

WHO WILL PROMOTE MEDICAL PROFESSIONALISM?

In recent years medical professionalism has been under the microscope. This inspection has been driven by the impact of continuous change on medicine, and by the ascendancy of governments and corporatism in dictating the directions of healthcare. The search has yielded a reaffirmation of professional principles. On the one hand, there is altruism — practitioners' duty to serve their patients and the public. On the other hand, there is professional independence and self-regulation.

Few would argue with these principles, but how they are to be promoted within the profession is another question.

Many commentators suggest that medical professionalism will spread like magic dust from the coat-tails of influential role models. Not so, say Sylvia and Richard Cruess, from the McGill Center for Medical Education, in Canada. They argue that professionalism cannot be absorbed from "admirable role models" alone, but must be actively taught in medical schools and through continuous medical education.

But professionalism cannot be simply crammed into doctors through educational programs. Its principles need to be compatible with our culture, and evaluation criteria for professional performance by individual practitioners, learned colleges and medicopolitical bodies need to be accessible.

With these provisos, professionalism needs to be promoted in Australian medicine. Although candidates for this task could well be the Committee of Deans of our medical schools and that of the presidents of our clinical colleges, ultimately we are all responsible.

Cal Thomas, a US surgeon, has noted that "Physicians are heirs to a distinguished moral tradition, but its ancient values have never been more urgent and practical than at this moment. These principles are anchors in a storm of change and controversy."

Martin B Van Der Weyden

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