
Medical Professionalism in the United States Today: Challenges and Accomplishments

David J. Rothman, Ph.D.

Bernard Schoenberg Professor of Social Medicine
Columbia College of Physicians and Surgeons

President

Institute on Medicine as a Profession

China lectures, October 2010

INSTITUTE ON MEDICINE AS A PROFESSION

www.imapny.org

The screenshot shows the homepage of the Institute on Medicine as a Profession (IMAP). The header features the organization's name and the tagline "Making Professionalism a Field and a Force". Below the header is a navigation menu with categories: "medicine as a profession", "conflicts of interest", "physician advocacy", "media library", and "about IMAP". A search bar is located in the top right corner. The main content area is divided into several sections:

- SELF REGULATION Ensuring Professional Integrity:** A large graphic featuring a classical bust of Hippocrates holding a scroll labeled "HIPPOCRATIC OATH".
- New Developments in Managing Conflicts of Interest:** A section titled "IMAP Conflict of Interest Best Practice Toolkits" describing a series of guides for healthcare organizations.
- Medical Professionalism Initiatives:** A section titled "IMAP Launches Online COI Curriculum" describing a new web-based curriculum for medical professionals.
- Get Our Medical Professionalism Newsletter:** A sign-up form with an "Enter Email Address" field and a "Sign Up" button.
- Featured Media & Publications:** A list of recent articles, including "Marketing HPV Vaccine: Implications for Adolescent Health and Medical Professionalism" and "Professional Medical Associations and Their Relationships With Industry: A Proposal for Controlling Conflict of Interest".
- Recent News:** A list of news items with dates, such as "Sep. 16, 2010 Applications for IMAP/Macy Foundation Grant Program Available" and "Sep. 13, 2010 IMAP Authors Reveal Serious Gaps in Medical Journals' Disclosure Policies".
- Search Policies:** A search form for "Clinical Care Conflict of Interest Policies from Academic Medical Centers" with a "Go" button.

LOOKING BACK AND LOOKING AHEAD:

Medical Professionalism:

Does it have to be

Revived?

or

Invented?

THE SO-CALLED GOOD OLD DAYS

- **A profession that was all male, white, upper-middle class.**



- Conflict of interest was certainly present: Fee-splitting, direct dispensing, fee-for-service.
- Resistance to organizational change: The bias against group practice; The bias against government intervention.

AND YET: A DISTINGUISHED TRADITION OF PROFESSIONALISM

- The Hippocratic Oath
- Service to the underprivileged
- A life dedicated to serving patients

REFRAMING THE QUESTION:

- Is professionalism a euphemism for guild monopoly and restrictions?
 - Sociology of the 1960s / 70s
- Or is it the last best hope to combat pharmaceutical marketing and other barriers to effective patient care?
 - The contemporary view

FROM PRINCIPLE TO PRACTICE: TAKING PROFESSIONALISM SERIOUSLY

The Fundamental Challenges for Professionalism in the 21st Century:

What does it mean to make
professionalism a force for change?

ATTRIBUTES OF PROFESSIONALISM

- Altruism and commitment to patients' interests
- Self-regulation
- Maintenance of technical competence
- Civic Engagement

THE CHALLENGES TO PROFESSIONALISM

Maintenance of Technical Competence Reducing Medical Error

- The challenge of IT: will physicians adopt/use it?
- Will they share decision-making data?
- Recertification

THE CHALLENGES TO PROFESSIONALISM

Self-Regulation

- Weak historical record
- Pass on troublesome colleagues to the next institution
- Failure to police activities such as:
 - Whole body scans
 - Anti-aging clinics and cosmetic claims

SURVEY RESULTS: PHYSICIAN ATTITUDES

Q: In the last 3 years, have you had direct personal knowledge of a physician who was impaired or incompetent in your hospital, group, or practice? If yes, how often did you report that physician to a hospital, clinic, professional society, or other relevant authority?

RESULTS: 45% Indicated they had not reported an impaired colleague at least once.

THE CHALLENGES TO PROFESSIONALISM

Civic Engagement

- Physicians rarely participate in community affairs or enter public discussions.
- Can physicians advocate for more than pocket-book interests?

MEDICINE'S RESPONSE TO OBAMA'S HEALTH CARE BILL

- Historically PMAs have been against large- scale insurance coverage.
- This time the AMA endorsed health care expansion.
- Media reports suggest that individual physicians were not in favor of the Obama plan.
- The American College of Surgeons were the most prominent opponents of the Bill. They feared reduction of physician salaries.

THE CHALLENGES TO PROFESSIONALISM

Altruism and Commitment to Patients' Interests above Financial Interests

- HMO / Hospital / Group Practice / Financial Incentives
- Drug Company Relationships

THE COMMITMENT OF ACADEMIC MEDICAL CTRS. TO MANAGING CONFLICT OF INTEREST

- A deep sense of professional values and a conviction that left unregulated, industry marketing undermines patient well-being and scientific integrity
- Fears of embarrassment; new levels of financial transparency (i.e. industry websites that list physician payments) could make for unflattering front-page stories
- Academic leaders do not want to be the target of letters from Senator Charles Grassley's office

