Altruism will survive the new professionalism in general practice

YES

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We like to think that we live in an altruistic society, in which individuals go beyond the call of duty to help meet the needs of others. The good Samaritan who acts selflessly to come to the aid of someone in distress is publicly lauded. Yet all too often we read headlines such as 'Calls for help ignored'.[1] Media reports lament a decline in altruism in society in general. Declining altruism in medicine has also been noted.[2] Will altruism survive the 'new professionalism'? It will, but only if supported by the collective morality of physicians rather than the dictates of regulators.

Altruism in medicine

We admire doctors who donate their time to humanitarian causes, such as Child Poverty Action Group or Médicins Sans Frontières. In the legal profession, the principle that lawyers should undertake voluntary work for charitable causes or clients who cannot afford legal services is recognised in the tradition of *pro bono publico* ('for the public good'). However, altruism in medicine seems to connote less the notion of gifting time and services (though volunteerism is alive and well) and more the idea of going beyond the call of duty to help patients, and perhaps also the sense of 'giving' of oneself in a consultation.

The etymology of altruism is from the Latin word *alter*, meaning 'other'. Patients continue to value selfless doctors who make the care of the patient their first concern. The rural doctor who makes house calls, warmly depicted in John Berger's observation of English general practitioner (GP) John Sassall in *A Fortunate Man*,[3] is seen as the epitome of a 'good doctor'. In *The Art of Great Care: Stories from people who have experienced great care*, a general practitioner is described as a 'doctor who really cares ...although very busy, she has taken the trouble to put herself in my shoes, and to treat me as a whole human being, with courtesy and imagination'.[4]

Altruism under pressure

It's hard to give of yourself when you face increasing burdens at work and in fast-paced modern life. In my book, *The Good Doctor: What patients want*, I write of doctors 'trying their level best to cope with a tidal wave of new information and increasing demands from funders and government agencies', and note:

> ...the fragility of their belief in their own knowledge, skills and expertise. Their professional self-

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While evidence can help inform best practice, it needs to be placed in context. There may be no evidence available or applicable for a specific patient with his or her own set of conditions, capabilities, beliefs, expectations and social circumstances. There are areas of uncertainty, ethics and aspects of care for which there is no one right answer. General practice is an art as well as a science. Quality of care also lies with the nature of the clinical relationship, with communication and with truly informed decision-making. The **BACK TO BACK** section stimulates debate, with two professionals presenting their opposing views regarding a clinical, ethical or political issue.


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BACK TO BACK this issue:

> esteem and motivation could easily wilt, and they could simply pack their bags and seek other work, if the wrong sorts of changes are enacted. We would all be the poorer if that happened.[5]

In a similar vein, Iona Heath worries that 'love's labours' may be lost if 'straitjacketed professionals' are forced to work in a mechanistic, target-driven way—'we must do everything possible not to lose the commitment, the courage or the openness that makes up the love in our professional labours'.[6]

'New professionalism'

What is 'new professionalism' and how does it relate to the changing nature of the profession of medicine? Writers in the *New England Journal of Medicine* describe a new kind of practitioner:

> Today, a good doctor must have a solid fund of knowledge and sound decision-making skills but also must be emotionally intelligent, a team player, able to obtain information from colleagues and technological sources, embrace quality improvement as well as public reporting, and reliably deliver evidence-based care, using scientifically informed guidelines in a personal, compassionate, patient-centred manner.[7]

This somewhat daunting list reflects the complexity of modern medicine and the growing expectations of patients—but also the higher standards set by the profession for its members. Much has changed, and medicine and other health professions in New Zealand no longer enjoy pure self-regulation in the wake of Judge Cartwright's 1988 *Report of the Cervical Cancer Inquiry*. The reforms of the Health and Disability Commissioner Act 1994 and the Health Practitioners Competence Assurance Act 2003 have introduced a co-regulatory model, with greater lay input and external checks.

Altruism will survive

Excessive accountability risks distorting the proper aims of professional practice: to care for patients. We need government, regulators and funders to seek 'intelligent accountability'[8] that does not undermine good medical practice. We need the profession itself to hold to the ideals of public service and altruism, and teachers and medical leaders to emphasise them. It is encouraging to see new statements of medical professionalism affirm the centrality of the possession and maintenance of professional skills, and of devoting those skills to the service of the public.[9] Most doctors recognise that professionalism (in its ancient and modern guises) calls them to a higher service than a funder, a contract, or the law may require.

Finally, reciprocity is also important to sustain altruism—the ways in which society, government and individual patients acknowledge and support the efforts of doctors. If doctors know that patients and the public continue to value the good doctor who goes the extra mile, I believe that altruism will survive.

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