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Philosophies of Professional Identity Formation and Character Development

Summary from the *Understanding Medical Professional Identity and Character Development Symposium* held April 30, 2021

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Discussion Leader:

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Recommended Pre-Reading:

Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. A schematic representation of the professional identity formation and socialization of medical students and residents: a guide for medical educators. Acad Med. 2015 Jun; 90(6):718-25

Primary Discussion Questions:

1. What are the animating and wicked problems in PIF and Character Development in Medical Education? What role does character development in medical education play in PIF?
2. What fundamental ideas, beliefs and truth propositions about how one becomes a physician are manifest in how we currently approach Medical PIF and Character Development in Medical Education?
    - Are there competing/conflicting beliefs?
    - What is the nature of the conflict, if any?
    - Has medicine become "oppressive" and is it imposing ideas and beliefs that most students find difficult to accept? If so, why?
    - Where should the focus be regarding change: medical students (professional identity formation) or/and how we conceptualize (philosophically) medicine and understand it as a practice?
3. How should we approach or understand the truth propositions in this domain?
4. What are the conditions and the various ways that are conducive to working together on these scholarly dialogues?
    - What do we have the capacity and time to do?
    - What would be needed to be successful?

Summary/Abstract

Nine individuals committed to interrogating the philosophies of professional identity formation and character development gathered in conversation at the 2021 Professional Identity Formation and Character Development Symposium at the Medical College of Wisconsin. What follows is a lightly edited and anonymized transcript of that conversation, in which participants tackled some of the big philosophical questions in the field. Participants brought their professional experiences to bear while considering bioethics, virtue ethics, the philosophy of medicine, the admissions pipeline, systemic issues in medicine, and the question: is medicine a job or a calling?

Take Home Points:

1) The process of interrogation and examination must take place early
2) Need for the re-examination and re-assessment of the nature of the social contract between medicine and society
3) Recognition of the humanistic dimensions of medical practice and the need to teach them for PIF and character development
4) True character development does not equate with a set of behaviors dictated by circumstances as there is always the potential for applicants to medical school, for instance, to fake virtuous behaviors.
5) Professional Identity Formation and Character Development in medical education are complex issues that need to be thoroughly examined despite the challenges

Transcript:

The conversation opened with introductions.

[Discussion Leader]: What are the animating and wicked problems in professional identity formation and character development in medical education? What does role does character development in medical education play in professional identity formation?

We are really looking at the problem of professional identity formation and character development in medical education, and what role does character development in medical education play in professional identity formation?

[Participant 1]: I guess you just think about character on definitions, I guess. I usually think about character as sort of a stable behavior over time, something that you see somebody act stably over time in different situations, moral or other situations – makes judgments.

And then, I guess, professional identity formation in terms of how does one's internal development then end up portraying that character to other colleagues or patients.

[Participant 2]: I think that the emergence of professional identity formation as a recent phenomenon in medical education and medicine poses a problem because it should have been right from the start, and because of that, at this junction, I think you have a problem of laying, essentially – it's more or less an appendage over what existed, so you have a history of it without this construct of professional identity formation.

You have a practice of it without this construct of professional identity formation. Hence, you have this infrastructure over which you're bringing

this new construct to try to inculcate, so you tend to have people doing whatever they think it is wherever they are.

[Discussion Leader]: So, I think that's an excellent point, but why have we abandoned the idea of character development in medical education? What happened? What are the factors that led to the abandonment of character development in medical education?

[Participant 3]: So, [Discussion Leader], I'm going to come at that question with a different slant. I'm going to put on my hospital administrator slant because I hang out with a lot of the hospital administrators. I see physicians as people who need to take care of patients. Anything else gets in the way, and if they can't take care of patients, I find a new one who can take care of patients.

