SPECIAL ARTICLE

Professionalism : Renewing Our Covenant With Our Patients

WARREN W. FUREY, MD, FACP*

When I finished medical school, coronary artery bypass was not available and there were no CAT scans, ultrasounds, echocardiograms or MRIs. Medicare came into being in the mid-60s and many physicians including my father thought it would be a disater and lead to ìsocialized medicineî. However, Medicare has been a real blessing; it has meant health care for all of us who reach age 65.

In the past 30 years medicine exploded into the unbelievable high tech and information systems that dominate the scene we witness today. The cost of care escalated, dramatic changes in the payment for services were mandated by the employers and the goverment to hold down cost. The for-profit insurance companies saw an opportunity to make big money by managing care by capping and offering cheaper services. They demonstrated that in covering the working well and limiting services and not contributing to teaching, nor research they could reap huge profits. Unfortunately, US citizens under 65 who have pre-existing chronic disease or are unemployed, or part-time employed or employed without benefits, cannot get insurance. Medicine for the practitioner changed. From what was me and you, doctor and patient, we went to control of the situation by third party payers contracting with employers and except for Medicare patients, the doctor and the patient being left out of the planning. From fee-for-service and its ease of escalation and risk of abuse by physicians and higher costs, we went to capitation and the risk of abuse by MBAs and CEOs with limiting services and even to bonus incentives to physicians for saving money. The insurance companies and the employers declared the patient a consumer - a loss on the budget sheet and the physician became a provider. No one cared about the uninsured or funding for teaching and research.

Much has changed, yet I have loved my life in medicine. I have had the great privilege of entering so many lives and I am so pleased I went into medicine. A priest friend of mine, Fr. Ray Klees, recently said in a homily, he is often asked why he became a priest and why he remained a priest while so many good men and women have left religious life...and he usually has 30 seconds to give an answer. He said there is no easy answer - boyhood attraction, youthful idealism to a more adult notion of service. For most of his week he is a local manager of people and property in a longstanding multinational corporation, but occasionally, occasionally, he is priviledged to touch the deepest dimensions of souls at critical moments in their lives and stand with all his inadequacies for the voice of God, and that is what keeps him a priest. Is that so different from us? Letís say it made me think as I prepared to talk to you.

In my 33 years I have cared for friends, their parents, their children. Much of it is so fulfilling and it makes me want to be the best I can be so as to not let them down or betray their trust in me. One of the people who entered my practice life in the 1980s was the Archbishop of Chicago, Cardinald Joseph Bernardin. For 13 years I had the priviledge of being his doctor. In the office he was kind and humble with the health worries of an enormously busy Archbishop of one of the largest Archidioceses in the world. His courage and faith and the forgiveness he immediately offered when he was falsely accused of sexually abusing a young seminarian, won him the love and admiration of people of many faiths. His interfaith discussions with the Jewish and Protestant communities, searching for common ground marked him has a man of the future.

His views on health care and his courage when confronted with a terminal illness made him very special to me. Patients who faced serious illness and death found in him a champion and a role model.

On January 12, 1995, Cardinal Bernardin addressed the Harvard Business Club of Chicago on *Making the Case for Not-For Profit Health Care* (1). He said that he became interested in health care because of its central importance to human dignity and that he came before the gathering in several capacities.

First, as the Catholic Archbishop of Chicago with pastoral responsibility for numerous Catholic health care institutions in the Archidiocese. Second, as a community

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*Warren W. Furey is an Associate Professor of Clinical Medicine at Northwestern University Medical School and Chair, Department of Medicine, Mercy Hospital and Medical Center, Chicago, Illinois. Immediate Past Governor, Northern Illinois Region, American College of Physicians.

leader who cared deeply about the quality and availability of health care services throughout Chicago and the nation, and finally, as an individual "who like you, will someday become sick and vulnerable and require the services of competent and caring medical professionals and hospitals".

He was concerned that the health care system was commercializing itself and abandoning core values that should always be at the heart of health care. He was concerned that health care was being regarded as a commodity. His contention was that health care was one of those "goods" which by their nature cannot be mere commodities. ... "the quality of life, our capacity to participate in social and economic activities and often life itself are at stake in each serious encounter with the health care system. This is why we expect health care delivery to be a competent and caring response to the broken human condition - to human vulnerability. To be sure - we want our physicians to make a good living, we want our hospitals to be viable, but when it comes to our surgery or our children's illness, we expect them to be professional in the original sense of that term - motivated primarily by patient need and not economic self-interest. We have no comparable expectation of General Motors or Wal-Mart".

Therefore, he concluded - "health care is special. It is fundamentally different from most other goods because it essential to human dignity and the character of our communities. It is one of those goods, which by its very nature cannot be mere commodities".

