Chapter 4
Ethics and Professionalism

ABSTRACT

The purpose of this chapter is to explore one of the key factors for the deficiencies in the modern health care system: the supposed unprofessional behavior of doctors. This could take several forms ranging from clinical detachment at its mildest to criminal negligence at its severest. By studying the reasons for the lack of professionalism, one could devise ways to rectify the situation and make health care truly patient centered.

KEY POINTS

- to understand what continuum of care means and how this is provided in a hospital
- to study the process of residency training of doctors as fulfilling the purpose of both service and education
- to appreciate the rigors of this system of residency training and their impact upon doctors
- to explore how this system could be made to yield the best results
- to understand the legal and ethical aspects of medical and health care practice
- to study the importance of developing a culture of ethics and professionalism
- to address the burning moral and practical issues of dealing with HIV and similar epidemics
- to understand the nature and implications of medical negligence and malpractice litigation
- to outline deficiencies in the optimum conduct of a medical professional

INTRODUCTION

Doctors worldwide are among the most highly privileged members of society. In the USA, there are about a million employment opportunities for physicians and surgeons, extrapolating from the figures in 2012 of the Bureau of Labor Statistics, which projected a rapid growth rate in this sector in that particular year (Bureau of Labor Statistics, n.d.). Doctors on an average get paid about 200,000 dollars in a year- the highest in the entire health care sector. They also spend easily more than a decade-sometimes
two- in training to be exemplary professionals, but technical skills aside doctors are often found wanting in professionalism- that subtle quality of individual character that determines the quality of the entire health care services of a country or region.

**Continuum of Care and Professionalism**

Over the years, health care has become increasingly complex and will continue to be so as new, ground-breaking and cutting edge technology makes its presence felt in the science, art and business of healing. In the face of all this complexity, the simple misfortune of ill health is what makes an individual come into contact with and seek help from a health provider, and this straightforward equation is to be respected at all times and to the best extent possible if optimum benefits are to be achieved. A patient needs to be seen, diagnosed and treated at the earliest, with the minimum of technical, financial or administrative hassle. This fact alone is what constitutes an efficient and effective health care delivery.

No matter what the technological status of an institution of health care- be it a public hospital, a for-profit corporate hospital, a teaching hospital or medical college, a charity hospital, a small nursing home, a group practice, or an independent private practitioner- the first encounter of the patient with the doctor, any doctor, must be a positive experience. In short, this means that the doctor accepts with serious intent the faith reposed in him or her by the patient, reassures and alleviates to some extent the concerns of the patient, and executes and/or plans the definitive management of the patient. This fact must be impressed upon medical trainees from day one because the period of medical residency is considered a period of learning and training- not only of technical skills but also life skills- the elements that define a true professional (Norton, 2010).

Two important purposes are served through this assumption. One is that the hospital or health care center has the necessary staff for optimal functioning at all times of the day- the staff being relatively young, or junior, and therefore more energetic and enthusiastic (presumably!), and the other is that the resident doctor is always under the guidance and supervision of qualified staff and faculty who are senior and more experienced. Throughout residency therefore, however long it may be, trainees are in a way protected and sheltered from the emotional and psychological rigors of patient care while enjoying the fruits of knowledge with almost complete freedom from the mental stress of patient management. This does not, of course, undermine the stress- usually physical, from prolonged work hours, and cerebral- from having to read intensively and exhaustively, but it does delay the development of mature and conscionable behavior, and consequently professionalism.

Though this model is convenient, indeed instrumental, for providing the much needed continuous exposure to the patient care environment under relevant supervision, it sometimes seems to deliver a fallacious, if not absolutely wrong, message to the resident doctors who are trainees. This is namely the presumption that the trainee is more or less free from responsibility and accountability while the supervisor, who is generally a fully qualified specialist- an attending physician or consultant- as the case may be, is the person that is in final charge of the patient and is the one to be burdened with moral and legal liability as far as the welfare of the patient is concerned. The trainee doctor is thus absolved of all blame in case of a complication or bad outcome and the supervisor is the one to face the firing squad.

Successive generations of doctors who find their way into an active teaching career often rue the fact that “professional” behavior is missing from today’s generation of resident doctors. This is actually a reflection of the general decline in professionalism especially since the advent of managed care under the health management organizations, which often seems to come in the way of medical professionals being