PROFESSIONALISM AND MEDICINE’S SOCIAL CONTRACT WITH SOCIETY
We are physicians

We have spent 18 years studying medical professionalism

We would not presume to pose as experts in the professionalism or the social contract of other health care professions

We suggest that there are both similarities & differences, but that the underlying principles are the same
WHY
PROFESSIONALISM?

WHY NOW?

WHY THE SOCIAL CONTRACT?
• There is general agreement that the status of all professions in society, including medicine, is threatened for a variety of reasons

• One response of the medical profession:
  To try to ensure that all graduates, trainees and practitioners understand the nature of professionalism, their professional obligations & have acquired a professional identity
THE CONCEPT OF THE SOCIAL CONTRACT CAN HELP IN THE TEACHING & LEARNING OF PROFESSIONALISM
Today’s students frequently need the purpose and meaning of activities spelled out for them…… Most young people no longer respond to appeals to duty; instead, they want to know exactly why they are doing something….

Twenge: Medical Education, 2009
PROFESSIONALISM AS THE BASIS OF MEDICINE’S SOCIAL CONTRACT WITH SOCIETY

• Provides an answer to the “WHY”
• Describes the reciprocal nature of medicine’s relationship with society
• Provides a logical basis for medicine’s obligations
• Emphasizes the consequences if either party fails to meet the legitimate expectations of the other
• “Empowers” students, residents and physicians as they face changes
NOBODY IS SATISFIED

Society
“a better informed community is asking for accountability, transparency, and sound professional standards”

Medicine
“feels that it’s autonomy is severely restricted by budgets, bureaucracy, guidelines, and peer review”

Dunning. BMJ: 1999
• Medicine’s relationship with society is under intense scrutiny
• Most call this relationship a “Social Contract”- a term used for 300 years
• Reciprocal rights and obligations are fundamental to the concept
• In medicine, the concept is frequently invoked and rarely analyzed
WHAT IS A SOCIAL CONTRACT?
THE SOCIAL CONTRACT

- 18th century concept
  Hobbes, Locke, Rousseau…..
  Explains the relationship between citizens and the state
- Concept evolved over time
- Still used to describe the organization of contemporary society (Rawls, Daniels)
- Stresses Mutual Privileges and Obligations
“A basis for legitimating legal and political power in the idea of a contract. Contracts are things that create obligations, hence if we can view society as organized ‘as if’ a contract has been formed between the citizen and the sovereign power, this will ground the nature of the obligations, each to the other”

Oxford Dictionary of Philosophy, 1996
THE SOCIAL CONTRACT IN HEALTH CARE

MACRO vs MICRO

- MACRO: Includes all essential services required by a population
- MICRO: Includes individual essential services
  Must conform to the “moral boundaries” laid down by the macro contract

Donaldson & Dunfee, 1999
THE SOCIAL CONTRACT IN HEALTH CARE

THE HEALTH CARE PROFESSIONS HAVE MICRO CONTRACTS
CASE STUDY

US & CANADA SHARE A CONTINENT

- MACRO: Different approach to overall social safety net- US stresses individual responsibility, Canada collective
- MICRO: The macro contract influences health policy
  Health as a “right” or a “public good”
The Social Contract in Health Care Hinges on Professionalism

- It serves as the basis for the expectations of medicine and society.
- It is constantly being renegotiated as society & medicine evolve.
- Professionalism must evolve as the contract changes.
The Contract - Historical

- Solo practitioner
- Patient payer
- Accountable to patient
- Minimal accountability to society
- Unquestioned authority and autonomy
- Opportunities to demonstrate altruism
- High level of trust

“NOSTALGIC PROFESSIONALISM” (Hafferty)Persists in our self-image and in society’s view of physicians.
THE EVOLUTION OF THE SOCIAL CONTRACT

Until 1960: MEDICAL PROFESSION DOMINANT
1960 - Present: STATE/CORPORATE SECTOR DOMINANT

A NEW CONTRACT

↑ Accountability ↓ Autonomy
↓ Trust
↑ Patient Autonomy
↑ Transparency
↑ Financial Rewards/Conflicts of Interest
↑ Team Health Care

