PROFESSIONALISM

PCM 1
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Farid Fata
• Mis-diagnosis of cancer in patients who turned out not to have cancer
• Administered unnecessary chemotherapy
• Defrauded Medicare ~ $35M
• 45 years in prison

“Dr. Farid Fata Sentenced to 45 Years in Prison”

George Tyndall
• Gynecologist at USC student health center for ~30 years
• Formally charged with 16 counts of sexual assault
• To date, 380 women have reported misconduct
• 29 felony charges
• Facing 53 years in prison

“USC Warned about George Tyndall, the Gynecologist Accused of Predatory Behavior”
May 24, 2018, www.latimes.com
Public Trust in Medicine

- Why does trust in medicine matter?
- How has trust in medicine evolved?
- Factors affecting public trust in medicine.

- Images of healthcare professionals and patients to illustrate trust issues.
- Statistics on public trust in medical practices.

- Conclusion: The importance of rebuilding trust in medicine.

- Questions for discussion: How can trust be restored in healthcare?
What I will cover

• What is a profession? What is medical professionalism?
• The “low” bar: Staying out of trouble (the behaviors to avoid)
• A behavior and skills-based framework for physician professionalism
  • Everyday challenges, positive guidance and examples
• Professionalism and wellness/self-care
• White coat “wall of silence”
• The “high” bar: Advocating for system level change

What characterizes a profession?

• Obligations
  • Privileges
  • Rights

What are some things a physician can do that other people can’t?

The Social Compact

<table>
<thead>
<tr>
<th>Obligations of Physicians to Patients</th>
<th>Right and Privileges of Physicians</th>
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<tbody>
<tr>
<td>Guaranteed competence</td>
<td>Autonomy</td>
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<td>Altruistic service</td>
<td>Trust</td>
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<td>Integrity</td>
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<td>Transparency</td>
<td>Self-regulation</td>
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<td>Accountability</td>
<td>Monopoly</td>
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What is Medical Professionalism?

• The basis of medicine’s contract with society (ABIM)

• The norms of the relationships in which physicians engage in the care of patients (Kuczewski)

• A set of behaviors that can be demonstrated in our daily work confronting common challenges (Levinson et al)

• A skill and competency that can be taught… that must be developed over entire careers… that must be practiced (Levinson et al)

A Shared Responsibility

Stritch White Coat Ceremony 2018

Photo credit Erik Unger
How is professionalism learned?

Role Models (positive and negative)

What is a state medical board?

Primary mission: Protect the public

Responsible for:
- Licensing
- Regulation
- Discipline
FSMB cites 59 potential grounds for action

Most Common Reasons MDs Get in Trouble
- Dishonesty on the licensing application process
- Poor record keeping
- Poor communication
- Physician sexual misconduct
- Prescribing issues
- Disruptive behavior
- Substandard care

What happens when a complaint is received?

Complaint → Review → Investigations → Adjudications

Does the board have legal authority to act?

Consequences
- Letter of concern (not public)
- Board Action (public)
- Suspension of license during investigation
- Sanctions — CME, fine, public reprimand, required use of a practice monitor, license restriction
- License suspension, or combination
ABIM Charter

3 Fundamental Principles
• Primacy of patient welfare
• Patient autonomy
• Social justice

10 Professional Responsibilities (Commitments)
• Competence
• Honesty with patients
• Patient confidentiality
• Appropriate relations with patients
• Improving quality of care
• Improving access to care
• Just distribution of finite resources
• Scientific knowledge
• Maintaining trust by managing conflicts of interest
• Professional responsibilities

American Board of Internal Medicine Physicians Charter
https://abimfoundation.org/what‐we‐do/physician‐charter

4 Core Values (Levinson et al)

Patient‐centered care
• Professional competence
• Honesty with patients

Integrity and accountability
• Honesty with patients
• Patient confidentiality
• Maintaining appropriate relations with patients
• Improving quality of care
• Maintaining trust by managing conflicts of interest
• Professional responsibility to maintain standards of care

Pursuit of excellence
• Professional competence
• Improving quality of care
• Scientific knowledge

Fair and ethical stewardship of healthcare resources
• Improving access to care
• Just distribution of finite resources

Behavioral & Systems Approach (Levinson et al)

1. Professionalism is demonstrated through a set of behaviors that can be observed

2. These behaviors can be observed in 4 key domains:
   - Interaction between clinicians and patients/families
   - Interaction among team members
   - Practice settings (e.g., hospital, outpatient clinics)
   - The professional organizations and external environment influence care
Patient-Centered Care: Behaviors

• Communicate effectively, demonstrating empathy, compassion, and actively working to build rapport

• Be accessible to patients to ensure timely access to care and continuity of providers

• Demonstrate respect for other team members in all interactions

Patient-Centered Care: An “Every Day” Case

Helen, now 65 years old, had breast cancer when she was in her 40s. She remembers in great detail the visit with her oncologist, Dr. Owen, when he initially told her about the cancer. What Helen remembers most is how he told her he had bad news but he was going to be with her every moment of the journey ahead – that she was going to be okay. She remembers him holding her hand when she cried. She remembers the silence in the room that hung there for what seemed like a long time while she sobbed and couldn’t speak. She remembers the warmth in his voice when he said, “I am so sorry you have to deal with this.” Even though Helen doesn’t need him anymore, she will always remember how much he cared.

