

Introduction

First and foremost, medicine is a vocation and those who enter this profession do so with the overwhelming desire to treat and cure patients. It is a calling which requires many, many years of training.

The pace of change in the field of medicine today is swift. Changes arising from advances in medical technology when added to societal changes, elevated standards of education as well as higher aspirations culturally, economically and politically have all challenged medical practitioners to re-examine their role and to determine their place in the delivery of medicine.

Doctors, too, have influenced change in their role through critical assessments of their own working lives and the need to balance the traditional role of treating and curing illness. They have promoted change also through increased levels of communications with patients in the areas of prevention and lifestyle and through recognition of the need for a realistic quality of life for themselves and their families. In addition, they acknowledge the changes which inevitably follow from the increasing number of female graduates from medical schools.

Medico-legal issues have played a part in changing the role of the doctor and the reported instances of poor professional standards by a very small minority of doctors.

Over the last number of years, the Irish Medical Organisation, as the representative body for doctors in Ireland, has been actively engaged in supporting and promoting the role of the doctor.

Several Acts of the Oireachtas have enunciated the legal definition of the doctor in Ireland. However, the role of the doctor covers a much broader field than the conditions for registration alone. The Acts do not concern themselves with defining the role for doctors but the Medical Council, in *A Guide to Ethical Conduct and Behaviour*, does establish a moral code which underpins the role of doctors.

The very nature of the doctor/patient relationship is not commercial and doctors defend their patients' reputations as persons undergoing medical care or treatment as opposed to persons purchasing goods or services.



Jordan Cohen writing in “Medical Education in 2006” draws a comparison in terms between professionalism and commercialism.

PROFESSIONALISM	COMMERCIALISM
Doctor	Provider
Patient	Customer
Trust	Suspicion
Caring	Pandering
Services	Commodities
Values	Margins
Cures	Profits
Pride	Bonuses
<i>Primum non nocere</i>	<i>Caveat emptor</i>

Cohen, Jordan, Professionalism in Medical Education, an American Perspective: From Evidence to Accountability in *Medical Education*, (2006) 40:p609

Anyone following the debate on health care services in Ireland will readily recognise these terms and the part they play in that debate. Doctors subscribe to the values of professionalism.

The IMO Annual General Meetings of 2005 and 2006 hosted scientific seminars on the topic, reviewed national and international experience and adopted a number of policy statements in the area.

In 2006, IMO Council, seeking to continue the campaign to support and promote the role of the doctor, decided to undertake a major project to determine and best describe the role of the doctor in Ireland today.

As well as numerous discussions within the organisation and among doctors throughout the country, we reviewed international literature and models.

To ensure the greatest possible level of consultation, the IMO invited responses to a comprehensive questionnaire which determined factors and unique aspects of being a doctor in addition to the various roles that they undertake in their daily working lives. The questionnaire, which formed the core of the consultation process, resulted in an overwhelming response from IMO members across all the specialty groups.

The care of the patient emerged as the priority for the doctor’s role, supporting one of the professions traditional *raison d’être* and depicted in the Declaration of Geneva:

“The health of my patient will be my first consideration”

It became clear that doctors feel that there are key, fundamental functions within their role:

- diagnostician
- continuous scholar
- advocate
- communicator
- teacher and mentor

Within these core functions there are a myriad other tasks and activities which must be undertaken by doctors so as to best fulfil their *raison d'être* which is to care for and treat patients:

- manager
- researcher
- representative activities
- advisory roles on a formal and informal basis within the community

The consultation process reiterated the core values and traits of doctors:

- integrity
- compassion
- high moral standards
- empathy
- ethical understanding
- excellence

This paper seeks to define the main aspects of a doctor's role, responsibilities and values. Overall, doctors seek to bring the highest standards of professionalism to their duties and obligations.

This paper, as conceived, was not intended for doctors alone. We hope that it will be read by a wider audience to assist them to best understand the complexities of the practice of medicine.

