Medical Professionalism 2010. Revised 2015

1. Introduction

1.1 A key feature of the medical profession is to put patients first. Indeed, the Declaration of Geneva advises doctors that:

*The health of my patient will be my first consideration.*

1.2 Doctors (medical practitioners) are committed to the individual patient and protecting the doctor-patient relationship. This relationship is a partnership based on mutual respect, trust and collaboration, where both doctor and patient have rights as well as responsibilities. Doctors are also committed to protecting and advocating for the health and well-being of the wider public.

2. Medical professionalism

2.1 While the expression ‘medical professionalism’ is used in different ways, for the purposes of this position statement we are using it to refer to the values and skills that the profession and society expects of doctors, encapsulating both the individual doctor-patient relationship and the wider social ‘contract’ between the profession and society.

2.2 Society values the medical profession’s highly specialised knowledge and skills as serving a unique and vital leadership role in the health care system, granting doctors a high level of professional autonomy and clinical independence. In return, doctors are expected to use their unique expertise to set and maintain high standards of practice, competency and conduct through an open and accountable process of profession-led regulation that includes:

- the development and maintenance of ethical codes of behaviour and standards of professional conduct;
- the development and maintenance of clinical standards;
- the enforcement of professional standards through bodies such as the medical boards and other relevant regulatory bodies; and
- the development and maintenance of doctors’ health advisory services.

2.3 Although individual doctors have their own personal beliefs and values, the medical profession upholds a core set of values to which its members must adhere, including (but not limited to):

- respect,
- trust,
- compassion,
- altruism,
- integrity,
- advocacy and justice,
- accountability,
- protection of confidentiality,
- leadership,
- collaboration,
- advancing knowledge and innovation,
- teaching, mentoring and collegiality, and
- practicing and promoting responsible stewardship of health care resources.

3. Challenges to medical professionalism

3.1 The modern health care environment is dynamic, heavily influenced by, and reflective of, the current social, economic and political environment.

3.2 Whilst the medical profession must be responsive to this dynamic health care environment, doctors have a duty to advocate that the health care environment remains patient-centred at all times and the health needs of patients remain the doctor’s primary duty.
3.3 Whilst the changing health care environment may pose opportunities for the medical profession, it may also pose challenges and even barriers to doctors’ responsibility to fulfil their ethical and professional obligations to their patients and the wider public. Challenges may include:

- the rising cost of health care;
- increased bureaucracy, managerialism and regulation;
- changes to the structure and funding of the health care workforce;
- the rise in consumerism including greater access to ‘alternative’ therapies and medicines;
- changing perceptions of the medical profession;
- those internal to the profession such as the appropriate management of doctors’ real or perceived conflicts of interest as well as unprofessional conduct or performance.

4. Trust and confidence

4.1 Public trust and confidence in the medical profession is essential for ensuring people access medical care. If people do not trust doctors, they will seek care elsewhere, or not seek care at all, either of which may prove detrimental to the health and well-being of individuals as well as the wider public health.

4.2 Through leadership, unity, solidarity and collegiality, the medical profession should adhere to and promote the values of medical professionalism to its own members, from medical students through to retiring doctors, from doctors who work in clinical practice to those who work in research, academics and administration.

4.3 The ongoing commitment to medical professionalism will maintain trust and confidence that doctors will serve the public’s interests above all else.

See also:


References


