Themes in the History of Medical Professionalism

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Abstract

Professionalism in medicine is an ambiguous term. Discussions are hampered by understandings of the past that are counterproductive to today's debates. Three decades of criticism of physicians as self-interested and arrogant, and of professional organizations as unfairly monopolistic have shaken the confidence of professional leaders and their constituents in their ability to act as a positive social force, and left the concept of professional autonomy without a useful meaning. Inherited assumptions about conflict between the profession, government and the market have encouraged organizational policies to fight familiar enemies for short-term gains, rather than reinvent professionalism as a social force or seek new strategic alliances. This article stresses the importance of distancing the present from the past in re-inventing professionalism for the future, and lists eight fundamental goals.
Key Words: Profession, professionalism, history, trends.

PROFESSIONALISM IN MEDICINE can be viewed through many different lenses, for over the years the word "professionalism" has taken on many different loaded meanings. The very fact that this article is part of a journal issue of presentations suggests that the term is ambiguous at best — that there are virtues that need to be taught, practices that need to be better understood, and warnings that need to be heeded about the dangers of personal corruption in an unsteady, if not evil, marketplace. Professionalism, it seems, can no longer be taken for granted as a core of behavioral expectations that are inherent in becoming a physician. Similarly, on the wider social stage professionalism is no longer assumed to mean unmonitored professional self-government, nor can it be assumed to reside in trusted professional institutions (including medical schools) that work unequivocally for the public good.

How did the American medical profession get to this point of confusion and ambiguity? And more to the point, what should be done about it? The purpose of this paper is to place our contemporary discussions of the larger social roles of the medical profession in historical perspective. I will focus on two themes critical to the development of professionalism's next steps. The first theme is that it is urgent to revise the received wisdom that says the medical profession is in decline. I will suggest that dominant explanations of the history of the medical profession during the past century have shaped public and professional attitudes in ways that are restrictive and unhelpful. However, attitudes can — and should — be changed. This is an enormously important time to be recreating professionalism in medicine, because the profession may be at a critical break in its history.

Second, there is much more to be said about the fundamental relationships between the medical profession, government, and health care system as they have evolved in the United States. The first theme, on historical explanations, is perceptual; the second, on alliances, is strategic. I will discuss each in turn and end with a brief conclusion. My conclusion is that the way for the medical profession to become

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more ethical — more truly "professional" — in this century is for the profession and its leadership to finally come together and insist on the highest professional standards, as we move toward universal, national health benefits, regardless of whether these are provided by private or public agents. The medical profession must control the standards of care; otherwise, we may be heading toward an unacceptable mediocrity.

Interpretations of the Past: The Ongoing History of Professionalism

As we all know, professionalism as a concept is context-dependent; we are all creatures of our environment. The historical environment of this meeting is more than thirty years of critiques of the medical profession. These critiques have focused on physicians as self-interested individuals who have masqueraded for too long as aloof, scientific altruists, and have behaved, collectively, as a questionable cultural force in the United States.

Whatever one may think of the status of medicine today, thirty years ago this status was met with outrage and verbal attack, chiefly from those outside the profession. Philosopher Ivan Illich (1) described medicine as a conspiracy against the public. Psychiatrist Thomas Szasz (2) was widely quoted as describing his own field as pseudoscience, and as denying the existence of mental illness. More measured scholarly attacks were similarly devastating to the high morale and sense of self-entitlement of those within the profession in the 1950s and 1960s. Sociologist Eliot Freidson (3) observed in a major study in 1970 that American physicians exerted an unreasonable level of social control. Freidson criticized the medical profession for its "splendid isolation" from society at large, an isolation that provided it with a "protected insularity" that could work against the public interest. Through this insularity, he suggested, the profession could bask in a "self-deceiving view of the objectivity and reliability of knowledge and the virtues of its members." Through this insularity physicians could flaunt a "mistaken arrogance" about their social roles and missions.

To some extent the medical profession had been oversold (or had oversold itself) by the late 1960s. Reaction had set in. The runaway costs of health care and the failure of the Great Society programs of the 1960s to cover the entire population with effective health services were joined by widespread recognition of the limitations of modern medicine, particularly in dealing with chronic diseases. At the same time, there was a growing tendency to see doctors, as well as other professionals, as being no different from the operators of any other business. In the 1970s, the Federal Trade Commission began looking closely at medical schools, accrediting procedures and professional associations and saw them as conspiracies designed to restrict the number of physicians, and thus as sinister actors who restrained competition unfairly in order to lock in high medical fees. The glory days of professional autonomy seemed to be coming to an end.

