

# The bridge between bioethics and medical practice: medical professionalism

## El puente entre la bioética y la práctica médica: profesionalismo médico

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The field of health sciences is currently in constant change and this condition has been more accentuated in the last decade as new diseases, such as SARS-CoV-2, forced science to evolve and put the ethical component of health personnel to the test, awakening a special interest in bioethics and medical ethics.

As health care personnel we tend to seek excellence in the professional field, however, it is important to define professionalism,

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since on many occasions we believe we are professionals and we are not, either because there is a lack of knowledge, lack of good treatment of the patient, informality when dressing or speaking, etc., and this is fundamental, especially in medicine. Trying to define medical professionalism is the starting point of this work, being a complex mixture of health, wellness, and disease. Over time, physicians around the world have used three elements as the foundation of the term professionalism: the use of ethical principles, systematic medical education and standards of good practice based on moral codes.

The author mentions the existence of four ethical dimensions in medical practice; the first is excellence, through the aforementioned lifelong learning, by obtaining knowledge from different sources and applying it to professional practice; the second is taking responsibility for one's actions, including accountability and managing conflicts of interest; the third is altruism, where physicians promote the best interests of their patients before their own; the fourth and last is humanism, which represents the essence of medical practice, characterized by a management of respect, compassion, empathy, honor and integrity.

There is currently a debate about the technical competencies that are considered basic and necessary for an appropriate medical practice and for medical professionalism to exist. Of these technical competencies, special interest is placed on those that handle a relationship closer to a conception of medicine as an art, which is understandable from a rational point of view, since they are instrumental and epistemological in nature. They manage to provide a more holistic, human, and intrinsic approach, since it allows the development of professional identity.

Regarding the evaluation of medical preparation, the levels of medical knowledge and clinical skills of the students are considered satisfactory; however, it should be evaluated how such knowledge and competencies are applied based on the principles of medical professionalism applied in practice.

Chapter 5 begins with the following question: what is more valuable, an *amateur* or a professional? It seems an obvious question,

since the professional is socially known as someone who masters a subject, as opposed to the *amateur*, however, here we can see it from another perspective, since the *amateur* can be seen as someone who, despite not being paid and not being an expert, performs work in a specific area. This definition, clearly subjective and seen from a social perception, is the beginning of a broad approach of this work on medical professionalism in society. However, professionalism is not the only definition covered; other concepts are introduced, such as managerialism, considering that this focuses on efficiency, control, and profitability values, which should be synergized and integrated with professionalism. The difference between profession and “being professional” is also highlighted since the latter considers the values and attitudes adopted by the members of each profession.

As for professionalism in the medical field, medical interventions are determined not only by their efficiency but also by their professional status within a society, which leads us to know the formal and informal status of the physician. The physician's authority is part of his professionalism, being shaped by legitimacy and dependence and composed of its different types, contemplating that there is a collective authority in which the physician makes a kind of “negotiation” with people so that they grant a social value to his knowledge and an institutional authority in which the physician considers himself “above” technicians and other subordinates. In summary, the authors emphasize that the power that the physician has is only because the system accepts it, and that characteristics such as the white coat, passing visits, and control in stressful situations, are characteristic roles of the physician within this system full of expectations.

Curkovic and Borovecki compile, through various authors, the essence of the medical profession from the philosophical aspect, beginning with the mention of Hippocratic ethics, summarizing the four main bioethical values: autonomy, non-maleficence, beneficence, and justice. Just as it has values, bioethics also has objectives, and the first objective of bioethics as a discipline is the search for

truth; however, it is mentioned that despite this, many bioethical concepts are inevitably philosophical, since bioethics is not monolithic, and there can be different perspectives: theoretical, practical, or both, the theoretical being inductive and the practical deductive.

Regarding the great dilemma of ethics versus morality, the consequentialist theory is explained. This theory tells us that human goodness is due to the fear of consequences. Utilitarianism extends this theory and indicates that the goodness or badness of an action depends on the happiness it causes to an individual. On the other hand, there are the deontological theories that, through Kantism, tell us about doing good based on intrinsic properties and not on possible consequences, however, again this is sometimes a bit abstract and indefinable. Many theories are accused of the latter, as is the case of principlism as well, so we concluded in this section: today one cannot use only one theory, they are used rather as a complement to each other, considering the new social problems in which there is often disagreement between the true and the relative. We must consider, therefore, that morality can be relatively reflexive, so that true professionalism, in this case in a physician, is above ordinary morality.