I wasn't necessarily concerned about impeding physicians taking care of their patients. I was just looking for productivity out of my physicians to deliver patient care, and so if productivity becomes my driver, anything else that gets in the way of productivity is a distracter. So, you can see what I'm getting at – that at the end of the day, the wicked problem is if the system's based on productivity…

[Participant 4]: I just wanted to what [Participant 3] stated as well, because is the system is pushing productivity, it takes away from physicians self-care, because the onus is that you take care of the patient and not necessarily take care of yourself, and I think one of the key points in development character, and even professional identity, is understanding self-awareness, and how you're able to relate to another human being.

[Discussion Leader]: Okay. Well, coming back to your notion of the abandonment of character development in medicine, one could argue that that may be the case, but not fully the case because, I think, for all intents and purposes, most medical schools, if not all, have ethics courses.

The USMLE tests on ethics, and so the values that are embedded within the idea of ethics, are really central to character development. They may not be the values that one would argue are critical for X, Y, and Z, but I think they are essential for the character formation, or the character stabilization, or the character promotion of our trainees who eventually become physicians.

But, to build on this point, how do we approach ethics in medicine and the way we teach ethics to medical students? What is the predominant approach? It's bioethics, right?

I'm the director of the graduate program in bioethics but I tend to become a little bit more critical about how we approach ethics education through the lens of bioethics, because it seems to me that bioethics is more interested in outcomes and the process, but to build on what [Participant 4] was saying, we're missing a kind of virtue ethics approach where the agency of the person making the decision is also part of the picture.

I was wondering if this is also maybe a different approach – how we incorporate character development in the way we teach ethics to medical students. Any thought on this?

[Participant 5]: Well, I think a lot of the comments have really hit on the fact that the person – the physician as person – is thought to be left out. Physician as decision maker, as thinker, as something that relates to the specific execution of the work – that's been in bounds, right? But what has been out of bounds has been who you are as a human being.

So, what ends up happening is that we start to say another way of teaching ethics – bioethics – fits within this larger frame of reference, because it's about specific cases where you've got to make a difficult call, or so on and so forth, and you're kind of isolating this aspect of yourself that links to certain behaviors that is more amenable.

Whereas, when we're talking about character and virtue, we're talking about the development of a person, and then even thinking about your patients as other human beings rather than as problems to be solved. That's another dynamic where we kind of go to [Participant 2]'s point that you've kind of left it out. It was there many years ago, but then, as we moved into this trajectory within medicine, we've kind of left it out.

So, how to bring back the person and the personal is really hard to do when you have a whole system built to not – to really try, at every single point, to eliminate or to reduce the humanity of the people who are providing care and to whom you're giving care.

[Discussion Leader]: Yeah, these are excellent points. So, the question here is should we change the system? Should we equip the individuals to address the system? And I think this is what we try to do. We say, well, we put pressure on physicians and we ask them to adapt. So, are we saying – I don't know – I'm curious to see what people have to say in terms – is this a systemic problem or is it a problem in the way we shape or the way we train physicians and we need to give them the tools to address what the system is imposing on them at a profession.

[Participant 2]: I think it's a systemic problem, it's a political problem, and it's a philosophical problem. What assumptions do we bring to this idea of the

construct of medicine as a profession? You know? Within physicians themselves, they do not agree on what direction you have the group on Medicare for all. Within the fabric of the enterprise of medicine itself you have those who are on the line of the capitalist's approach to medicine.

I think it's a much more complicated issue than we may think because the assumptions we bring to it will clarify the direction we want to take.

[Participant 6]: I think that your problem is, in a way, the whole system has shifted to become more businesslike – corporation-like – versus more individualistic. So, it is a system problem in that it's administrators telling us how we should we feel, how we should think, what we should do versus our own selves telling us and being self-directed. This is what we should do, and this is how we should be.

I think that's really at the heart of the issue, because unless you do this, unless you live this, you don't really understand it, and it's not just productivity. We're not just making rivets, and that's hard to explain, and should be need to explain it? I think that's a big issue.

[Participant 5]: I'm going to push that a little on it, too, because we are the current system to some extent because of the Stark laws, and why did the Stark laws come about?