With this perception of, at best, disappointment, and at worst, betrayal of the American public by a venal profession, came a sense of loss (and anger) that still lingers on within the profession in its attitudes and actions. As one physician remarked at a recent meeting I attended, "If we have always been self-interested historically as a profession, how do we know we are not being self-interested today?" Without clear ethical guidelines of what the profession should stand for in the present, how can one move ahead with the necessary confidence to push for professional and social change in the future?

The let-down of professionalism in the 1970s and 1980s seemed cataclysmic for two reasons. First, there was the myth of sudden change from an autonomous, publicly respected profession to one vilified in the public press. Second, there appeared to be potent rivals for the authority that American physicians thought they owned. Looking back from the early 1980s, historian John Burnham (4) described the first sixty years of the twentieth century as "American medicine's golden age." He, like others, asked what had happened since. Sociologist Paul Starr (5), publishing at the same time, widened the scope of the medical critique to take into account the growing privatization or monetarization of medicine. He depicted a history of a "sovereign profession" (a powerful term with un-American connotations) that once had reigned supreme, but now was threatened by the "coming of the corporation." In a more anxious mode, Arnold Relman (6), editor of the *New England Journal of Medicine*, warned, on behalf of patients, against the "new medical-industrial complex" as inimical to the free exercise of professional responsibilities.

All of the criticisms seem to come together in one powerful myth of rise and fall, where professionalism had been (on top), and where it

was going (downhill). The message was resolutely downbeat. Doctors, once heroes, even kings, had fallen from the pedestal of public adulation. Like the members of other professions in the United States over the past 30 years, doctors could no longer play the role of unexamined cultural hero.

The situation was painfully bad for physicians because the American medical profession had to face more stress than other American professions. Unlike law or architecture, which were also subject to social criticism, the medical profession during the 1980s was challenged simultaneously by massive destabilization in the environment of medical practice. The roots of the present malaise in medical professionalism include the rapid growth of managed care in the late 1980s and the growth of its influence in the 1990s. But beyond this, the roots of today's malaise within the medical profession have to include the political choice in the United States not to have a high standard of care, assuring both patient and professional dignity, through the mechanism of national health insurance or other forms of national governmental guarantees for health care. Such possibilities were not policy alternatives for other American professions; for example, no one was suggesting national insurance for architects or lawyers.

But beyond this, far more than is true for other professions, medicine has long been the stuff of myth. Thus, there was a ready ground to accept the myth of rise and fall. Medicine occupies the imaginative land of childbirth, of life and death, of individuals fighting their own battles against disease, and of biomedical scientists struggling toward "truth." Not surprisingly, then, the recent history of the medical profession has often taken on the character of an American morality tale, with the profession as victim of its own hubris. Myths are powerful, formulaic ways of thinking about power in any culture, and it has been difficult not to think of professionalism in these terms. Thus, the American medical profession has (apparently) fallen from grace since the 1970s, overcome by the "market," whose proxy from the late 1980s was managed care corporations. A great profession had arisen to its golden age in the mid-20th century; it was conquered by a new hero; and is apparently slipping to subservience, if not oblivion.

For the American medical profession, largely unprotected by government, the message of gloom, doom, and failure had two striking components by the 1990s. On the one hand were the very real forces of managed care, which gained power in the 1990s through controlling the flow of insurance payments. On the other was a powerful narrative of the failure of professions that drew on powerful cultural myths of heroes and villains, rise and fall, and conflict. This narrative was particularly piquant for American medicine, which had risen so high in cultural esteem by 1960 and had sunk so low by the 1990s. By the mid-1990s it seemed reasonable to interpret the ongoing history of medical professionalism in the United States as a battle among competing cultural forces: the market, government, and professional guilds, with the last one having lost out. Sociologist Elliott Krause (7), noting declines in the cultural power of professional guilds cross-nationally (and across professions), singled out American medicine as a special (mythic) case by calling his section on the American medical profession, "Fall of a Giant."

