

National and International Challenges to Medical Professionalism

David J. Rothman, Ph.D.

*Bernard Schoenberg Professor of Social Medicine
Columbia College of Physicians and Surgeons
President, Institute on Medicine as a Profession*

*7th China-US Conference on Medical Professionalism
October, 2012*

David J. Rothman, PhD

No Financial Conflicts of Interest to Disclose

David Rothman has served as consultant and expert witness for the office of the Attorney General of the State of Texas in its litigation against Johnson & Johnson related to Risperidone.

THE CONCEPT OF PROFESSIONALISM

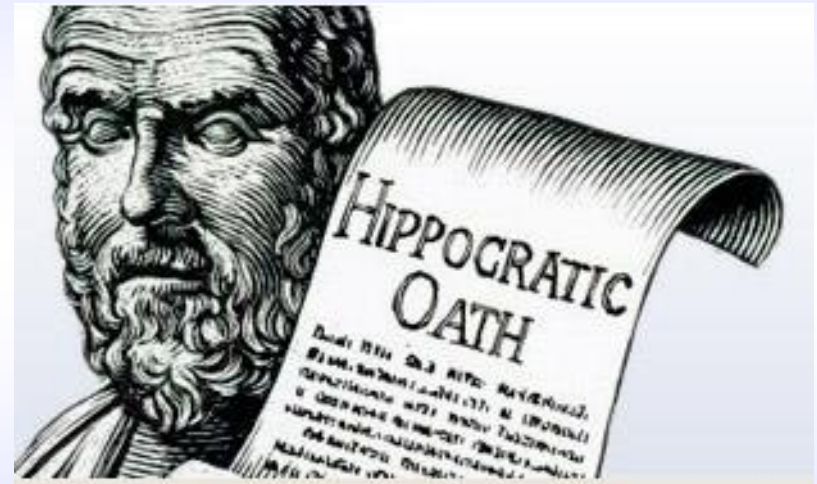
More contentious than might be imagined:

- In the 1950s and '60s, equated with guilds working to protect members' interests.
- In the 1990s, the best hope against the evils of managed care.

THE CONCEPT OF PROFESSIONALISM

Professionalism often evokes a nostalgic response:

- The doctor who made house calls
- Who was free of drug company bias
- Who had never heard of KOLs and speakers bureaus



THE CONCEPT OF PROFESSIONALISM

But nostalgia can be misleading. Until the 1970s:

- The profession was all white, all male, all upper middle class
- Fee splitting was common
- Fee for service lent itself to abuses



THE CONCEPT OF PROFESSIONALISM

For all the debates over professionalism, vital questions remain:

- What are the challenges that professionalism will face over the next several decades?
- Looking forward, what will it mean to make professionalism a force for change?

DEFINITION OF PROFESSIONALISM

- Altruism, putting patient interests first
- Life-long learning
- Oversight of colleagues & medical institutions
- Civic engagement



THE FAMILIAR CHALLENGES TO PROFESSIONALISM

- Conflict of interest (industry, institutional, personal).
- Errant colleagues & practices
- Political apathy

SOME OF THE CHALLENGES WE NOW CONFRONT

I) Physicians and the transformation of health care delivery

II) Physicians and controlling health care costs

III) Physicians and civic engagement

I) TRANSFORMATION OF HEALTH CARE DELIVERY

The disappearing solo practitioner -





1996: 41% of physicians in 1-2 person practices

2008:

- 32% of physicians in 1-2 person practices
- physicians in 6-50 person practices *climbed* from 13% to 19%

