The views of Medical Students on professionalism in South Africa

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ABSTRACT

An article on medical professionalism was published in the Annals of Internal Medicine in February 2002 outlining a charter, and the fifth-year medical students of the Medical School of the University of Pretoria were asked to comment on the charter. The question was asked whether the principles and responsibilities as set out in the charter could also be applied to the South African context.

The responses of the students could be divided into three groups with overlapping themes: 15,64% of the students felt that the charter was not at all applicable to our country because of its diverse cultures and languages and the variety of social classes and religions; 24,02% of the students felt that the charter was a universally acceptable document; and 60,34% of the students felt that, to a great extent, the charter was the ideal and the goal to strive for, although they only accepted some of the principles and responsibilities while having serious doubts and criticism of others.

In conclusion, the majority of the medical students felt that the charter was noteworthy and commendable in principle, but not totally applicable in our country with its unique problems and challenges. Our challenge is to take what resources we have and use it to the benefit of all. ***(SA Fam Pract 2004;46(1): 28-31)***

Introduction

In February 2002, the Annals of Internal Medicine published an article on medical professionalism in the new millennium, outlining a charter. The charter is the principle product of the Medical Professionalism Project of the ABIM Foundation, the ACP-ASIM Foundation and the European Federation of Internal Medicine. This project is a response to a call for a renewed sense of professionalism globally. The commitment to patient welfare and social justice are the focus points of this set of principles to which all medical professionals can and should aspire. The charter begins with a brief introduction and rationale, followed by a statement of the three fundamental principles of medical professionalism:

- The principle of the primacy of the patient
- The principle of patient autonomy
- The principle of social justice

This is followed by the heart of the charter, which is a set of commitments:

- Commitment to professional competence
- Commitment to honesty with patients
- Commitment to patient confidentiality
- Commitment to maintain appropriate relations with patients
- Commitment to improving quality of care

- Commitment to improving access to care
- Commitment to a just distribution of finite resources
- Commitment to scientific knowledge
- Commitment to maintaining trust by managing conflicts of interest
- Commitment to professional responsibilities

The introduction of the charter contains the following premise: "Changes in the health care delivery systems in countries throughout the industrialized world threaten the values of professionalism". The editor asked the question whether this document represents the traditions of medicine in cultures other than those in the West, where the authors of the charter practice medicine.

All of the fifth-year undergraduate students of the medical school of the University of Pretoria doing their Family Medicine block were asked to read and comment on the editor's question as one of their assignments. The students, individually or in pairs, had to discuss the charter and its validity in our setting – a country with many different cultures and languages and a variety of social classes and religions – in a written report as a letter to the editor. There were 197 responses.

The responses of the students were analysed by the author. The responses in the written reports could be divided into three categories, namely those who fully endorsed the charter, those who thought the charter to be idealistic and not applicable to our setting and, finally, those who agreed with some of the charter's principles, but did not see it to be totally applicable to our society. The themes that occurred most often were grouped together and then written up.

The responses could be divided into three main groups with overlapping themes.

- 15,64% of the students felt that the charter was not at all applicable to our country: "… these documents tend to be academic, with little practical value, utopian moral values that could only be attained in an ideal, sophisticated society, which I doubt exists, and certainly not in South Africa with all its socioeconomic and political problems." "…it does however fail to represent the tradition of medicine in other less industrialized countries. The reason for this is the lack of consideration for the political and financial status of many countries especially in Africa."

- 24,02% of the students felt that the charter was a universally applicable document: "There is no doubt that a charter addressing the important issues of professionalism is topical, and applicable to any medial setting. The charter gives the students an opportunity to measure themselves and also to compare the doctor they would like to become with the doctors currently responsible for their training." "I firmly believe that just because we are a 3rd world country, doesn't mean we must deliver 3rd world treatment. Poor health care is not the birthright of those born in poor countries."

- 60,34% of the students felt that the charter was to a great extent the ideal and accepted some of the principles and responsibilities, while having serious doubts about and criticism of the others. "The needs and rights of the patient are increasingly being brought to the forefront of medical practice. The physician is in the unenviable position of having to balance professionalism and moral obligation with the need for self-fulfilment and personal success."

The influence of South African realities on the charter – positives and negatives

1. The principle of the primacy of patient welfare
   "This principle is based on a dedication to serving the interest of the patient. Altruism contributes to the trust that is central to the physician-patient relationship. Market forces, societal pressures, and administrative exigencies must not compromise this principle."[1]
   The principle was universally accepted as the foundation of every student or doctor's behavioural patterns and thought processes about professionalism.
   "Serving the interest of the patient should always be the driving force for any physician."
   "It has a strong moral and ethical basis, which has one common denominator: beneficence of the patient."
   "Primacy of patient welfare is good, it is what medicine is all about: improving sick people's quality of life."

2. The principle of autonomy
   "Physicians must have respect for patient autonomy. Physicians must be honest with their patients and empower them to make informed decisions about their treatment. Patients' decisions about their care must be paramount, as long as those decisions are in keeping with ethical practices and do not lead to demands for inappropriate care."[1]
   Overall, the students accepted this principle as the ideal and beneficial to both the doctor and the patient:
   "Even though it initially felt strange giving the patient so much say in his/her treatment, the realisation of shared responsibility was a relief."