Today both this interpretation and the rhetoric in which it is couched are decades overdue for reappraisal. The pressures on the medical profession by the 1970s were much more complex than simple explanations might suggest. In complex, bureaucratic societies such as ours, with multiple professions typically based in organizational settings, the guild paternalism of old-style professions such as medicine, theology, and law had clearly outlived its usefulness by the 1970s. But that did not necessarily: (a) predetermine a decline in the moral authority of the profession in American culture, or (b) preclude a rise in the policy influence of the profession within health care organizations. In choosing not to have universal national health insurance in the United States, as is the case in other technologically sophisticated nations, Congress (and thus the American people) effectively left the profession out on a limb, to be picked over by creative corporations. Obviously, more than universality is required for the highest level of professionalism, for unless thoughtfully implemented, universality can lead to demoralization and a low common standard denominator of care, with the delays, and lack of equipment, technology, urgency and initiative seen in some other systems. In promoting both access and quality, effective medical leadership is vital to the future of health care in the United States.

Professions, Corporations, and Government

Under managed care the medical profession has not been able (or willing) to exercise pro-

fessionalism through acting effectively as the sole advocate for maintaining excellence in the quality of care. Who then are medicine's natural allies? In Europe it is much clearer than it is in the United States that doctors and states are in "mutual dependence"; that political acceptance of universal health coverage has consolidated the position of the medical profession; and that today's doctors have a voice within the health system, rather than in opposition to it, as is the case in the United States (8). (However, having a voice does not necessarily mean that voice is used effectively, either for patients or for the profession). In the United States the history of professionalism has isolated the medical profession into a separate domain, distinct from both government and the market. This is not a helpful way of rethinking professionalism at the beginning of the 21st century, in the context of complex systems, corporate organization, and pervasive government regulation. In the realm of market versus profession, American medicine is struggling today with the need to reconcile old ideas with new experiences — but the old rhetoric of conflict keeps getting in the way. Similarly, the profession's long opposition to government intervention into medicine gets in the way of seeing federal and state governments as its natural allies in the future.

Just as the profession has been powerfully influenced by moral narratives of its rise and fall in the 20th century, so too it bought into the American doctrine that professions, corporations and government occupy separate, competing social spheres. The idea that professions and commerce are in direct opposition, in its current iteration of the medical profession versus managed care, is a holdover from early 20th century rhetoric. For the professions, developing at the same time as the emerging industrial state (actually as part of it), it was as if there were two, mutually dependent social worlds: the selfish, messy, dirty, pragmatic world of commerce, and the selfless, ordered, clean, idealistic worlds of charity and science occupied by the professions. Actually, it was apparent to observers even in the 1920s that the lines were not so clear. Professions have always operated in their own marketplace, selling their services to clients or patients. Moreover, even in the early 20th century, at least some medical specialists chose their fields based primarily on financial gain, not altruism. Nevertheless, the ideology was useful in carving out a high cultural profile for medical professionalism as an altruistic enterprise. The ideology became invaluable as a justification for professional policies that maintained the autonomy of professionalism in medicine, and fought any threats of commercial intervention.

For many years AMA policy and politics overtly sanctioned the role of the medical profession as a source of idealism in the market. Physicians were forbidden to advertise on the grounds that this was unprofessional. Similarly, the perceived threats of contracts for service and corporate forms of practice assumed that the ideal professional role would be compromised if professional services were at the disposal of an organization. In practical terms, the conceptual division of a selfish market on one side and an idealistic profession on the other became less and less tenable as it became common for doctors to work in groups as professional corporations, as health insurance proliferated after World War II and as Medicare stimulated market-like behavior in hospitals across the United States. Nevertheless, even though the environment of medical practice changed radically during the 20th century, the idea of the market as the enemy of the medical profession continued, reappearing with force in the 1980s and 1990s as the expression of hostility to managed care. The most common professional response to managed care has been conflict rather than partnership. There has been an awkward disconnect between physicians and the managers of managed care. Yet discussions of modern professionalism cannot avoid questions about the proper exercise of medical responsibility in networks, teams and systems, the ethical standards of organizations, and the behavior of individuals.