Professionalism in the philosophical realm is brought to the table as a “being, having and doing”: being refers to the physician’s identity based on his virtues; having is possessing the necessary medical skills, abilities and knowledge, as well as his incompetence, whether conscious or unconscious; and doing refers to the performance of his respective responsibilities, which may be threatened by the risks taken by patients, and where even if the physician does his job, this is not enough.

Chapter 8 addresses the undeniable reality that the physician is also a human being and that the relationship between him, and the patients will always take into consideration the humanity that separates the disease from the person who suffers from it. Relationships should provide an exchange that contributes to the integral wellbeing of the patient, recognizing that even though the physician

considers himself an authority and that the exchange can become commercial, bioethical values should always come first and the paternalistic role of the physician should be avoided, thus generating a better physician-patient relationship. Being there for the other should be an altruistic and mutually beneficial act, considering never leaving aside our morals as physicians and always putting physical and mental health as a priority, as it constantly tends to be put in check. This chapter is essential to know and analyze the interactions that arise from interpersonal professional relationships, approaching them from an ethical point of view to build a health professionalism that is healthy for all.

In chapter 9 we can analyze the way in which each physician and patient understands the virtues of ethics and how these interpretations can change, but without ever leaving aside the ontological condition that allows us to move with professionalism and respect in the privacy and integral wellbeing of the patient. It is undeniable that true wellness encompasses all spheres of human development, and even though the physician's profession is primarily the prevention and care of diseases, it must be kept in mind that those who suffer from them are human beings, who experience the different conditions and pathologies beyond corporeality, and who expect to be respected and recognized with the highest esteem and with the utmost respect for their autonomy.

During chapter 10, medicine is approached as a moral work, which will have to be even better than ordinary. Everything an individual does ends up affecting the whole community, which means that they share both the achievements and the blame. Even so, many inequities are perpetuated within the medical profession, so it is important to understand the type of relationships between professionals.

Harassment, discrimination, violence, and intimidation are not alien to the medical profession and are aggravated in different specialties regardless of the established hierarchies. On many occasions this affects the culture of safety and medical professionalism. This is

why solutions must be sought; addressing unprofessional behavior at its root will reduce serious ethical violations and improve community morale. It is everyone's responsibility to report these behaviors before they become much more serious, so that the rotten apple is plucked before it contaminates the orchard.

Today we are faced with a new generation of physicians who seek quality of life and who are not only looking for professional success, but also for a professional activity that reduces their contact with patients, which leads us to ask ourselves, what is the future of medical relationships and how can we prevent familiarity and companionship from generating complicity? All the while remembering that, although we may go faster alone, we can go further together.

Chapter 11 addresses the physician's relationships with other health professionals, using the concept of interprofessional professionalism, which is defined as teamwork among the different members of the health staff, whose aim is to always act for the benefit of the patient, thus taking advantage of the diversity of each of the professions, together with their different roles and goals.

The challenge of this multidisciplinary is to recognize the essential tasks of each profession and perform them optimally to achieve efficiency and productivity.

The challenge of hierarchies and the *status quo* is undeniable in these relationships, where recognizing essential and peripheral tasks, as well as delegating control, helps us to improve as professionals achieving efficiency, productivity, and profit. These relationships also include those between healthcare facilities and physicians, where the physician can be considered the client. This is where we will face a new challenge, since the physician will have to become a businessman seeking only the economic benefit and profitability of services out of necessity, instead of using his leadership to be an agent of change, promoting ethical values to govern corporate agencies.

Finally, we can agree that interprofessional practice has a short history, with current success, and presents many challenges in its practice. When a diverse team of health professionals get together it

is easy for one's specific objective to get in the way, causing conflicts that are not resolved by appointing a team leader, but are definitely mitigated when it is remembered that decisions must always be based on the total well-being of the patient, leaving aside subjectivity, accepting that the physician is no longer the only one who possesses knowledge, that our profession is accompanied by multidisciplinary work and that we must constantly work for the greater good and absolute respect for the patient.

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