



Charter on Medical Professionalism

Scientific activities for quality of care improvement began in the USA in the 1950's, with an increasing involvement of third party payers in the rising costs of medical care. Wishing to obtain value for their money, these parties started to stimulate and support studies in the quality of care. Ever since, quality has appeared mainly in the guise of value for money, not as a separate objective. Individual physicians and medical professional bodies remained skeptical about and not sufficiently involved in activities for quality of care improvement (1-3). Hopefully, The Charter on Medical Professionalism will change this attitude because it emphasizes the commitment of the profession to the quality of care improvement, a commitment that refers both to the maintenance of individual competence and to the collaboration with others in quality improvement activities. Therefore, I find it appropriate to describe the Charter in more detail.

The Charter is the product of intensive and lengthy work done by the leaders of the American Board of Internal Medicine, the American College of Physicians–American Society of Internal Medicine, and the European Federation of Internal Medicine. It was published in 2002 in both the *Annals of Internal Medicine* and *The Lancet* (4,5). The Charter consists of a brief introduction (the preamble), three principles, and ten commitments.

The introduction explains that changes in health care delivery systems threaten the values of professionalism, which is the basis of medicine's contract with society. Professionalism demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity and providing expert advice to society on matters of health. Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession. At present, an explosion of health technology, changing market forces, problems in health care delivery and globalization confront the medical profession. Consequently, physicians find it increasingly difficult and frustrating to meet their responsibilities to patients and society. It is, therefore, essential to reaffirm principles and values of medical professionalism, which are ideals to be pursued by all physicians. Despite differences in cultures and national traditions in which the medical profession is embedded, common themes emerge and form the basis of the Charter, its three fundamental principles, and ten professional commitments.

The Fundamental Principles of the Charter

Principle of Primacy of Patient Welfare

This principle is based on the dedication to serve to the interest of the patient. Market forces, societal pressures, and administrative exigencies must not compromise this principle.

Principle of Patient Autonomy

It requires from physicians to be honest with their patients and to empower them to make informed decisions about their treatment. Patients' decisions about their care are paramount, provided that they are in line with ethical practice and do not demand inappropriate care.

Principle of Social Justice

This principle entails the promotion of justice in health care, including fair distribution of health care resources. Physicians should work actively to eliminate discrimination in health care based on whatever social category.

Professional Commitments

Out of the aforementioned three principles emerged a set of professional commitments.

Commitment to Professional Competence

Commitment to professional competence means that physicians have to learn throughout their lives and be responsible for maintaining the competence necessary for the provision of care of high quality. This is not only an individual responsibility, but the responsibility of the profession as a whole, which must ensure that all its members are competent and that appropriate mechanisms are available for them to accomplish this goal.

Commitment to Honesty with Patients

This commitment implies providing complete and honest information to patients before they consent to treatment as well as after the treatment has occurred. This commitment also implies that whenever injury occurs as a consequence of medical care, patients should be informed promptly and fully. Reporting and analyzing medical errors makes the basis of appropriate prevention and improvement strategies as well as appropriate compensation to patients who were damaged.

Commitment to Patient Confidentiality

Commitment to patient confidentiality means that appropriate safeguard is applied to disclosure of patient information. It is difficult for physicians to follow through on this commitment because of increasing use of electronic systems for compiling patient

data. However, physicians must recognize that this commitment must occasionally yield to overriding consideration in the public interest, e.g., when patients endanger others.

Commitment to Maintaining Appropriate Relations with Patients

In view of the inherent vulnerability and dependency of patients, certain relationships between physician and patient must be avoided, such as personal financial gain, sexual advantage, or other behavior aimed at physicians' private purposes.

Commitment to Improving the Quality of Care

Physicians must be dedicated to continuous improvement in the quality of medical care. This commitment refers not only to the maintenance of individual competence, but also to collaboration with others in the conduct of quality improvement activities. Individually and through their professional associations, physicians must take responsibility for creating such activities and participate in their conduct.

Commitment to Improving Access to Care

Health care systems should be uniformly available and accessible as well as equitable in adequate standards of the care they are providing. This responsibility entails the promotion of public health and preventive medicine.

Commitment to a Just Distribution of Finite Resources

Physicians must meet the needs of their individual patients based on the wise and cost-effective management of limited clinical resources, entailing appropriate use of technologies and services and minimizing underuse, overuse, and misuse as well as scrupulously avoiding unnecessary tests and procedures.

Commitment to Scientific Knowledge and Technology

Physicians must uphold scientific standards, promote research, create new knowledge, and ensure its appropriate use. The profession is responsible for the integrity of the knowledge that is based on scientific evidence and physicians' experience.

Commitment to Maintaining Trusts by Managing Conflicts of Interest

Compromises of professional responsibilities exist in pursuing personal advantage or private gain. Such compromises are particularly threatening in interactions with for-profit industries, such as pharmaceutical companies, manufacturers of medical equipment, or insurance companies. Physicians are obliged to recognize, disclose, and deal with conflicts of interest that may arise in the course of their professional duties and activities.

Commitment to Professional Responsibilities

Physicians are expected to collaborate in the improvement of patient care, engaging in internal assessments and accepting external reviews of all aspects of their professional performance. This also entails respect for their colleagues and participation in the process of self-regulation, including remediation and discipline of those who have failed to meet professional standards.

Values of the Charter

During the first 15 months since its publication, the Charter has engendered great interest and activity. Several hundred newspapers cited it, more than 70 radio, television, and other interviews have been conducted with individual project members, and over 65,000 reprints of the Charter have been requested from around the world. The Charter has been reproduced in 14 professional journals and translated into Dutch, Swedish, Japanese, and Turkish, probably resulting in additional publications in journals written in these languages. Ninety professional associations, colleges, and societies have endorsed it. The Ministry of Health in Italy distributed the Charter to every medical student and faculty member throughout the country (6).

The practice of medicine is beset with challenges centered on disparities among needs of patients and the available resources to meet these needs, as well as on the dependence upon market forces to transform health care systems and the temptation of physicians to forsake their traditional commitment to the primacy of their patients' interest. To maintain the fidelity of medicine's social contract physicians must reaffirm their active dedication to the principles of professionalism, which entails not only their personal commitment to the welfare of their patients, but also collective efforts to improve the health care systems for the welfare of society. The Charter is intended to encourage such dedication and to promote an agenda for the medical profession that is universal in scope and purpose. Physicians should read the Charter and consequently engage in a discussion about it. Many will recognize in its principles and commitments the ethical underpinning of their professional relationships, individually with their patients and collectively with the public. For them, the challenge is to live by these precepts.

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References

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