified norms and rules of professional and ethical conduct intersect conceptually with ideals of professional conduct

clinical as well as the university context – a very difficult task. Although various forms of educational support can be provided in classroom teaching, the attributes are, as emphasised above, practical abilities and are best evaluated in the contexts in which they are exercised – that is, in interactions with patients, their families and other workers involved in health care delivery. Fourthly, medical educators' activities must focus on the examination and explanation of the VMP on cognitive grounds. This means that such explanation should be concerned primarily with exposing the significance and internal relevance of the VMP to medical excellence, pointing out the possibility, existence and problems of various interpretations of aspirational professional ideals in medicine, and, possibly, explicating how codified norms and rules of professional and ethical conduct intersect conceptually with ideals of professional conduct. This we regard as the right pedagogical agenda for instruction in the VMP in medical ethics education on the grounds that it sets out realistic, achievable objectives for classroom-based ethics teaching. It is also richly educational in that it seeks both to develop a multi-dimensional understanding of the professional attributes in question and to present rational grounds for the aspirational pursuit of them in the course of professional life. Furthermore, it leaves the question of their precise interpretation open and in this way spurns paternalism and social control in favour of a genuine adult dialogue between generations and between morally responsible adults about the meaning of 'good and wise doctoring'.

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REFERENCES

1 Wynia MK, Latham SR, Kao AC, Berg JW, Emanuel LL. Medical professionalism in society. *N Engl J Med* 1999;**21** (18):1611–6.
2 ACP-ASIM Foundation, ABIM Foundation, European Federation of Internal Medicine. Medical professionalism in the new millennium: a physicians' charter. *Lancet* 2002;**359**:520–2.
3 Jha V, Bekker HL, Duffy SR, Roberts TE. A systematic review of studies assessing and facilitating attitudes towards professionalism in medicine. *Med Educ* 2007;**41** (8):822–9.
4 Goold SD, Stern DT. Ethics and professionalism. What does a resident need to learn? *Am J Bioeth* 2006;**6** (4):9–17.
5 Wagner P, Hendrich J, Moseley G, Hudson V. Defining professionalism. A qualitative study. *Med Educ* 2007;**41**:288–94.
6 Pellegrino ED. Professionalism, profession and the virtues of the good physician. *Mt Sinai J Med* 2002;**69**:378–84.
7 Doukas DJ. Where is the virtue in professionalism? *Camb Q Healthc Ethics* 2003;**12**:147–54.
8 DeRosa GP. Professionalism and virtues. *Clin Orthop Relat Res* 2006;**449**:28–33.
9 Eckles RE, Meslin EM, Gaffney M, Helft PR. Medical ethics education. Where are we? Where should we be going? A review. *Acad Med* 2005;**80**:1143–52.
10 Accreditation Council for Graduate Medical Education. ACGME Outcome Project. http://www.acgme.org/outcome. [Accessed 21 April 2008.]
11 Royal College of Physicians and Surgeons of Canada. Bioethics Curriculum for Medicine. http://rcpsc.medical.org/ethics/medicine/index.php. [Accessed 21 April 2008.]
12 Frank JR, ed. *The CanMEDS 2005 Physician Competency Framework. Better Standards. Better Physicians. Better Care.* Ottawa: Royal College of Physicians and Surgeons of Canada 2005.
13 Working Group on behalf of the Association of Teachers of Ethics and Law in Australian and New Zealand Medical Schools (ATEAM). An ethics core curriculum for Australasian medical schools. *Med J Aust* 2001;**175**:205–10.
14 American Academy of Family Physicians. Recommended curriculum guidelines for family practice residents, 2006. http://www.aafp.org/online/etc/medialib/aafp_org/documents/about/rap/curriculum/medical_ethics.Par.0001.File.tmp/Medical_Ethics.pdf. [Accessed 21 April 2008.]
15 Coulehan J, Williams PC. Vanquishing virtue: the impact of medical education. *Acad Med* 2001;**76**:598–605.
16 Beauchamp TL, Childress JF. Moral character. In: Beauchamp TL, Childress JF, eds. *Principles of Biomedical Ethics.* New York: Oxford University Press 2001;26–56.
17 Surdyk PM. Educating for professionalism: what counts? Who's counting?. *Camb Q Healthc Ethics* 2003;**12** (1):155–60.
18 Kuczewski MG. Responding to the call of professionalism. *Camb Q Healthc Ethics* 2003;**12** (1):144–5.
19 Coulehan J, Williams P. Conflicting professional values in medicine. *Camb Q Healthc Ethics* 2003;**12** (1):7–20.
20 Carr D. Professional and personal values and virtues in education and teaching. *Oxf Rev Educ* 2006;**32** (2):171–83.
21 Hafferty FW, Franks R. The hidden curriculum, ethics teaching and the structure of medical education. *Acad Med* 1994;**69** (11):861–71.

22 Ludmerer KM. Instilling professionalism in medical education. *JAMA* 1999;**282**:881–2.
23 Hilfiker D. From the victim's point of view. *J Med Humanit* 2001;**22** (4):255–63.
24 Wear D. The professionalism movement: can we pause? *Am J Bioeth* 2004;**4** (2):1–10.
25 Bristol Royal Infirmary Inquiry. Final Report. http://www.bristol-inquiry.org.uk. [Accessed 21 April 2008.]
26 Carr D. *Professionalism and Ethics in Education*. London: Routledge 2000;29–32.
27 Simpson JG, Furnace J, Crosby J *et al*. The Scottish doctor – learning outcomes for the medical undergraduate in Scotland. *Med Teach* 2002;**24** (2):136–43.
28 Block R, Bürgi H. The Swiss catalogue of learning objectives. *Med Teach* 2002;**24** (2):144–50.
29 Association of American Medical Colleges. *Graduate Medical Education Core Curriculum*. Washington, DC: AAMC 2000.
30 Cohen JJ, Cruess S, Davidson C. Alliance between society and medicine: the public's stake in medical professionalism. *JAMA* 2007;**298** (6):670–3.
31 Huddle TS. Teaching professionalism: is medical morality a competency? *Acad Med* 2005;**80** (10):885–91.
32 Winter RO, Brinberg BA. Teaching professionalism artfully. *Fam Med* 2006;**38** (3):169–71.
33 Stern DT, Papadakis M. The developing physician – becoming a professional. *N Engl J Med* 2006;**355**:1794–9.

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