

The profession of medicine

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There is increasing public and professional interest in medicine with questioning of professional standards and quality of care. Public expectations are rising. It is therefore an appropriate time to review the profession of medicine, and its future.

The first issue to consider is the purpose of medicine. One definition is that the purpose of medicine is to serve the community by continually improving health, health care and the quality of life for the individual and the population by health promotion, prevention of illness, treatment and care and the effective use of resources, all within the context of a team approach.

It is not easy to define a profession but it is likely to have some or all of the following characteristics: it is a vocation or a calling and implies service to others; it has a distinctive knowledge base, it determines its own standards, and has a special relationship with patients, in particular it has a strong ethical base and is self-regulating and accountable to patients and the profession itself.

What is it then that doctors do, that others don't? Careful consideration of this suggests that others may provide treatment, carry out research, teach, and care for patients most effectively. There is one aspect of practice however, which is generally carried out by doctors, and that is making a diagnosis. This includes all that goes with this concept, including the prognosis, developing packages of treatment, and in communicating all of this with the patient and the family. Making a diagnosis is not simple and straightforward and social and family implications need to be considered as well. The holistic concept of patient care is emphasised by this. There are many dimensions to making a diagnosis, which is not simply a histopathological confirmation, but involves dealing with the many uncertainties which are likely to be present. One of the skills of the craft of medicine is to be able to communicate such uncertainties.

It is the diagnosis which determines the resource, and in most instances the kind of treatment required. This means that doctors must keep up to date with the range of treatments available, and there needs to be recognition that the consultation between the patient and the doctor is the basic building block of health care and resource allocation.

Thus doctors have three broad roles. First, to provide high quality care and in particular to be concerned with diagnosis, prognosis and treatment. Secondly, to be concerned with both the individual, and with the community. Thirdly, to manage resources effectively including skills, time, facilities and finance. This raises an important question as to what kind of doctor do we need. The following might be included and can at best be classified as key values expected of all doctors which would be independent of the specialty and indeed independent of the structure and organisation of the Health Service.

- High standards of ethics
- Continuing professional development
- The ability to work as a team
- Concern with health as well as illness
- Patient and public focused
- Concern with clinical standards, outcomes, effectiveness and audit
- Ability to define outcomes
- Interest in change, improvement, research and development
- Ability to communicate

If these are the basic characteristics required of doctors, what are the implications? The first relates to medical education and the knowledge base of the doctor. This is crucial, and it is possible to distinguish between education and training. To be trained is to have arrived, to be educated is to continue to travel. Doctors need to have a broad vision of the world and be able to change and adapt the knowledge base as required.

Public involvement is easy to say but difficult to carry out. The value of involvement in ensuring the patient dimension is heard and listened to is crucial in developing a modern Health Service. Quality, although difficult to define, is central to all of this, and each specialty must see how best to take this forward.

Doctors are increasingly involved in management, and it is important therefore that they have the skills and expertise. Although not all doctors will wish to be involved, the profession as a whole must consider the opportunities available and to support those who do wish to become managers. Leadership and vision are certainly important attributes and we must be able to look beyond the present and identify where we would like to be and the kind of values required. Professional organisation and self-regulation are central to this. Under increasing scrutiny, the profession will need to look carefully at itself and ensure that from a public and professional point of view all steps are taken to ensure quality and self-regulation to mean just that. Practising medicine is a privilege and we need accountability for it.

With increasing specialisation there has been a tendency for the profession to speak with different voices and to appear fragmented. It is essential that co-operation amongst specialties is developed further, particularly between primary and secondary care. Team working is a crucial part of this, and the links with other professional groups need to be strengthened.

The time is ripe for a full debate on the purpose of medicine and its basic values. In a time of continuing change, examination of standards and quality in clinical practice is urgently required. Looking to the year 2000 and beyond, if the medical profession takes up these issues, it will be in a strong position to champion the cause of improving patient care.

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