

Altruism will survive the new professionalism in general practice

NO

Altruism will not survive. And why would you expect it to? Altruism requires a *quid pro quo*—doctors put patients above self-interest in return for autonomy and self-regulation. We have lost our autonomy and ability to self-regulate, so altruism will also be lost.

Traditional professionalism involves the right (of the profession) to judge the quality of its own work,¹ a right ceded to it by society because of three assumptions:

1. the assumption of expertise—that the professional has knowledge and skill not accessible to the layperson;
2. the assumption of self-scrutiny—that the profession will regulate itself, without the need for outside interference; and
3. the assumption of altruism—that the profession will place the interests of those served above self-interest.

The use of the word altruism as part of the definition does raise a linguistic argument. The original meaning of the term was ‘self-sacrifice’ and this is not a realistic practical value; but this factual meaning is not the same as the meaning attached to altruism by the professionalism movement, where it is used to refer to the ‘principle of the primacy of patient welfare.’^{2,3}

In 1994, Freidson in his book *Professionalism Reborn* said that patient expectations mirror societal expectations of medicine; and that physicians are committed to health and wellbeing of individuals and society through ethical practice, self-regulation and high levels of personal behaviour.⁴ In other words, doctors get to self-regulate, set their own practice standards and enjoy high levels of

trust, as long as society feels they are acting in the best interests of the patient and society.

But somewhere along the way, we lost the trust of society.

Internal drivers of professionalism include self-regulation and autonomy—the right to control membership, to clinical autonomy, to practice and to set professional standards. But these rights to self-regulation and autonomy are in the public expectation that doctors will act in the best interests of the patients and society—putting their needs above self-interest (acting altruistically). The Shipman Enquiry and the Cartwright Report are merely two of many examples where the trust of society has been eroded by how the profession behaved. As a consequence, we have increasing external regulation in the form of barriers and disincentives—including government regulation, erosion of privileges, financial penalties/incentives and control of clinical practice. Government regulation is occurring in the form of the Health Practitioners Competence Assurance Act 2003 and increasing controls on our autonomy are happening in the form of protocols, and performance programmes, such as the PHO Primary Performance scheme. Control of clinical practice includes the use of clinical pathways and the use of evidence-based guidelines.

Of course, with the loss of self-regulation and autonomy, the third assumption—that of altruism—is also lost. The advent of the doctor who works to a clock, who sees medicine as a job—not a calling, not a vocation but a job—is upon us. The doctor who values their own work-life balance is an integral part of the upcoming generations X and Y.

In the words of Don Berwick—‘Is this the epitaph of profession?’⁵ He also coined the phrase ‘new professional’.

Kate Baddock MBChB,
Dip Obst, FRCGP
General practitioner,
Kawau Bay Health Centre,
PO Box 41, Warkworth,
New Zealand
kateb@kawaubayhealth.
co.nz

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The new professional is one who embraces their citizenship of the whole health care system and asks ‘what am I a part of?’ not ‘what do I do?’ The new professional will have the skills to play that role within a multidisciplinary team—involving cooperation, teamwork and dialogue. They will understand they no longer have to hold all the information in their head, but know where to find it. The new professional will be one who changes the terms of engagement to the Triple Aim (cost effectiveness, population health and the entire patient experience) to improve patient health. They will also trade prerogative for reliability—which risks autonomy but allows the development of being part of a system that treats the patient. The individual doctor may no longer wield the power and treat the patient, but the system serves the patient. And, finally, the new professional will be one who redistributes power to the patient. We are guests in our patients’ lives, and we bring to them, no longer ourselves, but a system of care, information and support to help them in their lives.

This is what we are heading towards and altruism has no part to play in this new ideology. That abrogation to the system and the removal of personal responsibility for the patient also means we are no longer required to act in the interests of that patient above our own. The altruistic professional of the past often ‘burned out’ both psychologically and emotionally. This should no longer happen for we will be able to rely on the system to act in the patient’s best interests on our behalf.

One of the best analogies is to look at the health system as a beehive. Each part of it is vital to the wellbeing of the queen bee—the patient. In the past, the medical profession have been the drones—fussing about the queen and very special to her and her future. Because of the special nature of that relationship and the personal responsibility that the doctor had, they were prepared to make caring for patients—their patients—their life’s work. True altruism. But that role is no longer entrusted to doctors and we are being moved to the role of worker bee (health worker)—integral to the smooth functioning of the whole, but one of a much greater number of workers, each with their part to play in the

running of the hive (health system). However, as a worker bee, we are no longer personally responsible for the patient—the system is now responsible. With that, there is a lessening of the requirement of altruism—we will not see the young doctor prepared to forgo his weekend with friends and family because a patient needs him (not the doctor or nurse who is available on call). Like the worker bee, there is always someone else there as part of the system, but that feeling of personal responsibility—which goes hand in hand with altruism—will be gone.

References

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