

Rebuttal: Do FPs agree on what professionalism is?

YES

Michael Yeo PhD

Dr Leong gives several examples that she believes demonstrate how “[f]amily physicians do not agree what professionalism is.” I submit that these examples do not prove her argument.

Essentially, professionalism pertains to the claim to competence regarding certain skills and knowledge domains and the commitment to deploy these for the primary benefit of the patient, in keeping with the moral norms of the profession. This is pretty much what Dr Leong, glossing Pellegrino,¹ says professionalism is. Nothing in the examples she furnishes indicates disagreement about this core idea.

The central flaw in Dr Leong’s argument is that she presents disagreement about whether this or that course of action is professional as if it were about what professionalism is. Even if we grant that she has adequately demonstrated disagreement concerning the former, this does not evidence disagreement about the latter. Each of Dr Leong’s examples concerns the interpretation or application of relevant ethical norms in a given case. Just as ethical disagreement is not about what ethics is, professional disagreement is not about what professionalism is.

Indeed, disagreement about the interpretation or application of ethical norms is not only consistent with professionalism but built into it. Accounts of professionalism invariably allow for individual judgment to be exercised, and therefore recognize that reasonable practitioners faced with the same case might arrive at different judgments. To be sure, there are rules and procedures that can and should guide judgment; however, professionals are not robots. Although programmed by educators and regulators, they cannot be expected to codify decision making to a degree that the need for individual judgment—and the burden of responsibility that goes with it—is obviated.

I agree with Dr Leong that disagreement among physicians about interpretation and application is a good thing. However, whereas she considers this to

be disagreement about what professionalism is, and believes that it should be cherished “as part of the diversity in Canadian society,” I consider such disagreement to be essentially bound to the concept of professionalism, and believe it should be cherished as essential to the concept.

What I think is at the root of Dr Leong’s worries about professionalism, which I share, is that professionalism can be used politically in ways that are in fact antithetical to what professionalism is all about. One worry is raised by the examples Dr Leong provides of physicians using the terms *professional* and *unprofessional* as rhetorical weapons. I believe that, except in the most egregious cases, physicians who disagree about a behaviour or course of action should refrain from characterizing the opposing view as *unprofessional* or *unethical* as though these terms were not big enough to allow for reasonable disagreement.

A second worry is that in the current political climate certain professions have come under a microscope; there is somewhat of a panic about preserving and promoting professionalism in medicine. The danger in the attempt to address various perceived threats to professionalism is that the guardians of the medical profession—the regulators, accreditors, educators, and professional associations—might introduce corrective measures that will reduce professionalism to simple rules and formulas, and in so doing unduly homogenize the profession. It is the need for individual judgment that is at the very heart of what it is to be a professional. 🌿

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Competing interests

None declared

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Reference

1. Pellegrino ED. Professionalism, profession and the virtues of the good physician. *Mt Sinai J Med* 2002;69(6):378-84.



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.