Similar comments can also be made about the profession's past isolation from government in areas of most concern to patients, notably, access to appropriate, high-quality care when needed, without insurance, class, or geographic barriers. The history of the American medical profession has been marked by hostility to potential interference from government (notably via proposals for universal health insurance) over the years, and such views have corresponded with strong anti-government political views by many members of the population. There has been some justification for such views as it concerns the VA system, Medicare and Medicaid. Universality for these populations has been accompanied by conflicts and political decisions that are not always in the best interests of patients or doctors. Yet the medical voice has been surprisingly quiet.

Supported by the general population, the profession was able to maintain a delicate balance as a supposedly independent force, outside of government and the market for much of the last century. This stance allowed the United States to avoid the path of relatively strong governmental control over health policy that was taken by many other nations, sometimes with success, sometimes with failure. Such apparent independence had unexpected consequences for the profession, because it seemed that the profession was naturally autonomous or privileged in American culture, rather than existing to serve broader political and social goals. The profession has reached this point in its history with shattered assumptions about its autonomy, and a tendency to fight short-term battles rather than seek long-term goals. As managed care evolves in one form or another, and as we move toward universality, the profession must take control of standards or it may meet the fate of schoolteachers and social workers. Frequently, these noble warriors are forced to meet the lowest standard rather than a reasonable, let alone highest, standard (9).

Conclusions

Today the environment of professionalism has shifted to such an extent that the social meaning of medicine as a profession has to be renegotiated, and the rhetoric shifted away from one of conflict, represented by the dichotomy of market and professions, or professions and government. The great pleasure of talking about professionalism today, rather than in 1970, 1990, or even 1920, is that it is much easier today to jettison old ideas. The inherited history of professionalism, with its assumptions about a profession that is (a) in decline, and (b) in necessary conflict with market and government, is clearly not helpful to thinking about professionalism in medicine today.

The American medical profession has a choice today of what to do about past perceptions. This is more than an idle observation. Such a choice has practical consequences. If it is generally believed that medicine is oppressed and in decline, then behavior such as harassment of doctors by insurers, or fudging (lying) on patient diagnoses for insurance coverage, becomes legitimized (perhaps even justified) as part of a more general pattern of pessimism and complaint. A dismal present is compared with a more glorious past. Similarly, if decline seems preordained and continuous, the potential collapse of the nation's medical schools seems more than likely. On the other hand, if it is assumed that what goes down may come up again, or that attitudes toward health policy tend to run in cycles, the future of professionalism is not so bleak. One might even be optimistic. All of which is to say that assumptions about history affect the way we all behave.

Physicians, as members of our society, are naturally influenced by its messages. In the last few years managed care has become a generic public villain, thus supporting a hostile attitude toward it by organized medicine. "Health policy is easy territory for demagogues" proclaimed a recent editorial in *The Washington Post*, castigating both major presidential candidates for "indiscriminate HMO-bashing rhetoric" that would make solutions to real problems harder to achieve (10).

What kind of environment is conducive for physicians to be ethical in today's health care environment? The following partial list emphasizes the fact that the fundamental issues lie in how health care is organized, regardless of who is in control of it:

1. The ability to treat patients, using high standards of care, without undue concern about cost and insurance issues as these affect individual patients.
2. Satisfaction in providing continuity of care to patients.
3. Building and maintaining trusting relationships with patients and with the general public.
4. Opportunities to participate creatively in improving the network or system on behalf of patients.
5. Good information systems for more effective patient care and continuous improvement in clinical and team skills.
6. The ability to exercise professional curiosity (most formally, through clinical research and evaluation).
7. Open and fair communications with other members of the health care organization, including managers.
8. Reasonable working conditions and income levels.

Since ethical principles are difficult to maintain in a corrupting environment, professionalism in this century demands a major professional commitment to establishing and maintaining ethical principles in the environment of medicine. At the very least, this means overt

recognition of the delegated role of professions as agents of the highest goals of the state or culture, and the importance of universal access to medical care as an ethical goal for the profession. The route to professionalism in our time is to have national health care, responsive to the public; its rules transparent; its universalism consolidating the public roles of the profession; and a profession that is well-organized, canny, and an effective fighter for, and guarantor of standards. The responsibilities of professionalism today are awesome. Can the profession overcome the burdens of its received history? Are professional organizations competent and ready to move ahead?

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