[Participant 5]: The Stark laws came about because physician-run entities were somewhat, at times – not always, but at times – abusing healthcare delivery, and so laws came into effect that basically said physicians can no longer own and have linearly integrated healthcare providing situations, hence the reason why we now have administrators in the healthcare system.

[Participant 4]: But with the Stark laws, it didn't mean that physicians couldn't own and run their own practices, and work for themselves. It was more that there were restrictions on prescribing medicines, or referring to yourself for secondary care. I think it was different. I think that – I could get into this a lot, but I think it was when HMOs came into being, and things like that. That was more of the issue, but we can discuss that at another time.

[Participant 2]: Well, along [Participant 3]'s concern or point, I think that it reflects the – and I don't think this applies to just medicine, but for the professions, the society in which the profession operates grants the right or the privilege, actually, to practice, and so I think, based on what [Participant 3] is saying, there was a loss of trust from the public that grants that privilege to practice, and so there needed to be some containment. There needed to be some modification of the privilege. The trust was abused based on what he's saying as a healthcare administrator, and so I think that it's – whether it's right or not is not the issue.

The point is that the professions must remind themselves that the trust to function as a profession depends on the society that grants it.

[Discussion Leader]: So, based on the conversation so far, I think we agree that it's a political problem, or a political and societal problem, as [Participant 2] mentioned. It's a system problem, like [Participant 6] was mentioning and we could go deeper. But it's also a philosophical problem, and this is what we're trying to investigate.

What are the philosophical assumptions that are embedded in our system, in how we understand professionalism. Even [Participant 4] made a comment about how medical students understand ethics, or the role of ethics, and she said oh, just a pass and fail, I need to just pass this and then move on.

[Participant 4], do you have any – and I truly agree with what you're saying – do you want to comment a little bit more on this?

[Participant 4]: I just think that the rigor of medical education and the field students tend not to have enough time to really reflect on ethics, and reflect on the humane side of medicine. I'm not a doctor myself, but I work with medical students, and many of them are really concerned about the next course that they need to pass, and the next exam that they need to take in order to achieve their goal of becoming a doctor.

Many of them are not concerned about how am I developing professionally, as an individual, so that I can be a better doctor? So, recently we were doing a program about from personhood to physician-hood, and I think many medical curriculum focus more on the physician-hood rather than the personhood, and hence why I think many students feel that they just need to focus on passing courses, and not really developing themselves.

[Participant 3]: I wonder if, related to this, when you talked about assumptions, is medicine a career or is medicine a call?

[Discussion Leader]: I was in the previous group, and I think [Participant 3] was also part of the group, but the question we discussed was what is a profession. When we talk about professionalism, everybody has the profession, but we basically reduce a profession to just a career. We reduce medicine to a career to make money, education, and so forth.

So the question, I think, is if it's a calling, what does it mean in terms of character development, in terms of professional identity formation? Any thought on this?

[Participant 7]: My first thought is thinking about the demographics of medical students. My understanding, and I haven't been as deep in this profession, but we're picking from – there's a lot of legacy here, can I say it that way? From what I understand, there's that family pressure to – so, how can it be a calling if your family's pressuring you to be a doctor. This is the point I'm getting to – when I really want to be a clown in a circus.

[Participant 1]: I'm sort of hoping we're all becoming really authentic about this. We said it's a business, it can be a calling, and I think for the students that are taking ethics courses, to make all of this real, I think we all have to model that. We have to accept that for some people it is going to be a job if they want it to be a job, and they want to go 9 to 5 and come home and be with their family.

For others, it will be a calling, and they want to be dedicated, and go on the front lines, and fight Covid. I think it would be nice to see us modeling in different situations in the ICU, or around the clinics – modeling those ethics and talking about it right then and there, and set up, well, we've got to see our next patient, and hurry up. I think modeling it there would make it real.

[Participant 2]: Yeah, I think the question of a profession really is some value that you need to be able to earn a living, some value that you need to have some knowledge, some value that you need to go out beyond self, essentially, the altruism, and serve the society which grants the privilege to serve it.