When Cardinal Bernardin addressed the AMA House of Delegates in December 1995 on *Renewing Our Covenant with Patients and Society* (2), he said he was responsible for the spiritual care of the sick and that he sponsored more than 100 health care agencies including 20 hospitals, 28 nursing homes. In all of this he saw health care as a basic human right and he said, "I also stand before you as someone recently diagnosed and treated for pancreatic cancer, the beneficiary of the best care your profession has to offer". He told us that our profession and his have much in common, the universal need for health and wholeness. He said, "we are engaged in more than a profession, ours is truly a vocation, a life to which we are called". Cardinal Bernardin was called to both professions. He was a premed at the University of South Carolina before he heard a stronger call to the priesthood. He said "we are both centered on promoting and restoring wholeness of life and the key words in our professions **-health,healing,holy and whole** - share common roots in old English. Finally, we are both engaged in a moral enterprises. We respond to those who are in need, who ask for help, who expose to us their vulnerabilities and place their trust in us".

Cardinal Bernardin told us that medicine has a moral status and establishes a covenantan relationship founded upon:

First, the patient reliance on the doctor. Illness compels a patient to place his or her fate in the hands of a physician. A patient relies not only on the technical competence of a doctor but also on the physician's moral compass, on the doctor's commitment to put the interests of the patient first.

Second, the holistic character of medical decisions. A patient looks to a doctor as a professional adviser, a guide through some of life's most difficult journeys.

Third, the social investment in medicine. The power of medicine is the result of centuries of science, clinical trials and public and private investments. Above all, medicine has succeeded because of the faith of people in medicine and doctors. This faith creates a social debt and is the basis of medicine's call - its vocation - to serve the common good.

Fourth, the personal commitments of doctors. The doctor-patient relationship creates an immediate personal, fiduciary responsibility to protect that patient's best interests. Regardless of markets, government programs or network managers, patients depend on doctors for a personal commitment and for advocacy through an increasingly complex and impersonal system.

This moral center is the essence of being a doctor. It also defines the outline of the covenant that exists between physicians and their patients, their profession and society. The covenant is a promise that the profession makes that it will remain true to its moral center. The covenant is the basis on which patients trust their doctors, it is the grounds for the public's continued respect and reliance on the profession of medicine. The dimensions of this covenant deal with the physician's responsibilities to his or her patients:

- placing the good of the patient over the interests of the physician, the insurance company, the hospital or system of care
- ensuring that the use of advanced medical science and technology does not come at the expense of real caring
- upholding the sanctity and dignity of life from conception to natural death.

We must not lose our shared commitment to protect our vulnerable members: the unborn, the disabled, the aged and the terminally ill. We must not allow public debate over the right to life of the unborn person and legalize euthanasia to deter us form our commitment, and finally, attending to our own spiritual needs as healers. We can

only give from what we have. Joseph Bernardin had said that he, like everyone in this room today, would someday very likely become sick and vulnerable. It marked the beginning of his new ministry in health care.

Bernardin received thousands of letters from patients with cancer and he answered every letter. He visited countless fellow cancer patients. His new ministry promted him to remark - "I feel like a priest again". Cancer returned in spite of the best that medicine had to offer. Joseph announced that he was dying and that he looked upon death as a friend to help him complete God's work. As he was dying he wrote the story of his final journey and I recommend his book *The Gift of Peace* to all of you. In his last days he wrote the supreme Court Justices, who were debating the issue of physician-assisted suicide, to tell them that even for a man dying of cancer, a less than perfect life was still worth living.

Three principles define a profession. The first is a mastery of a special field of specific and socially valuable knowledge, and a part of this special knowledge is the requirement for continued study to maintain and advance the level knowledge. Secondly, a profession is authorized by society to be autonomous. The members define the standard of knowledge and competence. The profession has a code of ethics that governs practice and it must be self- disciplining. Thirdly, in a profession there is a service orientation that supercedes the interest of the profession. Financial return is not the accepted measure of success in a profession.

From 1992 - 1994 the American Board of Internal Medicine convened a panel of distinguished physicians to define Professionalism in Medicine. They defined the elements of professionalism as a commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge, a commitment to sustain the interests and welfare of patients, and a commitment to be responsive to the health needs of society. The essential components of Professionalism include:

Altruism - unselfish concern for the welfare of others.

Accountability - to patients, society and to our profession.

Duty - accepting the commitment to serve.

Honor and Integrity - the consistent regard for the highest standards of behavior.

Respect for others - patients, families, other physicians, other professional colleagues, such as nurses, medical students and fellows - the essence of humanism.

The American Board of Internal Medicine Panel has discussed the aids and barriers to professionalism in training. This environment, the training ground for young doctors should be the incubator for professionalism. It begins with the mission statement, expands to the admission policies and their related emphasis on the experiences students and housestaff bring to the education enviroment and encompasses the curriculum, including clinical and professional ethics, social issues in medicine, community service activities and longitudinal responsibilities for patients as demonstrated in the long term care of them. It is reflected in the educational environment's dedication to collegiallity, support of faculty development and formal mentoring programs and formal recognition and reward of faculty, housestaff and student role models.