However, almost all of the students had serious doubts about the implementation. The reasons for this are: the language problem (11 official languages in our country), many illiterate patients, too many doctors looking after one patient in an academic setting, and too many patients for one doctor in the public sector clinic setting, with limited time for each consultation. "Try obtaining informed consent in the South African context, explaining a disease that affects for instance the lungs, to a person who does not have the education to appreciate the function of the organ, the implications of the disease process and the ways to prevent it from occurring in the first place. That is, if communication can be done through a language medium familiar to both doctor and patient."

3. The principle of social justice
"The medical profession must promote justice in the health care system, including the fair distribution of health care resources. Physicians should work actively to eliminate discrimination in health care, whether based on race, religion, or any other social category."[1]
Again, this principle was accepted as representing an ideal situation, "although there is only a limited supply of resources, I think that effectiveness and not cost of treatment should be the driving force behind the management of patients"
"…but not at all feasible/ applicable to our country with a public sector with limited resources, funded by an unsympathetic government, serving the larger part of the community and a private sector where medical funds make the ultimate decisions for doctors. In a system with limited resources, those who can pay the most will get the most, and there is very little the physicians can do about it,"
"Public health care systems are invariably inferior to the private sector, primarily due to the lack of funds. For the physician to single-handedly eliminate barriers to access, based on education, laws, finances, geography and social discrimination, is difficult if not impossible."

4. Continued medical education
"Physicians must be committed to lifelong learning and be responsible for maintaining the medical knowledge and clinical and team skills necessary for the provision of quality care."[1]
"In an ever changing environment, with new standards being set everyday, with evidence-based medicine, and also fierce competition, it will always stay the responsibility of the caregiver/health care professional to empower and equip himself to give the best possible care."
"In South Africa the Government implemented the CPD points system where every doctor should acquire 50 points every year for continued medical education."

5. Confidentiality and privacy
"Earning the trust and confidence of patients requires that appropriate confidentiality safeguards be applied to disclosure of patient information. Physicians recognize, however, that their commitment to patient confidentiality must occasionally yield to overriding considerations in the public interest."[1]
"Commitment to confidentiality is commendable up to a certain point where patient confidentiality must yield to overriding considerations of the public interest. In my opinion the AIDS epidemic in South Africa falls in that category. How can confidentiality override all when the patient has a wife, children and sexual partners that are placed at risk?"
"This is but one of the huge ethical dilemmas doctors are facing. Respect for the privacy and confidentiality of patients is lacking in academic settings where patients are used as practicing models and discussed on ward rounds as if they weren't there."
This responsibility is thus also seen as something to strive to, but not at all 100% applicable in our setting. Some of the students felt differently: "to be honest with your client is a universally acceptable principle not only applicable to doctors. With certain exceptions confidentiality is the moral and legally correct thing to do".

6. Financial considerations for doctors
The question often raised was whether the charter allowed the physician to make a decent, well-earned living, because the balance between professionalism and economic prosperity is increasingly being tested.
"We are not a bunch of loser altruists living and striving for equity and devoting our time to public health advocacy while hoping that all our financial concerns will have reduced themselves by the time we get home."
"The reality is that in a hostile environment the doctor had to become a businessman, fighting for survival."
There were also those who felt differently: "Although it might be seen as financial suicide, for instance to see patients for longer consultations at the same rates or ask lower rates for public

sector patients, these are the times that the doctor's knowledge is tested and sharpened and that means job satisfaction".

7. Rights of doctors
   "How far should this idea be carried out? To the point where one endangers one's own life in putting the patient's demands ahead of one's own desire for safety?"
   "Doctors in the public sector for instance face many difficulties, working very long hours with limited resources, sometimes without basic materials such as gloves, and then for minimal wages."
   "People tend to see the physician as a perfect programmed machine, incapable of getting tired or making mistakes and not allowed to have a family life of his/her own."

8. Cultural differences
   Different cultures view professionalism differently, according to their "tribal" set of rules and standards. In our country, we have the phenomenon of traditional healers who often use less than scientific methods for treating patients. The rules of autonomy and patient primacy are also applied differently by them.

9. Government support
   The overall feeling of solitude due to a lack of government support surfaced very strongly in the replies.
   "The doctor cannot uphold the quality of care all by himself while the other members of the medical team and the government don't co-operate. The circumstances in a country where politicians spend a lot of money on changing the names of cities and buying jets for themselves rather than addressing the critical health issues like supplying anti-retroviral drugs to HIV (+) pregnant woman and rape victims, make it very difficult if not impossible for any physician to uphold the principles and responsibilities of the charter."

We can conclude by saying that the majority of students felt that, in principle, the charter is noteworthy and commendable, but not totally applicable to our country with its unique circumstances and problems, as discussed above. We therefore suggest that the members of the ABIM foundation, the ACP-ASIM Foundation and the European Federation of Internal Medicine acknowledge the difficult circumstances doctors and healthcare workers face in other parts of the world and take these into consideration when drawing up a charter. However, the principles and commitments of the charter are the ideal, the utopian world that we all have to strive for, difficulties or not. Our challenge is to take what we have, use it to the advantage of everybody, and build a better future for those who follow.

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See CPD Questionnaire, Page 47

References

1. The ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine. Medical Professionalism in the New Millennium: A Physicians Charter. *Ann Int Med* 2002;136:243-6.