



Family physicians and professionalism

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Do you consider yourself a “professional” family physician? Even if it seems absurd to ask this question, take a minute and think about it ...

I am convinced that most of you have answered in the affirmative, taking into account the following elements: “I take care of my patients as well as I can. I accept my responsibilities. I respect confidentiality. I am patient, thorough, empathetic, and ready to listen. I am devoted. I respect others and work on inter-professional teams. I take my share of being on call. I am punctual. I return my calls promptly. I respond quickly to calls on my pager or cell phone. I fill in all the required certificates. I dress decently. I recognize my limitations, and I respect them.”

Rare among us are those who would dare to say, “No, I am not ‘professional,’ or I’m only a little bit ‘professional!’” To prove this, I did a small in-house survey among my colleagues. They expressed little or no doubt about their professionalism. Surprising all the same! Particularly when we think about one who is always running late, another who is often impatient and irritable, and yet another whose office is an unimaginable mess. As to our very own “Ricky” or “Britney” types, could they squeeze into tighter pants, or wear shorter skirts or more plunging necklines? It should be said in passing that to make such slanderous allegations about these doctors surely would not be very professional either, except that all these examples are fictitious.

Professionalism: a biased perception

In truth, family physicians surprise me with their perception of their professionalism. We perceive ourselves in a generally very positive and flattering way in this regard. What is more surprising is that we seem not to understand what professionalism in family medicine entails. This is made clear in the debate (“Do FPs agree on what professionalism is?”) published this month on **page 968**.

It is surprising also when we compare family physicians’ perception of their professionalism with their perception of their medical expertise. A good number of family physicians willingly accept that there are limits to their medical knowledge and competence. They are the first to say that they cannot know everything and do everything, simply because the field of family medicine is so vast. None of them would take it into their heads to do a delivery, take over intensive care,

or even return to emergency medicine, if they had not done these things for a while. In general, family physicians are capable of introspection regarding the limits of their medical expertise. So why do they evaluate their professionalism in such a seemingly biased way?

Professionalism: unrealistic expectations?

Could it be that the expectations of professionalism among family physicians are too high? Could it be that these expectations are even higher than those they face for medical expertise? In a general way, we recognize that family physicians cannot know everything and do everything, but we are rarely so indulgent toward their professional failings, particularly their attitudes and behaviour. It is well known that most of the complaints brought against physicians arise from problems with relationships and far fewer from their lack of knowledge, which, in any case, remains very difficult for anyone to evaluate. It is much easier to judge and complain about a doctor who does not act in a so-called professional way than to judge and complain about one who “seems not to know what to do,” but is “so polite”! Family physicians would be in some way constrained to professional excellence.

If this is true, family physicians have a serious problem. If we want doctors to be so-called professionals, do we have to kill off expertise in favour of relationships? Some would reply that professionalism and expertise are equally important. Are we really convinced of this? Even if we wish that family physicians were endowed with the full spectrum of competencies, we know full well that in the real world this is impossible. Some among us are better communicators, others better managers, and others veritable “nerds.” The same goes for professionalism, even if the truth of this is difficult for some to accept.

So, the question remains: in recognizing that no family physician is perfect, what can we reasonably expect of him or her? It is perhaps time to recognize that family physicians cannot all be perfectly and wholly “professional,” clones of *good old Dr Welby*. They have attitudes and behaviour that will please some and irritate others, but that do not necessarily tarnish their professional competence. ❁

Competing interests

The author is in charge of the Plan d'autogestion de développement professionnel continu at the Collège des médecins du Québec.

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