During training a variety of challenges arise that threaten professionalism - fatigue and sleep deprivation; stress and overwork; greed; impairment; lack of confidence, self esteem and experience; difficult patients; chaotic, unstructured or unsupervised rotations; tension with other health professionals and lack of professionalism among housestaff; arrogant faculty or senior housestaff; health risks to the profession; abuse of power; conflict of interest; and family obligations. We will never be able to eliminate all these problems but by their recognition we may be successful in circumventing the worst of their potential damage.

The American Board of Internal Medicine Foundation, the American College of Physicians American Society of Internal Medicine Foundation and the European Federation of Internal Medicine previewed the Charter and Report of the Medical Professionalism Project (3) . The hope for this Project is a Charter on medical professionalism that physicians can use in multiple venues in their professional life.

I am especially concerned for the students entering medicine today. Many finish school in major debt. They hear too many physicians say they are glad to be retiring, they wouldn't do it again. They hear of the sorry plight of the reimbursement system. They get discouraged. They come to our profession as beatiful candidates to carry on this work, this life to which we are called. It is our obligation to let them be all they can be, to help them in every way we can . I find major comfort in the thought of renewing our covenant with our patients. United with our patients I see hope for our young doctors, for our profession and for people we serve .

Dr. Roger Bone was a pulmonary-critical care physician, an intensivist and clearly one of the best known and most respected critical care people in the world. At the top of his profession he gave us our current concept of SIRS - the systemic inflammatory response syndrome. Roger was Dean of the Medical College of Ohio when his life

was suddenly and inexorably changed. He developed a carcinoma of the kidney and had a nephrectomy with multiple complications, long ICU stay and came away with a new appreciation of the important things in life. Dr. Bone descibed his battle with cancer in a wonderful letter to the *Journal of American Medical Association: (JAMA)*: *A Refreshing Taste of Lemonade* (4). After he had recovered from this initial illness, he was walking across campus to give the commencement address to the College Medicine. On the way he paused for a glas of lemonade and to enjoy the day and the trees and the flowers. The students rushed about him busy about their schedules and seemingly oblivious of the beatiful day or the meaning of this occasion. In his talk, he suggested they must find ways to balance the scientific with the humanistic. They should take time to taste the lemonade Roger Bone made four observations from his serious illness:

- Good health is often taken for granted, however, it is the most precious gift one has.
- One's spouse, children, family and friends are the essential ingredients that allow one to endure an experience such as a serious as an unexpected illness.
- When faced with death, one recognizes the importance of God and one's relationship to God.
- The things one does throughout life that seem so urgent are most of the time not that important.

Roger's trilogy included *Another Taste of Lemonade* (5) when his cancer returned and *The Last Refreshing Taste* (6) as he was dying. He was a student, a teacher, a researcher, an a real human being; Roger Bone was a professional . In his final essay he quoted Francis Peabody from the 1927 JAMA who said: "The secret of the care of the patient is in caring for the patient".

The New York Times magazine February 18th, 2001 (7) tells the story of Dr. Matthew Lukwiya, who lost his life while treating patients stricken by the Ebola virus at St. Mary's Hospital in Uganda. Twenty-nine health care workers, nurses, allied health professionals and physicians, contracted Ebola virus in Uganda and 17 of them died, but their service and the lessons they learned and the isolation techniques and the public health information gained, saved the lives of countless others. The epidemic was contained. Dr. Lukwiya had his final prayer answered that he be the last health care worker at St. Mary's to die from the Ebola virus. This was the fullest expression of our calling. There are may examples of professionalism and many fine physicians here. You are the role models. What can we do?

The proposed Charter of the Medical Professionalism Project outlines our responsabilities:

1. Commitment to professional competence.
2. Commitment to honesty with patients.
3. Commitment to patient confidentiality.
4. Commitment to maintain appropiate relations with patients. Patients are vulnerable and depenent and they must not be exploited for sexual or personal financial or other private purpose.
5. Commitment to quality of care.
6. Commitment to improving access to care.
7. Commitment to a just distribution of finite resources.
8. Commitment to scientific knowledge.
9. Commitment to maintaining trust by avoiding conflicts of interest.
10. Commitment to professional responsabilities, self regulation, self discipline, remediation and discipline.

What will come of this? No one knows for sure. My hope is that this Charter, this self-evaluation will be our guide to make clear our path.

My personal take homes:

- Health care is a right and necessary for the preservation of human dignity.
- Health care cannot be a mere commodity.
- We must renew our covenant with our patients. In partnership with those, we find strength.
- We must respect each other, our students and our housestaff, our allied health professionals.

God bless.

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