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Physicians Should Be Civic Professionals, Not Just Knowledge Workers

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Medicine has the potential to bring more to patient care—and to physician development—than ever before.¹ However, current trends in US medicine are teaching today's medical students, residents, fellows, and physicians the wrong lessons. These trends include consequences of turning away patients who lack adequate insurance or the means to pay for their care; scientists selling findings from publicly funded research to securities analysts or traders; and news of scientific fraud or of academic health centers agreeing to large settlements for billing excesses or fraudulent billing. Because academic medicine also instills a physician's values during training,^{2,3} when today's physicians-in-training observe such trends, unprofessional values are encouraged.

The US medical community must counter these negative trends to achieve the fullest potential for patients and the medical profession. This commentary develops the notion that US medicine in general—and academic medicine in particular—should cultivate a *civic* form of professionalism rather than “knowledge workers.”⁴ Indeed, a few elements of what is traditionally understood as professionalism may be expendable, such as an over-insistence on the principle of professional autonomy if “autonomy” means that the physician must always be in charge.⁵ In fact, physicians are now expected to work well with others on health care teams, often in quite diverse roles.⁶

What distinguishes civic professionalism, according to William M. Sullivan, is a focus on service and the public good.⁷ Sullivan argues that “the professions are vital reminders that human welfare ultimately depends upon cultivation of values such as care and responsibility, which cannot be produced by self-interest alone.”⁷ He defines civic professionals as “focusing on the quality of their craft and the inventiveness of their practice” to “provide an alternative model of what work can be: a contribution to public value, as well as a source of motivation and deep personal satisfaction.”⁷ Eliot Freidson has called for a similarly “reborn” type of professionalism.⁸

KNOWLEDGE WORKERS, PROFESSIONALS, AND MARKET FORCES

It is crucial that medical professionalism not be eclipsed by the trend to consider physicians as typical knowledge workers.^{9,10} This phrase comes from sociologist Peter Drucker, a scientist who wrote extensively about the development, organization, and management of work.¹¹ According to Drucker, postindustrial society places increasing value on acquiring, organizing, and applying the most highly valued commodity: knowledge. While professionalism is declining, a new type of workforce is emerging to serve new types of knowledge industries, services, and organizations.¹¹ Knowledge workers are relatively independent, self-directed, and untied to traditional agrarian, guild, or corporate structures. They are mobile, entrepreneurial, and range from programmers and engineers to consultants in a variety of fields. Knowledge workers tend to be continual learners who adapt to new knowledge and to novel employment and

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economic markers. They expect their work to be defined by results, not quantity or duration. Highly educated and highly skilled, knowledge workers are largely motivated by being “expert”—that is, effective at applying their specialized knowledge.

The distinction between a knowledge worker and a professional is important.¹² Knowledge workers are accountable primarily to themselves, their employers or clients, and perhaps an informal peer group. A knowledge worker may act without any particular regard for greater societal values. By contrast, a professional is a member of a guild or common association that traditionally regulates itself through values incorporated in training and enforced in a set of common professional standards, which society explicitly recognizes and sanctions. A professional—by education, social compact, and calling—is a socially conscious actor who is connected to broader societal obligations and expectations.¹³ This definition is particularly true of a civic professional.

The knowledge worker is a natural adaptation and vital contributor to the modern information society. Adaptable and unencumbered by traditional workforce limitations, the knowledge worker is well suited to the needs of fast-changing organizations. Unlike the socially conscious professional, the nonprofessional knowledge worker functions as an agent of Adam Smith’s “unseen hand” of the marketplace.¹⁴ If the goal is maximum productivity, market effectiveness, and flexibility, such unencumbered knowledge workers may be ideal.

In *The Social Transformation of American Medicine*, Paul David Starr defined “a profession” as “an occupation that regulates itself, through systematic required training and collegial discipline; that has a base in technical, specialized knowledge; and that has a service rather than a profit orientation enshrined in its code of ethics.”¹⁵

Former Supreme Court Justice Louis Brandeis noted in the early part of the 20th century that true professionals:¹⁶

- Are the keepers, transmitters, and advancers of knowledge gained at least in part through experience.
- Are governed by a guiding code of ethics that includes service to others.
- Set and enforce their own standards.
- Value performance above reward.

Professionals have a system of rewards (monetary and honorary) that are ends in themselves, not means to

an end of individual self-interest. In particular, monetary rewards for professionals are primarily symbols of work achievement—sufficient for security, but not so large (nor so small) that professionals continually strive for more.

PERSPECTIVES VIEWPOINTS

- Concepts surrounding civic professionals could transform medical professionalism.
- Applying civic professionalism to the challenges and opportunities facing medicine.