Diagnostician

The unique and most important function of the doctor is that of diagnostician. Diagnosis can be summarised as the application of critical reasoning, based on the clinical skill and expertise of the doctor, to a problem presented by a patient in order to arrive at an opinion and then to determine a therapeutic plan to solve or ameliorate that problem and to advise the patient on the likely prognosis or outcome.

No other health professional can substitute for the doctor in this role.

This is the fundamental function required which will enable a patient to be treated and this alone must ensure the conferred right and entitlement of every patient to be seen by a doctor.

Following many years of training, doctors possess a range of clinical skills, knowledge and experience which enables them to best assess patients' needs and ongoing medical requirements. In every patient/doctor interaction it is the primary goal of the doctor to provide the patient with optimal care, best advice and treatment based on the individual needs and circumstances of the patient. The structure of medicine allows for our doctors to be specialists in their field and, in the context of diagnosing, each doctor has the responsibility to refer patients, when necessary, to a colleague for specialised care.

Key elements

- clinical skill and competence in area of specialisation
- assessment of patients
- determination and management of treatment plan
- referral, where appropriate, to other specialist colleagues



Continuous Scholar

In order to maintain and enhance skills on diagnosis, treatment and prognosis, doctors have many responsibilities not the least of which is to be a continuous scholar throughout their working lives so that they can maintain pace with the rapidly changing developments in medical technology and treatment options, while constantly learning from their own clinical experience and that of others.

We must acknowledge that doctors have always done this. All doctors recognise their responsibilities and accountability to their patients as individuals, to their professional colleagues and to society in general. As a profession, doctors wish to reach and maintain the highest possible standard of medical practice.

Doctors see the role of continuous scholar and clinical expert as their most important scientific task and commit themselves to renewing and enhancing their skills on an ongoing basis.

Doctors acknowledge that they must establish and maintain their clinical knowledge, awareness of new therapies in their specialist field and general scientific advances in order to use these appropriately in their medical practices bearing mind what is in the best interest and safety of individual patients.

The key element in the doctor/patient relationship is trust. With trust comes accountability. This is not new. However, doctors, recognise the changing landscape of society with heightened levels of education and expectations. Doctors welcome this change and are enthusiastic adopters of formalised systems of accountability including competence assurance.

However, the current working lives of doctors militate against being able to devote as much time as they would like to such activities. Doctors require a well-resourced structure to provide competence assurance activities with protected time and an enabling environment.

Key elements

- maintenance of clinical knowledge and skills
- engagement in structured competence assurance programmes
- the application of new skills and therapies within medical practice where appropriate



Advocate

The role of advocate is one of the most important duties and responsibilities of each and every doctor. The doctor's right as advocate, whether as an individual or with unity of purpose through professional bodies, derives from the over-riding goal to deliver best possible care to patients.

Doctors engage in advocacy at many different levels.

The Individual Patient

To diagnose and treat illness confers a duty on the doctor to advocate on behalf of individuals whether the doctor be a General Practitioner who helps a patient to secure a medical card, a hospital doctor who seeks resources and services for patients or a Public Health doctor in the community who seeks the appropriate and required ancillary services or care packages for patients.

Each patient is individual in their needs and doctors dedicate themselves to developing a deep understanding of those needs. In many cases, doctors form a unique and long term relationship with their patients and, in many instances, where patients are physically or psychologically vulnerable, they must and do rely on their doctors to fight for services.

Doctors have a special relationship with patients which gives them the insight necessary to act as patient advocates not only in the context of health services but also for the wider issue of social services. They can readily see what service is required to meet patients' needs.



Health Services

In further enhancing their advocacy role, doctors come together to advocate for all citizens for a better health service for everyone. With their clinical expertise and knowledge, and their detailed experience of the existing service, doctors have a clear vision of the structures and services required to deliver optimal care for patients.