There are other notions of what it may mean, but I think – the equation of what motivates that, whether it's a calling, whether my father is a physician, and the American society is notoriously known for the replication of physicians from generation to generation. If you look at American physicians across the board, or you look at medical schools across the board, you'll see a lot of reproduction.

When we talk about the problems of diversifying the physician workforce, it's hard to diversify when, essentially, all the space is taken up by the kids of physicians, you know? I mean, CBS – Sixty Minutes has produced programs demonstrating very clearly that it's really a pipeline. The real pipeline is from physician, parents to children, and on, and on, and so forth.

So, I think the idea of the motivation is a very complicated one, and the idea of understanding the profession as it is a different layer of it.

[Discussion Leader]; If you look at the second question – what are the fundamental ideas, beliefs, and truth propositions about how one becomes a physician, or

manifests in how we currently approach medical professional identity formation and character development in medical education.

Is there a conflict between the ideas that we find in medicine these days and an approach to character development? So, the question is is there a conflict, and what is the nature of the conflict? So, I think we mentioned the businesslike dimension, the idea that administrators make decisions for physicians. There are some political, systemic, philosophical, moral, societal issues. What else – especially those who are physicians. I am a philosopher, not a physician, but I would like to hear those who are physicians. What is the nature of the conflict?

[Participant 8]: I'd like to pitch in on that one. What we've been talking about so far is molding character while they're under this medical school umbrella, or while they're within our walls, so to speak, but don't forget that's only a three or four year gig and pretty soon they're going to be out in society. Then, you will have more pressures to maybe abandon these ethics.

For instance, things that would be out of the physicians control – the number of patients we may have to see. If you only see one or two patients per day, it's easy – you have more time to think about all these moral or ethical ramifications.

If you're squeezing in 45 patients a day, you have to take time from somebody, so again, the absolute number of patients that a doctor is forced to see is out of the doctor's control, but that may force the doctor to lose these ethical directives. That's number one.

Number two, the patients may demand of the doctor things that are unethical, or just inadvisable. For instance, a patient says, well, I'm 85, but I know I've got the resolve to get through this bone marrow transplant and I want it. Really? So, these are things that are beyond the physician's control, yet the physician still has to spend time dealing with it, so keep this in mind. These extraneous but important pressures that may cause people to act unethically, or just inappropriately, when they're outside of the med school's purview.

Therefore, what hopefully will be done is when they are within the purview that they get inculcated with these very strong moral directives so that, when they're on their own and the bird flies out of the nest, it can still fly on its own.

[Participant 7]: [Participant 8] built off of that and, I think, [Discussion Leader], this ties back to our last little group together, and something I keep saying is it's a lifestyle choice. I think whatever profession we go into – for me, when I became more of an educator is when I started to internalize it, and realize

it was an intentional way of living, or just as I plan out my classroom sessions so should I plan out my life, and living it – living the profession.

I totally agree with [Participant 8], and oftentimes you'll hear school districts as examples. When teachers do something outside of school that's unacceptable kind of behavior – or questionable behavior, I should put it that way – they say, well, remember you're representing a profession when you're out in public, and I say that to all my kids. Hey, when you leave this house you represent the family, so keep that in mind.

I think just internalizing, or figuring out a way to internalize it and live it.

[Discussion Leader]: And then it goes back to what [Participant 5] was saying in terms of, first, we are dealing with a human being, right? And then the way I teach ethics, for instance, I go through all the theories, including principlism, et cetera, but then I ask the question – give me a sense of who you are as a moral agent. I think we don't ask this question and I think it's an important one.

They need to know who they are. Some students have the maturity to say, yeah, this is my frame of reference, but some of them are a little bit confused. They don't know. I think we need to tap into that and first deal with their humanity, and then add the kind of professional dimension.