Altered Expectations (Society & Professions)
Threats to Medicine’s Professionalism Arise From Two Sources

**INTERNAL** - Within the Profession
MEDICINE MUST CONTROL

**EXTERNAL** - Beyond Medicine’s Control
MEDICINE MUST NEGOTIATE
PROFESSIONAL STATUS IS IMPORTANT TO MEDICINE

IT CONFERS

- Prestige and Respect
- Trust
- Autonomy in Practice
- Self-Regulation
- Financial Rewards
“Neither economic incentives, nor technology, nor administrative control has proved an effective surrogate for the commitment to integrity evoked in the ideal of professionalism”

Sullivan, 1995
WHAT IS MEDICAL PROFESSIONALISM?
Physicians Have Two Roles

- **HEALER**
- **PROFESSIONAL**
- Served simultaneously
- Analyzed separately
Healing and Professionalism

THE HEALER

Antiquity
Asclepius
Hippocrates
Maimonides
Other Cultures
technology
“curing”
The Present

THE PROFESSIONAL

Middle ages
“Learned professions”
clergy, law, medicine

1850: Legislation monopoly

1900: University linkage

The Present

Codes of Ethics
Science

The Present
Professionalism as the word is used usually includes both roles
Attributes

PHYSICIAN

Healer

Professional

Competence

Commitment
Confidentiality
Altruism
Trustworthy
Integrity / Honesty
Morality / Ethical Behavior
Respect patient dignity/autonomy
Advocate for Patient
Presence/Accompany

Autonomy
Self-regulation
associations
institutions
Responsibility to society
Team work

Based on the Literature
The Primary Role is that of the Healer
DEFINITION: PROFESSION

“An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and to the promotion of the public good within their domain.

These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served, to their colleagues, and to society.”

- Derived from the Oxford English Dictionary and the literature on professionalism
- Cruess, Johnston, Cruess “Teaching and Learning in Medicine”, 2004
PROFESSIONALISM VARIES BETWEEN COUNTRIES & CULTURES DEPENDING ON THEIR SOCIAL CONTRACT

THE ROLE OF THE HEALER IS UNIVERSAL

UNIVERSALITY
Why The Social Contract?

- It provides a basis for the dialogue which must take place between medicine and society
- It supplies a rationale for medicine’s professional obligations
- It implies consequences if medicine or society fail to meet each other’s reasonable expectations
Today’s Social Contract

“A BARGAIN”

Medicine is given **prestige, autonomy, the privilege of self-regulation, and rewards** on the understanding that it will be **altruistic, self-regulate well, be trustworthy, and address the concerns of society**

Klein 2005
The Social Contract

A mix of: • the written and the unwritten licensing laws, health care legislation, codes of ethics

• legal obligations

• moral obligations- can not legislate

• the universal and the local

Constantly evolving (being “renegotiated”)
WHO ARE THE PARTIES TO THE CONTRACT?
THE SOCIAL CONTRACT

THE MEDICAL PROFESSION

Individual Physicians

Medical Institutions

Expectations

Obligations

SOCIETY

Patients

General Public

Government

Politicians

Civil Servants

Managers

PROFESSIONALISM

Cruess & Cruess
Perspectives in Biol & Med. 2008
MEDIATORS OF THE SOCIAL CONTRACT

1. Health Care System
2. Regulatory Framework
3. The Commercial Sector
4. Other Stakeholders
5. The Media

after Rosen & Dewar, 2004
WHAT ARE THE EXPECTATIONS OF MEDICINE AND SOCIETY?
The Social Contract

Society’s Expectations of Medicine
- to fulfill the role of the healer
- assured competence
- access to care
- altruistic service
- morality, integrity, honesty codes of ethics
- trustworthy
- accountability/transparency
- respect for patient dignity/autonomy
- source of objective advice
- promotion of the public good

Medicine’s Expectations of Society
- trust
- autonomy
- self-regulation
- health care system value-laden adequately funded reasonable freedom
- role in public policy
- accept some responsibility for health
- monopoly
- lifestyle
- rewards – non-financial – financial
THE SOCIAL CONTRACT