Integrity and Accountability: Behaviors

• Maintain appropriate relationships with patients

• Promptly disclose medical errors; take responsibility for and steps to remedy mistakes

• Manage conflicts of interest/disclose relationships that may affect recommendations related to dx and tx

• Report impaired or incompetent colleagues
Integrity and Accountability: An “Everyday” Case

Dr. Jackson is a 2nd year medical resident doing a rotation on the wards of a teaching hospital. He was entering an order for an ACE inhibitor for Mrs. Shaw, an 80 year old patient with congestive heart failure, when the chief resident interrupted him to discuss asthma treatment for another patient. When Dr. Jackson returned to the computer, he incorrectly entered the order for salbutamol into the chart of Mrs. Shaw. The nurse noticed that this was a medical that had previously not been prescribed for Mrs. Shaw but did not question the order. The next day the nurse sees Dr. Jackson during rounds and asks why salbutamol was started. When they realize there has been a medication error, they both feel uncertain about whether or not they should tell Mrs. Shaw because she hasn’t seem to had any problems from the salbutamol. Should they tell her? If they do, how should they do this and who should be the one to share this information with Mrs. Shaw?

Adapted from Understanding Medical Professionalism Eds., Levinson, Ginsburg, Hafferty & Lucey

Pursuit of Excellence: Behaviors

• Adhere to nationally recognized evidence-based guidelines, individualizing as needed for particular patients but conforming for the majority of patients
• Engage in lifelong learning and professional development
• Participate in collaborative efforts to improve system-level factors contributing to quality of care
• Develop and participate in local educational conferences

Pursuit of Excellence: An “Everyday” Case

Dr. Amineh finished a busy day in her primary care office. Although most of her patients had routine concerns, several patients raised questions that she needed to look up in the literature. There was a dermatologic problem she couldn’t identify. One of her patients had been started on a new insulin regimen by her endocrinologist; Dr. Amineh had been to a continuing medical education (CME) program that mentioned this approach but couldn’t remember the details of how to adjust it or potential drug interactions. She hoped to get a few minutes at the end of the day after completing her chart notes to address these questions.

Adapted from Understanding Medical Professionalism Eds., Levinson et al
Fair and ethical stewardship: Behaviors

- Do not provide unnecessary/unwarranted care
- Commit to deliver emergent care equitably, respecting the different needs and preferences of subpopulations, but without regard to insurance status or ability to pay
- Deliver care in a culturally sensitive manner
- Establish mechanisms for feedback from peers on resource use and appropriateness of care
- Actively work with colleagues to coordinate care and maximize prudent resource use

Fair & ethical stewardship: An “Everyday” Case

A 3rd year medical student was on a rotation in a women’s health clinic located in a community serving a low income population. She heard from several patients that they had not scheduled their screening mammograms, and she learned that the cost of the mammogram in the local hospital was too expensive for these uninsured patients. In discussion with a group of her student colleagues, they decided to do a bit of investigating as part of their class on population-based health. The students called a variety of local mammogram centers and pretended to be a patient without health insurance seeking a screening mammogram. Their investigation revealed that it was almost impossible to successfully schedule an appointment for a mammogram, even if the patient could afford it, within a 5-mile radius of the clinic— including at their own medical school facility. Armed with the data, the students approached the administration of the hospital and asked them to help create a program to facilitate the appropriate care of these patients. The administrative staff, after being made aware of the data, was able to create a compelling rationale and business case to provide the service to their patients.

Stress, burnout, wellness, self care

You are told.....
- Take care of yourself first
- Eat well, sleep well, get exercise, drink water
- Continue your hobbies
- Find something else besides medicine you are passionate about

Hidden Curriculum
- Anything else besides school/work is a luxury
- Be tough
- Be stoic
- Hide weakness
- It’s supposed to feel like this
Case: The Disruptive Physician

Dr. Hernandez, the associate program director, sighed. He had just fielded a complaint from one of the ICU nurses who said that Dr. Miller, one of his residents, screamed at her in the middle of the night when she notified her that an error had occurred and a critically ill, 24-year-old patient with bacterial meningitis had missed a dose of antibiotics. Shaking his head, he wondered what to do. “If they don’t know how to be nice to people by the time they are 26, how am I supposed to teach them? Who let this type of person into medical school anyway?”

Adapted from Understanding Medical Professionalism, Eds., Levinson et al.

“White coat wall of silence”

You are told:
• You have a duty to report unprofessional, incompetent or impaired colleagues

Hidden Curriculum
• Don’t be a rat
• Physician autonomy and benefit of the doubt takes priority over patient well-being
• Avoid any chance of a false accusation!

Adapted from Understanding Medical Professionalism, Eds., Levinson, Ginsburg, Hafferty & Lucey

The “Everyday” Case:
Everybody knows, so I don’t need to say anything...

The surgical nurses and residents have noticed that a senior and well-respected surgeon, Dr. Smith, continues to use a particular surgical instrument that all of the other surgeons stopped using. Evidence suggests that it is associated with more complications of a particular procedure. It is not clear to the team, who have discussed this in hallway conversation, whether Dr. Smith knows that she is the only one still using this instrument, and it is not clear whether someone should mention it, or who should do so. The hospital has created standard surgical sets for a variety of different procedures, but not for this one.

Adapted from Understanding Medical Professionalism, Eds., Levinson et al.
The “high” bar: The MD as citizen committed to the common good

Is It Possible for Physicians to Change the System?

• Individual physicians need to recognize that the environment can be changed and need to raise awareness of the need for change. No culture is static and fixed.
• Small actions can have an impact.
• These actions are often initiated and implemented by a group, not just one person alone.
#WhiteCoats4BlackLives

The Rachel Maddow Show: "Medical Students: 'Die-in' over police misconduct." 12/10/14