And then, I like what [Participant 8]: was saying in terms of long-term, right? Because it's one thing to shape their minds when they're in medical school, but they have a past and then they have a future, and they can just say, oh, I need to mimic these values or these character traits, but we need to make sure that there's an impact long-term. That's very good.

[Participant 2]: I think the destruction of medical education. We have the Flexner model, which at the time, over 100 years ago when Flexner came into correct problems within medical education, it was appropriate, for example. We had quacks all over the place. We have medical schools which needed not to be medical schools.

I think post the recommendations he made, medical education essentially took what he said as bible, and actually laid the rails, and trails, and everything, as the DNA for medical education. I think that's a problem, because we have glorified the scientific basis of medicine in practice when, in discussion and in the time we've spent here, we've not talked about biochemistry. We've not talked about molecular biology. We've not talked about physiology. What we've talked about is societal problems and the political problems.

And so, the room for all of those disciplines that actually play an influential role in medicine are really squeezed out by the Flexnerian model of medical education, and until we address that we are just going to be dealing with some of these things at the periphery, because are the same medical students who will become the physicians of tomorrow.

[Participant 9]: I love the idea of asking students to be moral agents, or how they use their moral agency, because one of the biggest conflicts is we don't ask people to learn that prior to coming to medical school. We ask them to learn things that have binary, right/wrong, fact-based things.

We ask them to have some clinical exposure, but the vast majority of what we are defining as a good candidate comes down to scores – whether it's your MCAT or your GPA, and then when they do the traditional model of biochem, physiology, and anatomy, those are also binary right/wrong things, and so it's a culture shock when we say now we want you to use your character and to be agents of moral change. We haven't set them up to do that.

[Participant 3]: Yeah, and my point was going to be we don't have a guiding teaching pedagogy as it relates to character development. I can pull out a book on biochemistry. I can pull out a book on anatomy. It's not easy to pull out a book on character development. There are lots of different approaches to come at it. There are lots of different theories on how to come at it, but there's not – I think one of the challenges we face is we haven't developed a guiding educational pedagogy.

So then, as [Participant 9] mentioned, it's something to most of our students who are like why does this matter and where is all this craziness coming from? Moral agent, who cares? I just want to know how to make money taking blood pressures. Leave me alone with being a moral agent. I think part of it is that we suffer from lack of clear substance that matters.

[Discussion Leader]: So yes, and I think it raises two points. The first one is how do we define the good in medicine? I think we are all struggling about this question, and this is a fundamental question. I think the way out of this, from our perspective, is to do some investigation about the nature of medicine because, if you remove trust, if you remove respect as a condition for good clinical practice, then you don't have medicine.

So, I think what we need to do is to reflect about the nature of medicine. I've been mentioning that to a few people in the last few weeks, but it seems to me that in the first year of medical school, medical students should be exposed to the philosophy of medicine, understand the nature – philosophically – the nature of the patient/physician relationship, and then

look at some questions about how do we define the good of medicine? What is the good of medicine? What does it tell us of medicine?

[Participant 1]: If I go back to one of the comments that [Participant 3] actually put into the chat about sports professionals, and the idea of what it means to be professional in terms of being a skilled expert that delivers a product. Well, yes, medical professional do do that, but they're doing it within a much larger context, and so there's this connection between the actual work that you do and its relationship to the greater moral purposes of education within society.

So, how that then translates to day-to-day action for how you interact with your colleagues, your patients, and so on and so forth, and thinking right from the get-go and having the framing of it that is able to have this be a natural component. I think [Participant 2] pointed to that kind of Flexnerian elevation of the scientific mindset. Right now it's not a natural component because we've elevated that way of seeing it.

So, if you're able to elevate this right from the get-go, it's just an organic, natural – this is how you view what it is that medicine is, and what you are in the process of learning, and becoming, and about to do, then you have a much greater degree of being able to integrate, because it may never be that you need the textbook on character development, but it's more you have to start reshaping what the hidden curriculum is around the positive basis for how you view what it is you're becoming, and then how others within that ecosystem are held accountable and supported to be able to reinforce that.

