Professionalism: The Foundation of Obstetrics and Gynecology

Frank A. Chervenak, MD
Laurence B. McCullough, PhD

NewYork Weill Cornell Medical Center
Weill Cornell Medical College
NewYork-Presbyterian Hospital

Turkish German Gynecology Congress
April 27 – May 1, 2018
Northern Cyprus
• Professionalism
• Professional Virtues in Clinical Practice and Leadership
• Advocacy: Women and Children First
Morality
Mores
Right & Wrong Behavior
Good & Bad Character
BIOETHICS
Disciplined Study of Morality

- Physicians
- Patients
- Health Care Organizations
- Health Care Policy
Inadequate as the Basis of Obstetrics Ethics

- The Law
- Religious Beliefs
- Professional Consensus
- Appeals to Authority
Primum Non Nocere

• First, Do No Harm

• Non-Maleficence
Primum Non Nocere

“As to diseases, make a habit of two things, to help, or at least do no harm.”

Epidemics
Beneficence

Bene  Facere

Good  To Do

Percival T Medical Ethics 1804
“The art of medicine lies in balancing probabilities.”

Sir William Osler
Evidence

Beneficence

Clinical Judgment
Autonomy

Autos
Self

Nomos
Law
Informed Consent Process

• Disclosure by the physician to the patient of adequate information about the patient’s condition and the medically reasonable alternatives for managing the patient’s condition

  – Chervenak FA, McCullough LB 2014
Informed Consent Process

- Understanding by the patient of the information
Informed Consent Process

- A voluntary decision by the patient to authorize or refuse clinical management
Prima Facie
Ethical Concept of Medicine as a Profession

Dr. John Gregory (1724-1773) formulated ethical concept of medicine as a profession in response to entrepreneurial, self-interested medicine of his day:

- Fierce competition among variety of practitioners
- Physicians, surgeons, apothecaries, female midwives, irregulars (quacks)
- Patients’ interests secondary to self-interest
Ethical Concept of Medicine as a Profession

- Gregory: The physician should
  - Become scientifically and clinically competent
  - Protect and promote the health-related and other interests of the patient as the primary concern and motivation
Ethical Concept of Medicine as a Profession

Dr. Thomas Percival (1740-1803) on Organizational Professionalism:

- Defines organizational professionalism in response to disputes among medical and surgical staff that threatened to paralyze the organization.
- Defines organizational professionalism in response to rationing of hospital resources (especially in the formulary).
Medicine as a Profession

- Gregory and Percival: The physician should
  - Become and remain scientifically, ethically, and clinically competent
  - Protect and promote the health-related and other interests of the patient as the primary concern and motivation
  - Preserve and strengthen medicine as a “public trust”
Forerunner of the Modern Obstetrician
Professional Responsibility Model

- Professional responsibility to patients is based primarily on professional obligations, not primarily on rights.
- The professional obligations of obstetricians are owed to both the pregnant and fetal patient.
  - Not separate patients
- Autonomy-based and beneficence-based obligations to the pregnant patient and beneficence-based obligations to the fetal patient must all be considered.

Engel G 1960; Chervenak FA, McCullough LB, Brent RL 2011
Autonomy-Enhancing Strategy


Professional Responsibility Model

• Excludes
  • Professional judgment = paternalism
    • Professional judgment: Justified claim of intellectual superiority of evidence-based reasoning over lay reasoning about scientific and clinical matters and therefore not pejorative
    • Paternalism = interfering with the patient’s autonomy for the patient’s own good, i.e., acting on paternalistic judgment without consent of patients capable of consent, which is pejorative
    • Professional clinical judgment does not by itself justify paternalism
• Professionalism
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Drucker on Leadership:

“Leadership without direction is useless. Uninformed by ideas about what is good and bad, right and wrong, worthy and unworthy, it is not only inconsistent, but dangerous. As the pace of change in our world continues to accelerate, strong basic values become increasingly necessary to guide leadership behavior.”
Components of Leadership

- Management knowledge and skill
- Physician as professional
Fiscal Reality

Revenue > Expenses
Limits of Managerial Competence

• Medicine is not primarily a business, but the business aspects of medicine must be managed competently.

• Excellence in patient care, education, and research should be the goal of medical leadership.
Classic Depiction of Virtues – Sistine Chapel
Four Professional Virtues in Medicine
(Gregory’s Medical Ethics)

1. Self-effacement
2. Self-sacrifice
3. Compassion
4. Integrity
Self-Effacement in **Clinical Practice**

Put aside and not act on irrelevant differences between physician and patient:

- Class
- Gender
- Race
- Source of payment / type of insurance
- First language

Am J Obstet Gynecol 2001;184:875-80
Self-Sacrifice in Clinical Practice

Reasonable risk to self-interest:

• Health
• Time
• Income
• Job security
Compassion in Clinical Practice

- Recognize and respond promptly and effectively to patient’s pain and suffering
- Recognize and respond promptly and effectively to distress and suffering of patient’s family members

Am J Obstet Gynecol 2001;184:875-80
Integrity in Clinical Practice

• Practice medicine according to standards of intellectual and moral excellence
• Doing what will benefit the patient vs. doing the most
• Evidence-based clinical judgment and practice
Self-Effacement in Leadership

Unbiased:

• One’s own specialty or subspecialty
• One’s own medical center in merged institutions and alliances
• One’s friends and colleagues
• One’s gender or ethnicity
Self-Sacrifice in Leadership

Reasonable risk to organizational interest:

• Exclusive focus on the “bottom line” is a problem not a solution
• Economic success a means to professionalism, not end in itself

Reasonable risk to self-interest:

• Income and job security.