RECOMMENDATIONS FOR MANAGING CLINICAL CONFLICTS AT AMCs

Table 1: Recommendations for Managing Clinical Conflicts of Interest at AMCs

Policy Area	ABIM-IMAP	AAMC	IOM
Gifts from industry	Prohibit	Prohibit	Prohibit
Meals provided by industry	Prohibit	Prohibit	Prohibit
Vendor provision of product samples	Central repository	Central repository	Central repository
Vendor access	Register/limit/train	Register/limit/train	Register/limit/train
COI policies for pharmacy and therapeutics committees	Members should be conflict-free	Members should be conflict-free	Members should be conflict-free
Industry funding for continuing medical education	Central repository	Central repository	"Reform funding system" (no specific policy proposals)
Consulting agreements	Full transparency	Full transparency	Full transparency
Honoraria	Full transparency	Full transparency	Full transparency
Industry donations for scholarships, fellowships, travel	Central repository	Central repository	Central repository
Faculty authorship on articles ghostwritten by industry employees	Prohibit	Prohibit	Prohibit
Faculty participation in industry-organized speakers bureaus	Prohibit	Strongly discourage	Strongly discourage

STATUS OF AMC POLICIES, BY CCOI AREA

Table 2: Status of AMCs' policies, by CCOI area (October 2007 – December 2008)

CCOI policy area	"Does your institution have formal policies that cover the following areas?" (N=77)		
	Yes, % (n)	No, % (n)	In Progress, % (n)
Gifts	57% (44)	14% (11)	29% (22)
Meals	57% (44)	16% (12)	27% (21)
Vendor Access	55% (42)	22% (17)	23% (18)
Samples	44% (34)	31% (24)	25% (19)
P&T Committees	42% (32)	42% (32)	17% (13)
CME	55% (42)	18% (14)	27% (21)
Consulting	70% (54)	8% (6)	22% (17)
Honoraria	70% (54)	8% (6)	22% (17)
Scholarships/fellowships/travel	44% (34)	27% (21)	29% (22)
Ghostwriting	23% (18)	49% (38)	27% (21)
Speakers' Bureaus	40% (31)	31% (24)	29% (22)

STATE OF THE FIELD: Professional Medical Associations

<u>Activity</u>	<u>Regulation</u>
General Budget Support from Industry	<ul style="list-style-type: none"> ■ Work toward a complete ban on drug and device industry funding (\$0), excluding journal royalties and exhibit hall fees. ■ In the interim, total industry support (excluding journal royalties and exhibit hall fees) should be no more than 25 % of a PMA's budget. ■ Any funds accepted in interim should be pooled and administered through a central repository.
Industry Sponsorship of Conference Programs	<ul style="list-style-type: none"> ■ Pass more of CME costs to individuals rather than depending on contributions from members of interested parties ■ Any industry funding accepted should be administered through a central repository
Conflict of Interest Standards for Conference Program Committee Members	<ul style="list-style-type: none"> ■ Best standard: select program committee members who are completely free of financial ties to industry. ■ At a minimum, members of the program committee should disclose any financial ties with industry to the committee ■ Members with COI will be recused when appropriate
Giftng of Promotional Items at Meetings	<ul style="list-style-type: none"> ■ No branded items are permitted ■ Exhibit halls are acceptable

STATE OF THE FIELD: Professional Medical Associations

<u>Activity</u>	<u>Regulation</u>
Satellite Symposia	<ul style="list-style-type: none">■ PMAs should not endorse, facilitate or accept funding for satellite symposia
Industry Funds for Research by PMAs and Members	<ul style="list-style-type: none">■ Industry funds for research should be donated to a central repository■ PMA and investigators maintain control over data
Committees That Formulate Practice Guidelines or Outcome Measures	<ul style="list-style-type: none">■ Establishment of guidelines and registries must be independent of all industry influence■ Committee members should be only those with no ties to industry, or at the very least, have no COI

STATE OF THE FIELD: Professional Medical Associations

<u>Activity</u>	<u>Regulation</u>
Industry Support of PMA Publications	<ul style="list-style-type: none"> ■ Distribution of guidelines and other advisory materials should be independent of industry funding ■ No PMA publication should bear logo of drug or device company ■ No funding should be accepted for journal supplements
Product Endorsements	<ul style="list-style-type: none"> ■ Do not solicit or accept any offers that would attach PMA name or logo to a commercial product, service or activity
COI Among PMA Presidents, Officers and Board Members	<ul style="list-style-type: none"> ■ Presidents and Officers should be conflict free beginning at the two years preceding their term ■ The Board should be conflict free if possible. If this is not yet possible, all COI must disclosed ■ Executive and operational staff may not have ties to industry

THE NEWEST CHALLENGES TO PROFESSIONALISM:

DOES PROFESSIONALISM IN MEDICINE MANDATE A 24/7 COMMITMENT?

- The revolution in the medical work force
- The 80 hour work-week

WHERE DO WE GO FROM HERE?

Professionalism Lite

Manners are important

Humanism is important

But they are no substitute for substance.

IF MEDICINE BECOMES AN OCCUPATION:

- More government controls
(often ineffective and inefficient)
- More oversight from business
(usually bottom-line driven)
- Discretion gives way to cook-book medicine
- The inevitable Loss of Trust

IN CONCLUSION:

WHEN PROFESSIONALISM SAYS:

- Put patient-interests first, it means:
Physicians may have to take a financial hit.
- Maintain Technical Competence, it means:
Physicians will have to let others look over their shoulders.
- Self-regulate, it means:
Physicians may have to report their friends.
- Civic Engagement, it means:
Physicians will campaign for public benefits, not private reimbursement.