Doctors recognise the importance of using their authority and influence as advocates and they seek to ensure that patients remain at the centre of all policies. They also recognise that they have a duty to be critical of service deficits but to do so in responsible and solution-focused ways.

Societal Issues

A key requirement of the advocacy role relates to lifestyle and social issues which are adversely affecting the current and future health outcomes of the wider community.

In advocating for issues regarding healthy lifestyle choices, doctors and the representative bodies strongly advocate for resources to assist both doctors and patients in making the necessary changes and supporting them through the process.

Additionally, in the area of prevention, doctors are the strongest possible advocates for evidence-based, targeted screening programmes.

Key elements

- understanding of individual patient needs and how services are matching these needs
- responsible actions to enhance care of individual patients
- engage in and promote through professional bodies policy submissions and position papers focused on improved health services
- engage in and promote positive initiatives in respect of lifestyle and preventative programmes



Communicator

Medical practitioners recognise the importance of their role as effective and honest communicators with patients, with colleagues and other health professionals, with managers and policy makers and with the community at large. Additionally, doctors must also adapt their communication skills to the person with whom they are communicating and, most particularly, the prevailing situation and circumstances.

Patient Communication

Communication is at the heart of the doctor/patient relationship. Doctors have always recognised the challenges of communicating with patients particularly in the expansion of the diagnosis, the treatment and its implications as well as in assessing the realistic outcomes to proposed treatments.

With enhanced levels of education generally and with the pervasive influence of the internet, patients have become more knowledgeable about medicine and medical matters and the nature of doctor/patient communication has changed.

Increasingly, it has become the doctor's role to interpret scientific and clinical information for the patient and to explain whether such information is pertinent to a patient's own unique set of circumstances.

Doctors clearly see their role in the area of communication as vital to the ongoing health and well-being of their patients including in the sphere of prevention and lifestyle issues. A true partnership has emerged and cemented the underlying value of the doctor/patient relationship.

Communication is a two-way process. It is the level of trust built up between doctor and patient which allows the doctor to best advise patients on how to adapt their lifestyle to ensure better health outcomes into the future and to support them to help them achieve and maintain their goals.

Colleagues and Allied Health Professionals

Increasingly, within the delivery of health care today and in the context of the proposed reform process, team working is viewed as a key element. Indeed most doctors now have experience at team working with both professional and non-health colleagues.

Communicating with other members of the team must form the basis for a standard of performance for the benefit of the patient which, after all, is a medical practitioner's first priority. Doctors strive to ensure that communication with and between other members is pursued to the highest degree in an environment of mutual respect.



Managers

Within their role, doctors recognise that effective communication between the medical profession and management/administrators is vital. Doctors have an understanding and regard for management functions. Indeed, many doctors undertake such functions both in private practice and within the public hospital setting.

However, the increasing level of administration and bureaucracy within the health services and the routine exclusion of doctors from the design and planning of services, causes frustration amongst doctors and leads to waste of resources. While acknowledging the potential for conflict between resource issues and clinical care, the communication between the parties should be conducted in an open and, more importantly, transparent way. The knowledge and experience of doctors and their detailed understanding of health service delivery is itself a tremendous resource and one which it is foolish to ignore.

However, clinical decisions remain the sole preserve of qualified and experienced medical practitioners whose views are determined only by the interests of patients. Doctors are increasingly concerned and frustrated that the provision of high standards of care is often impeded by less than adequate resources, while precious resources are wasted elsewhere.

Doctors are keen to advise on and influence the allocation of resources and to become involved in the decision making process.

Policy Makers

Doctors see it as their duty to inform policymakers of realities regarding the delivery of services to patients and, in their role as advocate, they strive to effectively communicate their views as to necessary and relevant improvements.

This role is often served through doctors' involvement with their representative bodies whether as active members of committees or attending meetings and engaging in the consultation process.

Doctors are particularly conscious of the need to raise awareness amongst the public, policy makers and politicians of the realities of their medical practice and their willingness to improve services for patients.

