



# Society for Academic Emergency Medicine

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## Professionalism and Ethics

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Medicine is, at its center, a moral enterprise grounded in a covenant of trust.<sup>1</sup>

This means that while being technically competent and knowledgeable in the field are required of the emergency physician and teachers of emergency medicine, they are not enough. The physician must also embrace the appropriate ethical beliefs and act in a professional manner. SAEM has created a number of documents on ethics in emergency medicine including an ethics curriculum, a professionalism manuscript, cases to help teach professionalism that can be found on the SAEM web page and a manuscript on virtue.<sup>2</sup>

The ethics curriculum is available from the SAEM office.<sup>3</sup> Completed in 1994, the curriculum covers a wide range of topics including Basic Ethical Foundations of Clinical Medicine; Applying Ethics to Emergency Medicine; Issues Related to Patient Autonomy (Informed Consent and Refusal, Patient Decision Making Capacity, Treatment of Minors and Advance Directives); End of Life Decisions (Limiting Resuscitation, Futility); The Physician-Patient Relationship (Confidentiality, Truth Telling and Communication, Compassion and Empathy); Issues Related to Justice (Health Care Rationing, Duty, Moral Issues in Disaster Medicine); Research; Teaching and Physician Relationships with the Biomedical Industry. The purpose of this manual is to provide a teaching guide to residency directors and others responsible for teaching ethics to emergency medicine

residents. The goal is to provide residents with the information necessary to be able to make a reasoned analysis of ethical conflicts and to allow them to develop the skill to resolve ethical dilemmas in an appropriate manner.

After an introductory section, the manual is divided into teaching modules. Each module includes objectives, an illustrative case, a discussion, study questions, and a brief bibliography. The objectives define basic material a resident would be expected to master after each session. The study questions can be used to focus discussion, provide broad understanding of the subject, and stimulate thought. Most of the questions may not have one correct answer. Like all of medicine, biomedical ethics is continually expanding. No effort is made to cover all aspects of each subject, but rather, an attempt was made to offer a short, pertinent analysis for both the instructor and the resident. This is not intended to be a complete text on ethics in emergency medicine, but a curriculum guide. This guide includes modules that can be taught to emergency medicine residents throughout their training.

The ethics committee also completed a manuscript on virtue in emergency medicine, believing that being an ethical and professional physician involves more than following rules. This virtue-based ethic recognizes 10 core virtues important to emergency physicians: prudence, courage, temperance, vigilance, agility, unconditional positive regard, charity, compassion, trustworthiness, and justice. These virtues, it is hoped, might serve as ideals to which all emergency physicians might strive. It is to be noted that virtue does not replace the need for ethical principles such as acting beneficently, respecting patient autonomy and being just, but rather expands and enriches them. For one can ask whether it is better to be treated by a physician who can rigidly follow rules, or by one who is of good character and has the patient's best interest in mind.

In 1998 the SAEM Ethics committee published a manuscript on professionalism believing that one of the requirements of a profession is to educate new members about their responsibilities and obligations.<sup>4</sup> The professionalism project was initiated by the Society for Academic Emergency Medicine with the support and participation of the American Board of Emergency Medicine, the Council of Residency Directors, the American College of Emergency Physicians, and the Association of Academic Chairs of Emergency Medicine. That manuscript

identifies attitudes and behaviors that enhance trust by placing the patient's interest above other interests. This concept serves as the operative definition of professionalism. The remainder of this chapter summarized that project.

## **The Need for Professionalism**

A special relationship exists between emergency physicians and patients. Patients are often vulnerable, especially in need of a skilled, compassionate, trustworthy physician. Because patients are unusually powerless, the emergency physician has enhanced ethical duties, moral requirements, and social contracts. The emergency physician performs an essential service in a unique social context, possesses specialized skill, and requires the confidence of patients. As such, consistent demonstration of professional behaviors is required.

The specialty of emergency medicine holds as a core value that patients will be served according to need. Social status and economic condition are not to limit access to emergency care. Woven into the culture of this specialty is a powerful ethic of service, an ethic that could be threatened by changing methods of health care finance. Emergency medicine will never succeed as a transaction.

## **What is Professionalism?**

A profession has been characterized as "an occupation that regulates itself through systemic, required training and collegial discipline, that has a base in technical, specialized knowledge, and that has a service rather than a profit orientation enshrined in its code of ethics".<sup>5</sup> The American Board of Internal Medicine has defined professionalism as "those attitudes and behavior that serve to maintain patient interest above physician self-interest."<sup>6</sup> Medical professionalism also has been called, "a set of values, attitudes, and behaviors that results in serving the interests of patients and society before one's own."<sup>7</sup> It is this service orientation that must be preserved as the central theme, the threatened principle of modern medical professionalism. Medicine became distinguished when specialized knowledge was used for the benefit of the patient.<sup>8</sup> It became noble when the needs of the patient held sway over the interests of the practitioner.