Economists Smith, Jeremy Bentham, and John Stuart Mill considered individualism and self-interest responsible for market forces promoting greater community interest.¹⁷ Often, however, this interest did not come to pass; therefore, Brandeis and 19th century moral philosophers, such as Emile Durkheim, argued that business should emulate traditional professions (law, clergy, magistracy, and medicine) to solve

the social problems resulting from the unbridled individualism and self-interest of the “Robber Barons.”¹⁶ These individuals saw professionalism as a way—even in business—to let strong individualism lead to greater social good, limiting the excesses of unbridled market forces.

This notion has again become prominent in the spirited debate about Duncan Foley’s *Adam’s Fallacy: A Guide to Economic Theology*.¹⁸ The book criticizes Smith’s assumption that the pursuit of self-interest necessarily leads to social good. Foley calls uncritical acceptance of the fallacy “economic theology.” The book’s tenets have stirred many debates, including one of the Internet’s most trafficked economics blogs: University of California, Berkeley, Professor of Economics Brad DeLong’s semi-daily journal.¹⁹ Foley cites the “chronic crisis of health care in advanced capitalist societies [as] Adam’s Fallacy in microcosm.”¹⁸ He argues that “commodity logic,” which penetrates more and more of human life, would have an unfortunate parallel if physicians became commodities (knowledge workers) rather than true professionals.

Some commentators and influential policy makers advocate letting the “medical marketplace” work and seeing what happens. However, market forces tend to be inefficient in medicine, typically promoting more care than optimal.²⁰

THE FUTURE OF MEDICAL PROFESSIONALISM: ACCOUNTING AND SARBANES-OXLEY

For several decades, medicine has experienced rapid changes to the professional and practice environment. As a result, the future of medical professionalism may be at risk.^{21,22} Change has uncovered and created major stresses throughout the medical profession and the health care system. While the pace of change may have slowed recently, the impacts are still reverberating and more change is certain. To be sure, the medical profession faces challenges: the reimbursement system is un-

fair and almost perverse, with high demands for visits that are too short; the proportion of college graduates who apply to US medical schools has decreased;²³ patients—especially the poor and disenfranchised minorities—have less access to health care,²⁴ with emergency rooms becoming the safety net for general medical care;²⁵ and, as the Institute of Medicine (IOM) identified, the medical system suffers from quality chasms and safety problems.²⁶

However, rather than focusing on how medical professionalism is suffering, the prospects and the rationale for medical professionalism should be discussed in the context of substantial gains and almost certain continued growth of the medical knowledge base. To achieve the promise that all this knowledge offers, the medical profession will need truly civic medical professionals and more effective self-regulation.

There are highly publicized examples of individual physicians making unethical choices that run contrary to expected professional ethics. Recently, some physicians were reported to have “sold” information about unpublished drug trials to hedge fund managers.²⁷ Some medical schools are forced to adopt burdensome compliance programs as part of settlement agreements related to charges of billing fraud. These are hardly examples of a profession that is effectively regulating itself.

Like medicine, accounting is a profession that has not always regulated itself as well as it should. Arthur Andersen, one of the world’s largest accounting firms, neglected its professional responsibilities to society and was found guilty of obstructing justice in the Enron scandal. More significant than the firm’s resultant loss of clients and effective dissolution was the transformation of the entire accounting profession, which the government has regulated since the Sarbanes-Oxley Act of 2003.²⁸ Could medicine also lose the privilege of self-regulation?

The Enron case and the near demise of accounting as a self-regulated profession illustrate the importance of distinguishing a nonprofessional knowledge worker and a knowledge worker who is also a civic professional. In modern post-industrial society, where knowledge is the most highly valued commodity, and especially for medicine, where knowledge is expanding rapidly and will predictably do so even more rapidly, medical professionals must aspire to produce and sustain physicians who are not only knowledge workers but also truly civic professionals.

KNOWLEDGE TURNS: OPPORTUNITIES AND CHALLENGES

In 2005, Andrew Grove, former chairman of the board of Intel Corporation, offered a compelling view of what he called “knowledge turns.”²⁹ He wrote that both the health care and microchip industries are based on sci-

ence and populated by extremely dedicated and well-trained individuals striving to use the results of this science. Granted, important differences between the 2 industries exist in complexity, safety, and legal and ethical concerns; however, they both depend on developing research results and turning them into widely available products and services, called a “knowledge turn” in electronics and “translating research into practice” in medicine. According to Grove, the number of transistors that can be included on a microchip has doubled annually (per Moore’s law) over the past 40 years, eclipsing the rate of progress made in the war on cancer during the same time. Grove traces this discrepancy to the microchip industry’s recognition of the importance of rapid knowledge turns, whereas the same cannot be said for health care.