[Participant 7]: Yeah, I would add, going back to the Flexner point – and I've wondered since I read that report and the subsequent 2010 thing, and I think about the context in which so much of medicine happens. It's the patient coming to the doctor, and prior, way back when the doctors in their buggies were making house calls, there was more opportunity for the humanity to exist, perhaps, because you saw the humanity happening in front of you.

That's been on my mind, too, is it just because we're bringing them into a clinical situation – it has to happen, I get it, but you see where I'm going with this.

[Discussion Leader]: What would you say, based on the conversation we had, what are these take-home points in terms of what we just discussed? And again, it's so rich it's very difficult, but if we had to summarize these key points, what would you say these are?

And then, the question – if you look at the fourth question, what are the conditions and the various ways that are conducive to working together on these scholarly dialogues? This is a good example of the type of conversation we had. We have clinicians, we have philosophers, et cetera. This is what has to occur.

[Participant 3]: If you're going to do this mission, or whatever you want to call it, do it soon. Do it sooner in their education and don't wait until, so to speak, the world is populated by people able to carry on the mission. I don't want to get too religious on you, but something along those lines.

Now, with that said, let me just throw this in. The students that I see coming into the medical school now are much better in this regard than what I considered my cohort. I don't want to make everything sound like it's dark and gloomy, but again, if you're going to instruct people, do it sooner than later.

[Discussion Leader]: Are you saying that even as before they enter medical school try to find, or would you say – I think this would be ideal, and then, of course, even before that.

[Participant 7]: Actually, to be honest with you, [Participant 3], [Participant 5], and I had a little disagreement about this. Sorry, [Participant 3]. We had a little disagreement about this, because I would like to know how to screen for these people coming into medical school because I participate in the admission process, and it would be really nice to enrich the group that are coming in so that you could cast the seed on fertile ground, if you know what I mean. I think [Participant 3] had a different take on that.

[Participant 3]: Well, I've been in admissions for a long time myself. I agree – the cool thing is many high schools have character education programs. I work with a local school district here. I think it's called – it's a 7-step thing, but anyhow, it's at the high school level. Many universities have character education programs.

The problem is we don't assess for it in medical school, not for admissions or really at any other place. We haven't adopted that curriculum, so I think one of the things we need to do is to enculturate ourselves to recognize that the medical profession is knowledge, expertise, and formation, and we've been afraid to say that last word for way too long. We talk about knowledge and we talk about expertise.

So, I think part of it is we need to have the courage to define who we are, and I would be happy to use metrics for character development in admissions, but I don't want to have them be exclusionary because it's a

lifelong process. When you think of how much we've learned by using other metrics as exclusionary and all the mistakes that we've made, I really don't want to make a mistake on this one.

[Participant 5]: We potentially have a community outreach process where we're working with the schools to foster their character development, so then when they get – we don't even know if the character development in the K-12 system is doing what they say. I don't even how much they – or even universities, right? So, I think reaching out to others who are having similar struggles and seeing what we could, perhaps, collaborate on, too, rather than siloing ourselves in as, like, we've got to take all this on ourselves.

[Participant 2]: I don't think it ends there. I think it's a very complex problem. I think we need to acknowledge it's a very complex problem, and we need to wrestle with what we can do and what we cannot do, and focus on what we can do within that analysis, or that analytical field that we create to better understand the problem.

I think there's a historical context within which we're trying to understand the problem. There is a sociological context within which we're trying to understand the problem. There is a political context in which we're trying to understand the problem. There may be all that context in which we're trying to understand the problem. So, I think it would be naïve to think that somehow there is this silver bullet we'll just bite and we'll get to the solution of it.

[Discussion Leader]: So, what you're saying is that then, to understand the complexity of the problem, and not just give a band-aid but to go right to root of the problem and this is a multi-factorial issue. It's a historical, sociological, political, and even moral problem, so this would be a second point.

The third one is this idea of humanity, and I think rather than just jumping straight to the physician identity, medical students should know about who they are as human beings and moral agents.

