Rebuttal: Do FPs agree on what professionalism is?

NO

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My colleague states that he believes there is "a qualified yes" as to whether FPs "generally agree" on what professionalism is. A "qualified yes" is essentially a "no"—family doctors do not agree.

Lack of consensus

Dr Yeo argues that the moral norms bound to the professional ideal are professed with "remarkable consistency" by the profession. Although there might be some consistency in the literature on what professionalism is, the agreement among physicians and among professional organizations is partial at best. A stark example is the College of Physicians and Surgeons of Quebec, which includes FPs as members, proposing "tolerance" of euthanasia,[1] an act condemned by the Canadian Medical Association,[2] the College of Family Physicians of Canada,[3] and professional colleges in other Canadian provinces.[4,5]

My colleague further defends his position by alleging that there are no formal studies on whether FPs agree on what professionalism is and therefore one can assume FPs are in accord. The lack of large studies refuting his position is not sufficient evidence to validate his assumption. As well, this position ignores the reality of clinical practice. Consistency in theory, even if it can be achieved, can hardly be dubbed *agreement* if not supported by consistency in action. One would think the existence of varying FP practices, such as the adoption or rejection of the 1 problem per visit rule[6] or of cosmetic enhancement and abortion procedures, would be confirmation that FPs are not in accord in their conceptions of professionalism.

Not merely a matter of interpretation

Dr Yeo makes a good point in that there is general agreement that the medical professional ideal involves competently using one's skills for the benefit of patients and communities. However, as he admits, this ideal is premised on certain moral norms. Differences in moral values among FPs, such as discrepancies in the definitions of "good" versus "harm" or "person" versus "property," does not merely create differences in the interpretation of an ideal but actually creates different professional ideals.

Using the assisted suicide–euthanasia debate as an example, FPs who support this action believe that by intentionally taking patients' lives they are advocating for the "good" of these patients. To the rest of the profession, on the other hand, the deliberate termination of a patient's life is an irreversible "harm." To dub the willingness versus reluctance to be an instrument of our patients' deaths as simply a difference in interpretation of a professional ideal is undermining its importance. Further, these differences in moral norms have direct implications for our professional identity as physicians—they highlight the gulf between choosing to continue our role as life-preserving healers and not. Obviously there are many other clinical scenarios that present the same sharp contrast in professional ideals.

Moral norms are recognized, as pointed out by Dr Yeo, as an important component of professionalism. As long as there are differences in these norms among FPs, there will never be more than a "qualified agreement" on what constitutes professionalism.

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Competing interests
None declared

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These rebuttals are responses from the authors of the debates in the October issue (*Can Fam Physician* 2009;55:968-71 [Eng], 972-5 [Fr]). See **www.cfp.ca.**