I) TRANSFORMATION OF HEALTH CARE DELIVERY

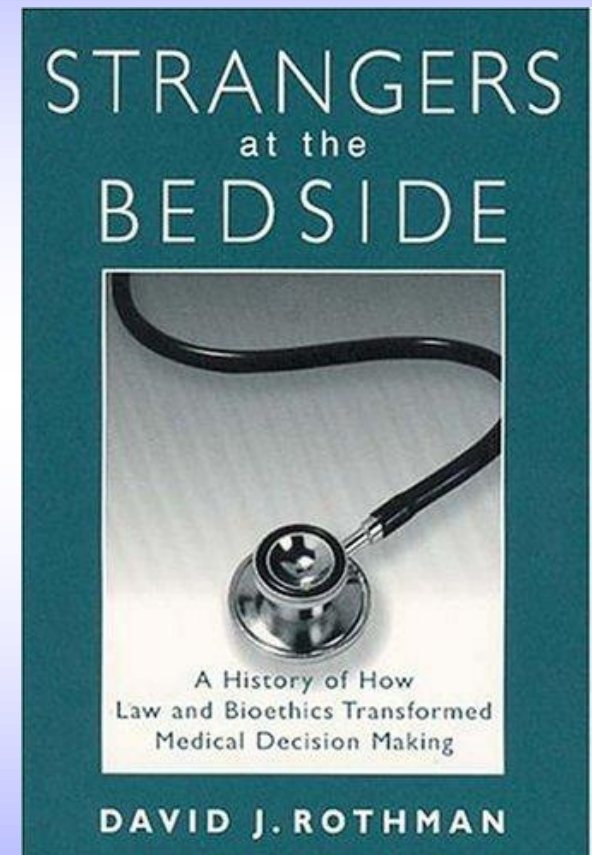
Group practice: questions and concerns

-  Will the opportunity for closer collegial oversight enhance quality care?
-  Will the change from self-employed to employed reduce professional commitments?
-  Will it adversely affect earnings and encourage red envelopes, overtreatment, and conflict of interest?
-  Will allegiance to the organization replace allegiance to the patient?

I) TRANSFORMATION OF HEALTH CARE DELIVERY

Strangers at the bedside

- The rise of the “ist”
 - Intensivist
 - Hospitalist
 - Laborist
- Urgicare medicine
- Walmart/Walgreen medicine



I) TRANSFORMATION OF HEALTH CARE DELIVERY

How does an ethic of professionalism incorporate the reality that doctor-patient relationships are transient interactions between strangers?

II) CONTROLLING HEALTH CARE COSTS

The many contributing factors to skyrocketing health care costs:

Government expenditures

- National health insurance: 45 million patients added to the rolls.
- The aging population and Medicare
- The unemployed population and Medicaid

Medical technology

- proton machines
- oncology drugs

II) CONTROLLING HEALTH CARE COSTS

The many contributing factors to skyrocketing health care costs:

Patient/public pressures

- Autism
- Anti-rationing perspective



- Dan Perjovschi

II) CONTROLLING HEALTH CARE COSTS

Questions and concerns on controlling costs:



Will physicians be able or willing to discuss costs with their patients?



Will professional medical societies be able to give members effective advice on costs, or like the American College of Physicians, simply advocate: “parsimonious care?”



Will new federal creations, like accountable care organizations, be able to reduce costs and not jeopardize patient well-being?



Will state groups, like Washington’s Health Technology Assessment Committee, be able to reduce costs and not jeopardize patient well-being?

III) CIVIC ENGAGEMENT

The record:

- Physicians do not often participate in politics (voting, office seeking).
- When they do, it is often to promote financial self-interest (professional medical societies as trade groups).
- Policy and political leaders typically ignore physicians (Clinton health care plan, Obama and the ACA).
- The concept of civic engagement is controversial (doctor to patient: lose weight, exercise, and vote Republican).

III) CIVIC ENGAGEMENT

The promise, nationally:

- Physicians do carry prestige
- No one better situated to bear witness
- The need for population-based programs

III) CIVIC ENGAGEMENT

The promise, internationally:

- Self-interest (global pandemics)
- Combat disparities
- Uphold principles of professionalism (against interrogation and torture; mutilation)

IV) CONCLUSIONS

The new problems confronting medical professionalism take us into uncharted territories.

We face unprecedented challenges:

- group practice,
- medical care by strangers,
- the potential bankruptcy of health care systems,
- untested methods to contain costs,
- and a politically disengaged profession.

Will we prove equal to the tasks? Time will tell.