Today, medicine—especially academic medicine—is in the midst of implementing changes that will speed up knowledge turns:

- The National Institutes of Health is devoting specific amounts of its budget to improving translation—that is, the National Institutes of Health Roadmap Initiatives, which are designed to identify medical research science proposals that address current and anticipated scientific challenges and have the potential to contribute “extraordinary contributions to medical research.”³⁰
- Creation of a functional, nationwide system of interoperable electronic health records, which will revolutionize how physicians practice and how patients receive care, enabling them to more effectively take care of themselves.
- Realization of the IOM vision of what a new health system might look like, as described in *Crossing the Quality Chasm: A New Health System for the 21st Century*.³¹ The IOM report called for replacing current systems of care with new ones to meet 6 aims that are not currently being met: safety, timeliness, efficiency, effectiveness, equitability, and patient-centered care. IOM also described 5 essential competencies for clinicians: provide patient-centered care; work in interdisciplinary teams; employ evidence-based practice; apply quality improvement; and utilize informatics.³²

Some clinical microsystems are already working to achieve this vision of a new health care system for the 21st century by aspiring to design and deliver care based on 10 rules:³³

1. Care is based on continuous healing.
2. Care is customized according to patient needs and values.
3. Patients control their own care.
4. Knowledge is shared and information flows freely.
5. Decision-making is evidence-based.

6. Safety is a system priority.
7. Transparency is necessary.
8. Needs are anticipated.
9. Waste is continuously decreased.
10. Cooperation among clinicians is a priority.

All of these initiatives are worthwhile, but massive, endeavors. It seems farfetched to imagine they could be accomplished by cadres of nonprofessional knowledge workers. However, civic professionals could certainly adopt these elements as an inspirational vision.

RESURGENT INTEREST IN MEDICAL PROFESSIONALISM

Although medicine has much to offer, including the promise of vast improvements, the well-publicized lapses in professional conduct and failure to provide quality patient care causes frustration and complexity in the health care system. Fortunately, this situation has resulted in a resurgence of interest in and advocacy for redefining, reviving, and advancing medical professionalism. One example, Project Professionalism, has developed a new physician charter endorsed by the American Board of Internal Medicine Foundation, American College of Physicians Foundation, and European Federation of Internal Medicine.³⁴ According to the charter, “Unprofessional behavior and attitudes on the part of some physicians have eroded medicine’s historically respected position.”³⁴

The best response to this situation—both for the medical profession and for the society in which physicians work and live—is to embrace professionalism, ideally civic professionalism. Physicians can act as civic professionals by “placing the interest of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health,” with “the principles and responsibilities of medical professionalism . . . clearly understood by both the profession and society.”³⁴

The physician charter articulates 3 fundamental principles for both individual physicians and the entire profession that will maintain integrity and the public trust: patient welfare, patient autonomy, and social justice. The charter states, “Market forces, societal pressures, and administrative exigencies must not compromise the physician’s dedication to serving the interest of the patient. Altruism contributes to the trust that is central to the physician-patient relationship,” and ends with the admonition that “physicians must reaffirm their active dedication to . . . not only their (our) personal commitment to the welfare of (our) patients but also collective efforts to improve the system for the welfare of society.”³⁴

CIVIC PROFESSIONALISM AND US MEDICINE

Physicians must embrace civic professionalism as a basis for renewal of medicine. It is absolutely critical to the character, quality, and future of good health care and to the research, education, and training on which medicine is founded. US medicine has long displayed exceptional entrepreneurial and business acumen.³⁵ Physicians should expand this spirit to embrace the public good more consciously.³⁶ One publication recently called for “exceptional” health professionalism as the way to “get the physician right.”⁹

Medical schools, and especially departments of internal medicine, must develop programs to train and graduate civic (or “exceptional”) medical professionals.³⁷ Academic medicine and professional organizations can and should take a leadership role in promoting an inspirational vision of civic professionalism.³⁸ For example, physicians should readily admit when self-regulation has failed and respond by developing more effective self-regulation, whether in science, practice, or, especially, business practices. Merely being knowledge workers is not part of an inspirational vision for the future of medicine. The enterprise of medical education can include exposure to ideas such as civic professionalism, the IOM’s vision for a new health care system, and the knowledge revolution, along with training experiences that exemplify these ideas. In so doing, medical education can become more relevant to serving the needs of patients and society.³⁹

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