Anything you – and I think, [Participant 4], you mentioned this idea of personhood versus physician-hood. I like this idea, and first we need to focus on personhood, and then move into physician-hood. Anything you want to add in relation to this idea of humanity, or the humanistic dimension of medicine?

[Participant 4]: I just have a quick question. I know in medicine there are rituals and practices that students learn about and that they follow, and sometimes I wonder if we confuse mastery of the rituals and the practices with character development, and is there a way to tease that out?

I know we all know that there are a lot of students who can master the rituals and the practices, but how do we know that they've developed a character that's necessary for the profession.

[Discussion Leader]: That's an excellent point, right? If you apply to medical school, there are certain expectations. You have an interview. You can fake it, and this is a real problem. How do we assess that? For those of you who are interviewing medical students – I've done it in the past at a different institution. It's very difficult, but this is what you have. How do we assess it? It's a tough question, but I think it's an important point. I like that.

What about the idea of – so far, we have four points. Anything else that this idea of steering away from productivity, and the bureaucracy, and I think, [Participant 6], you made that point. But how do we change that? As we know, the business dimension of healthcare is present. It's not going to go away, but how do we address that, and what does it mean for the way we train our physicians? This is a tough one.

[Participant 2]: Well, I don't think they are mutually exclusive. We need to find a much more integrated way of looking at these things, which raises a question of what is the system? What are we trying to accomplish with this system? How do we have a common understanding about how we really look at that whole pathway, from society back to society?

When you tease out particular medical school acts, when you take students from society, you are going to return them back to society as physicians, and so it becomes very, very important to understand what we are trying to accomplish at the end of the day. They are not mutually exclusive. [Participant 3]'s concern about productivity is very important, but that doesn't mean that it should be the overriding principle.

It means that we need to create a model that has room for other variables to be accounted for. Do you manage a physician or whatever else there is? I mean, after all, there was a time when residents walked endlessly, and then there was a change, and then they had limitations on this, and so I think we need to take that into account that the humanity of the physician or the humanity of the walker, as a principle, needs to be taken into account.

[Discussion Leader]: So, are you saying that this is really about the nature of the social contract between medicine and society, and maybe we need to rethink about it because society is putting that pressure on medicine? Suddenly, the patient is a client, and there is this sense of entitlement, right?

As opposed to saying, wait a minute, I'm a physician. I have certain expertise. I cannot simply accept what [Participant 8]: mentioned, that a patient cannot impose on a physician because, as a professional you have certain standards? Is that what you're saying is the tension between the nature of the social contract, but also the tension between the profession of medicine and society, and how society, in all the bureaucracy putting the pressure on the medicine profession?

[Participant 2]: I think it's all inclusive of all of what you just said, because we think sometimes in exclusionary terms. The physician has all the complete eternally. The physician makes all the decisions with the exclusion of everybody else – the nurses, and so on and so forth. And then, the politics and the environment shift completely and then, all of a sudden, it is with the managers of the healthcare system.

So, we need a balance in that social construct that allows for the humanity of the physician, that allows for society to be served, that allows me as a patient to be served, and so on and so forth. I think that balance is so critical – that contract.

[Discussion Leader]: Absolutely. [Participant 6], do you want to add something?

[Participant 6]: Yeah. I think you, in a way, did hit the nail on the head by saying a patient is not a client. A client is a business thing, and with a patient we have a different obligation. What business says keep well and stay away? What business says don't smoke so we don't have to treat your cancer? We have a different moral objective than a business, and I think that is our contract with society. It's very different.

I think once we lose sight of that – once we lose sight that our patient is not our client – that's when we've lost our focus.

[Discussion Leader]: And here it goes back to the philosophy of medicine in terms of what is the nature of the patient/physician relationship. Is the relationship contractual or is it fiduciary? Is it based on respect and trust, or is it based on just an exchange of services? I think it goes back to these deeper questions that we need to address, so absolutely.