

The *Profession* of being a Physician

Defining “professionalism” is challenging due the many components of its meaning. Physicians, as doctors, hold a special place in society, having special knowledge and skill gained competitively through rigorous standards of education and performance; doctors also gain power and prestige, financial advantage, and membership in an elite group that identifies and strengthens itself through requirements of credentialing, titles, and group loyalty. Physicians often assume that these gifts of knowledge, skill, and elite status are proprietary such that they somehow *own* them and that these attributes identify who they are as a professional and as a healer. Unfortunately, far too many who have earned and wear the long white coat and possess these attributes fail to be authentic healers.

Physicians are required by their profession to assume special responsibilities in relationships they form with patients. The patient is in a uniquely vulnerable and compromised position when seeking help from their physician. Physicians, on the other hand, are uniquely poised to deploy their power, knowledge, and skill to aid the patient. Both benefit but harm may come of this relationship and it is the physician who, for the most part, controls the direction it will take. The knowledge and skills given to the physician through the social construct of education and training, along with special rights and privileges in society that they convey, are designed for the uniquely singular purpose of *healing*. These skills are determined out of human necessity, are selectively given, and therefore non proprietary—physicians do not “own” them but are taught to use them for the good of their fellow man. The successful healing relationship therefore requires the physician’s commitment to a selfless purpose while at some point the patient must trust that the physician will do the right thing.

The healing relationship denotes obligations distinguishable from contractual relationships in society. In contractual agreements each party deals voluntarily from a position of equal power, while at the same time each remain equally accountable to the ultimate success or failure of the agreement. Contracts presuppose lack of trust. When healing relationships form it is due to the fear of illness, which for the most part is involuntary and compromising for patients; a level playing field of negotiation for desired health outcomes is rarely possible when patients are weakened by disease and emotional distress and when confronting the realities of finitude and suffering. When patients become ill trust is implicit in the relationship that they have with their physician. Patients trust that the physician will do all she can to heal and comfort at a time when they are most vulnerable and afraid.

Being a member of the healing profession is a special claim that requires a special kind of commitment, a dedication to an ideal, altruism to the welfare of others, and suppression of self interest. To *profess* is to “promise aloud” through an oath that clearly demonstrates what it means to be a physician *qua* healer. This profession places the patient central and first in every consideration, even when patients’ needs cannot always be met. Being a physician is about more than long white coats, income, power, and parking places...it’s about patients and commitment to promises made.

A clear and well delineated definition of profession is provided by The American Association of Medical Colleges (AAMC) and this continues to be a solid working definition for the purposes of education, training and professional development.

Profession is the enactment of values and ideals of individuals who are called, as physicians, to serve individuals and populations whose care is entrusted to them, prioritizing the interests of those they serve above their own.
(AAMC Professionalism Task Force, 1996)