Key elements

- Protection of the unique doctor patient relationship
- Adapt use of clinical language to achieve best understanding
- Empathy and integrity in communicating realistic outcomes
- Educate, support and encourage in lifestyle issues
- Respect, trust and dignity in all communications

Teacher and Mentor

Doctors themselves engage in life long learning to maintain and enhance their clinical skills. Throughout their career, the experience built up through many thousands of patient interactions has aided the learning process not only in clinical terms but also in issues around communication, advocacy, empathy and ethics.

Being in possession of this range of skills and knowledge it is incumbent upon doctors to pass on that knowledge in either a formal or informal manner to the next generation of doctors and to colleagues and patients.

From the time their names are inscribed on the General Register of the Medical Council, doctors teach their junior colleagues. Teaching is an integral part of the medical vocation.

Throughout their own years of training, doctors are both the learner and the teacher. As their careers progress, some doctors choose to take the path of formal teaching on a full time basis.

However, even outside of the formal academic role many doctors undertake teaching activity through Continuing Medical Education activities, sharing of information with colleagues at formal and informal levels, training members of clinical teams at hospital level, training doctors within the general practice setting and training within the community health service setting.

In addition to teaching, senior doctors are natural mentors to their junior colleagues, helping to guide them as they develop their professional life, passing on core values of duty, responsibility, compassion, integrity and standards.

Key elements

- Commitment to lifelong learning
- Effective communication and training skills
- Commitment to development of junior colleagues



Conclusion

The work life of doctors is dominated by their prime concern of care for their patients. Much sacrifice and many years of study and work were required to qualify as doctors. Medicine innovates constantly and so the practice of each individual doctor must change constantly.

In order to keep pace with developments in the practice of medicine, doctors are required to undertake a continuous regimen of scholarship and, in order to ensure that the general standard of care for patients is maintained, doctors are committed to teaching and mentoring their successors.

Dedicated as they are to the care of their patients, doctors advocate on behalf of individual patients, on behalf of patients in their community and on behalf of the health and well being of citizens in the nation as a whole.

One of the most important attributes of doctors is their willingness and ability to communicate in a meaningful, cogent and understandable way with patients, with other members of the professional team caring for their patients and with a wider audience on behalf of patients.

Both as a group and individually, doctors enjoy generally a high reputation for their professionalism and expertise inspiring trust and confidence in their abilities among patients. This benefits not only doctors but also patients who gain through their satisfaction with the diagnosis and treatment from their doctors.

Increasingly, due to extraneous circumstances, there are obstacles which doctors are required to surmount. Everyone working in society today faces the dilemma of work/life balance. No less than anyone else, doctors fall prey to the vicissitudes of modern life. However, pressures on and within the health service generally exacerbate the imbalance in doctors' lives.

To optimise the contribution of doctors to the health of patients and, in particular, to accommodate the particular challenges presented to female doctors, assistance with work/life balance issues is urgently needed.

The administrative workload required of all doctors, whether they work in hospitals, in the public health service or as general practitioners, deflects them from their primary focus of caring for patients and intensifies the demand on a very scarce resource, time - doctors' professional time and also their private or personal time.

Many doctors view with dismay the attempt to restrict their role as advocates for patients, both individually and as a group, as well as their role as advocates for an improved health service. Attempts to prevent "whistle blowing" are contrary to the vocation, training and professional commitment of doctors.

Doctors, living in the real world, recognise that budgetary constraints must be taken into account in the management and operation of the nation's health services but they reserve to themselves decisions as to the appropriate treatments for patients.

The real worth of the health service can only be reckoned by the quality of the many thousands of dedicated people at all levels who work in it for the patients in their care. Doctors throughout the country in hospitals, and elsewhere, are qualified, experienced and dedicated professionals who deserve the consideration of suitable arrangements for their working and personal lives as well as for their inclusion in decision making that affects patients in their care.