Central to emergency medicine is an orientation to service.<sup>9</sup> Behaviors that enhance this ideal are to be promoted. Behaviors that threaten a service orientation are to be avoided. In addition, professionalism encompasses those attitudes and behaviors that enhance the trust of the patient and of society. The foundation for this determination is medical ethics. Ethics describes the core values upon which a profession is based. This includes relationships with patients, colleagues, pharmaceutical companies, and medical institutions. The common ideals and values must be described in the context of ethics. Medical ethics is intertwined with the concepts of professionalism, serving as the mortar for professional behaviors.

## **Clinical Elements of Professionalism**

There are many aspects to professionalism. The fundamental elements are inextricably intertwined. Elements of each are required for any one to be fully present. The elements of professionalism reinforce and support each other. A successful healing profession requires that its members exhibit the following traits.

**Suspension of Self-Interest:** *You make a living by what you get. You make a life by what you give.--Winston Churchill.* The physician's interests and desires are necessarily suspended as the patient's interests are served. The patient's welfare and the welfare of the community must take precedence. Suspension of self-interest is required to maintain the integrity of emergency medicine and the trust and confidence of society.

**Honesty:** Honesty in all aspects of professional life is required if patients and society are to trust physicians to be healers. The patient must trust the physician in order to submit to examination, reveal information, accept therapy, and feel confident in the care provided. Honesty and integrity are not only fundamental in dealing with patients but also in dealing with colleagues, administrators, regulators, students and other professionals.

**Technical Competence:** Patients must be assured that high standards of care will be delivered. The emergency physician must be committed to lifelong learning and excellence in clinical practice.

**Authority and Accountability:** The traditional theory of medical accountability is rooted in a professional model where health care is not a commodity, but a service.<sup>10,11,12,13</sup> Emergency physicians are accountable to the patient and also to the specialty. When one has authority, there are also responsibilities. There is a requirement to apply skills and knowledge according to certain standards. Professional authority, in fact, is required for the successful practice of medicine. With this authority is responsibility to use the power wisely, hence the need for accountability. Physicians are accountable to colleagues as well as to patients. Although a physician is also accountable to employers, hospitals, insurers and society, the emergency physician must hold primary concern for the patient's best interest.

**Communication:** To achieve successful communication, emergency professionals must treat everyone with respect and dignity. Effective listening enhances respect and communication. Despite cultural difference, medical illness, psychological state, or perceived social importance, the physician is challenged to be attentive, seek understanding and show respect. These skills can be taught and must be an integral part of our training programs.

**Justice:** Justice requires an equitable, though not necessarily equal, distribution of health care resources. There can be no fundamental equity in health care without access to emergency care. Patients with a need for emergency care must find that care available. Patients must not only find open doors, but an open caregiver as well. Patients must be treated without bias or judgment, without regard to status or position.

**Humility:** The socialization process of medicine sometimes allows, even encourages, arrogance.<sup>14</sup> Confidence, disproportionate knowledge and a position of authority confer power. To enhance the trust of patients and society, power must be coupled with humility.

## **Elements of Professionalism in Teaching, Research, and Administration**

In addition to professionalism related directly to the clinical role, professionalism also is required when a physician undertakes educational, research, and

administrative roles.

**As Teacher:** Physicians must be role models to students, residents, EMTs, nurses, and caregivers of many sorts.<sup>15</sup> Physicians in a teaching position must not only demonstrate clinical excellence, but must model attributes of professionalism. Caregivers with good behavioral dynamics will result only if we are attentive to both our and their overt behavior and if we continually compare behavior our own behavior and our students' behavior to an explicit, accepted standard of professionalism.

**As Researcher:** Some physicians will also act as researchers. They have an obligation to expand knowledge while maintaining ethical standards in research, including honesty in data collection, reporting of research results, collaboration, and authorship credit.<sup>16</sup> Open communication must occur at the earliest opportunity. In this circumstance as in all others, the integrity of science, the trust of the public, and the respect of scientific enterprise is dependent upon good conduct and professionalism of the researcher. More detailed analyses of researchers' professional responsibilities have been well documented.<sup>17</sup>

**As Administrator:** An additional position of influence, responsibility, and complexity is held by physicians who act as an administrator or who operate a corporate enterprise. Corporate principles and patient interest may conflict. To maintain professionalism, the appropriate order of loyalty must be to the patient first and then to the corporation.

## **Responsibilities and Commitments**

The specific elements described above require that trainees are taught and emergency physicians practice the following:

- To make clinical decisions according to the best interests of the patient.
- To behave in a manner that enhances patient trust.
- To deliver high quality emergency medical care, maintaining the highest level of knowledge and skills.
- To listen attentively, maintain confidentiality, and communicate

truthfully, respectfully, openly, and honestly.

- To be an advocate for the health care needs of emergency patients and the community.
- To place the interest and well being of the patient above self-interest.
- To work for justice.
- To serve as a role model for health care professionals in training.
- To work collegially with others, helping to create a productive and effective work environment.

## Summary

Professionalism is defined as behaviors that enhance the trust of patients and of society. This is accomplished by putting the needs of patients ahead of the physician's self-interest. Professionalism must be demonstrated by all emergency medicine professionals, integrated into residency training programs, and continually reinforced.

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