THERE ARE CONSEQUENCES WHEN EXPECTATIONS ARE NOT MET

“BREACHES” IN THE CONTRACT
Breaching the Social Contract

MEDICINE FAILS TO MEET SOCIETAL EXPECTATIONS

THE RESULT - A CHANGE IN THE CONTRACT

↓ public trust in the “system” (contract)
↓ trust in physician/the profession
↓ medical influence on public policy
↑ external regulation ↓ self-regulation
↓ autonomy
SELF-REGULATION

Case Study: THE UNITED KINGDOM
Bristol/Shipman

Result: Changes in the GMC
Loss of Disciplinary Power
NO LONGER TRUE SELF-REGULATION

A MAJOR CHANGE IN THE CONTRACT AND IN PROFESSIONAL STATUS
Breaching the Social Contract

Society Fails to Meet Medicine’s Expectations

PESSIMISM

- Trust in the “system” (contract)
- Cooperation
- Withdrawal
- Job vs Calling
- Satisfaction

OPTIMISM

- Involvement
  community associations
  stakeholders

Negotiation

? Satisfaction

Medicine’s Response: Bi-Polar
CANADA 2013

- Funding of the System
- Personnel
- Personal Freedom

MAJOR CHANGE IN THE CONTRACT

?? BREACH

Trust in the System
USA 2013

- Market Oriented System → MD Entrepreneurs
- Competition → Collegiality
- Uninsured → Moral Dilemma
- Increased Accountability
- Clinical Autonomy

MAJOR CHANGE IN THE CONTRACT

?? BREACH

Trust in the System + Uncertainty
What Should Medicine Do?

- These issues are here to stay
- Linked to societal changes

**MEDICINE MUST**

- Address issues within its control
- Negotiate issues which it cannot control
- Negotiate a Social Contract that Supports the Healer Role
What issues within its control should medicine address?
What Should Medicine Do?

- Ensure that all physicians understand their obligations to society as professionals.
- Teach professionalism and the social contract & foster the professional identity of medical students, residents, faculty & practitioners.
MEDICINE MUST ADDRESS ITS FAILURES

• Perceived altruism
  individual- lifestyle
  financial gain
  collective- “union” activities
• Badly managed conflicts of interest
• Flawed self-regulation
• Lack of attention to social justice
What Should Medicine Do?

Negotiate to Address External Stresses

- Requires: a trusted single or coordinated voice
- Recognize multiple stakeholders
- Medicine no longer the dominant player - but it must be at the table
What Should Medicine Do?

- Negotiations must: Establish or Preserve Trust
  Satisfy both sides
- Negotiations not Symmetrical
  SOCIETY determines the nature of the social contract and hence of medical professionalism

However- SOCIETY NEEDS THE HEALER!
SOCIAL NEGOTIATION

“.various forms of interaction between professional organizations and broader political institutions. It may lead to…. specific legal arrangements… or there may be broader understandings that emerge from public debate about specific issues”

Norman Daniels
“Just Health”, 2008
RESULTS OF SOCIAL NEGOTIATIONS

LEGAL ARRANGEMENTS

Negotiation
National Health Plan
(Initiate or Change)

BROADER UNDERSTANDING

Negotiation
Paternalistic MD/Patient Relationship
Patient Autonomy
Social negotiations take place constantly in every health care system

A mechanism of effecting change in systems, institutions, rules, and standards

Using professional expertise and social capital to challenge existing and define new systems

Suddaby & Viale, 2011
What Should Medicine Do?

- Medicine alone cannot change the social contract (the health care system)
- The public and medicine have similar expectations
- Medicine and the public should form an alliance to negotiate a social contract supportive of the values of the healer and the professional

Cohen, S. Cruess & Davidson. JAMA, 2007
SUMMARY

- Medicine’s professionalism is under threat.
- Preserving it is important to both medicine and society.
- Professionalism serves as the basis of medicine’s social contract.
- Invoking the concept of the social contract provides a basis for the discourse with society and a rationale for medicine’s professional obligations.
“The culture of healing may be a less visible aspect of life, yet it is perhaps the most important indicator of the humanity of any society”

Vaclav Havel, Summer Meditations, 1993
THANK YOU!

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