Acad Med. 2004;79:1056-1061
Compassion in **Leadership**

- Recognize and respond to colleague’s professional distress
- Routinely ask: What can I do to help?
Integrity in Leadership

- Management decisions according to standards of intellectual and moral excellence
- Sound, balanced economic judgment

Acad Med. 2004;79:1056-1061
Integrity in Leadership

- Open and honest communication
- Accessibility
- Accountability
Immanuel Kant
1724-1804
The Professional Responsibility Model of Organizational Culture

- Organizational leaders support professional colleagues and staff in sustaining commitments
  - To act primarily for the benefit of patients
  - To keep self-interest systematically secondary
  - To be confident that scientific, clinical, and moral excellence will be rewarded in the long run.

The Professional Responsibility Model of Organizational Culture

• Making these commitments requires respect for professional colleagues as persons

The Professional Responsibility Model of Organizational Culture

- Respect for persons includes:
  - Fulfilling freely undertaken commitments and accepting enforcement of such commitments
  - Not being treated simply as a means to the ends of other individuals or the organization
  - Treating others as ends gives needed ethical content to the management of “buy-in”
The Professional Responsibility Model of Organizational Culture

• Kant’s categorical imperative: Act always to treat others as ends in themselves and not as mere means

• Do not treat subordinates as mere means but respect them as ends in themselves, which will contribute to creating a sustainable organizational culture of professionalism
• Professionalism
• Professional Virtues in Clinical Practice and Leadership
• Advocacy: Women and Children First
Women and Children Last — The Predictable Effects of Proposed Federal Funding Cuts
G.J. Annas and W.K. Mariner
Lifetime Risk of Maternal Death
United Nations Regions

342,900 Deaths Annually
African Ambulance
African Antepartum
African Labor and Delivery
Maternal Morbidity Worldwide

• For every woman who dies, approximately 30 more endure injuries, infection, or disabilities in childbirth

• Over 15 million women a year suffer severe morbidity

UNICEF 2001
Perinatal Mortality

Per Thousand

- Developed countries: 4 – 7
- Developing countries: 33
- Africa: 100
- Sub-Saharan Africa: 140-160

UNICEF, WHO, WORLD BANK
<table>
<thead>
<tr>
<th></th>
<th>Fetal Mortality</th>
<th>Neonatal Mortality</th>
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<tbody>
<tr>
<td>(still births)</td>
<td>Per Thousand</td>
<td>Per Thousand</td>
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<tr>
<td>Developed countries:</td>
<td>3 – 4</td>
<td>3 – 4</td>
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<tr>
<td>Africa:</td>
<td>20 – 40</td>
<td>30 - 45</td>
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<tr>
<td>Sub-Saharan Africa:</td>
<td>&gt; 40</td>
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Basic Maternal Health Services

- 35% no prenatal care
- 50% of deliveries unattended
- 70% no postpartum care
Why hasn’t there been an adequate public response or a response from governments and private agencies?
Willful Blindness
MARGARET HEFFERNAN
Why Women are Dying

“Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.”

Dr. Mahmoud Fathalla, Past President, FIGO
Should Women and Children Come First?

- This is an ethical question
- What ought to be the priority in healthcare policy for the medical care of pregnant women and children?
Ethics

Makes a difference in how physicians and leaders should conduct themselves, and how they should affect the lives of women and children
How?

By identifying the obligations of physicians and leaders to women and children
Justice

In general, the ethical principle of justice requires that everyone receive his or her due.

- Aristotle
Ethics and Justice: An Essential Dimension of Healthcare Policy

• Healthcare policy should allocate healthcare resources for fetal, neonatal, and pregnant patients on the basis of the requirements of justice to eliminate:
  • Economic and political bias
  • Age bias
  • Bias in favor of persons
  • Bias against those who cannot speak for themselves

Chervenak FA, McCullough LB 2009
Our Responsibility

• Increasing the awareness of these biases is the first step to eliminating them.

• It is time for the world’s OB/GYN’s to take this important first step.
Attention, if you're the ship's captain, its investors, or manufacturers, we're here to rescue you...
Scientific Competence and Empathy

“If the physician possesses gentleness of manners, and a compassionate heart, what Shakespeare calls “the milk of human kindness,” the patient feels his approach like that of a guardian angel ministering to his relief; while every visit of a physician who is unfeeling, and rough in his manners, makes his heart sink within him, as at the presence of one, who comes to pronounce his doom”

• Gregory J 1772
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