

# Introduction to Ethics and Professionalism in Pathology and Laboratory Medicine

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## Introduction

Why a book on ethics and professionalism, and why now? Why all the “fuss” about professionalism? Important questions, indeed, and we hope to provide some answers in the chapters that make up this first-of-a-kind book for pathologists in training and in practice. While the focus will be directed towards pathologists as much as possible, there will, of necessity, be crossover to include physicians, in general, and the practice of medicine.

The ethical and professional relationship between the physician (including the physician who practices pathology or laboratory medicine) and patients, other physicians, and other health care providers has been an important part of the practice of medicine since ancient times. The Code of Hammurabi (c 1727 BCE) and the Hippocratic Oath (421 BCE) were early attempts to define proper conduct for physicians—a medical professionalism and ethic—towards their patients. Even these ancient attempts set standards to protect the patient from harm and injustice, define some form of proper conduct in the physician-patient relationship (eg, confidentiality), and promote a single standard of care for all patients.

Based on a growing body of work in medical ethics in the 18th and 19th centuries, the American Medical Association (AMA) published its first Code of Medical Ethics in 1847. By the end of the century, the AMA's Code was close to being considered a “national” Code of Medical Ethics in the United States. The AMA's Code continues to be revised and published, and serves as a respected reference, but many medical and scientific organizations have appreciated the value of developing their own codes (or principles) of ethics and professionalism that contain principles often unique to their professional mission or medical specialty as well as developing their own ethics committees. The College of American Pathologists (CAP), established in 1946, published its first Code of Ethics in November 1947 and assigned oversight of the code to the Committee on Ethics. After several revisions of the Code, followed by a period of not having a Code, the CAP developed its Principles of Ethical and Professional Conduct (Table 1-1) in May 2004 (revised in December 2017). The CAP's Ethics Committee was

*A profession ... must govern its own behavior—that is, it must internally generate its own rules or behavior. It does so by voluntarily developing a code of ethics which are the principles of correct conduct with regard to the rights and duties of the health professional to, first of all himself, to the patients he serves, and to his fellow professionals. It should be emphasized that professional ethics first of all applies to one's own behavior. Individual integrity, even more than skill or quality control programs, will always have an important bearing on the well-being of the patient and protect them from shoddy laboratory work, quality assurance programs aside.<sup>1</sup>*

—Donald A. Senhauser, MD  
(1927-2004; CAP President, 1991-1993)

abolished in 1970 and replaced by the Committee on Professional Practice.

In addition to developing codes of ethical and professional behavior for its membership, many professional organizations have also taken the extra step of establishing an ethics and/or professionalism committee. The functions of such a committee can be variable but often include reviewing or writing educational summaries on ethical and professionalism issues that affect the organization or its members, addressing specific concerns or issues raised by the public, proactively educating executive leadership about potential ethical issues that could affect the organization, providing educational sessions on timely ethics and professionalism topics at regional or national meetings, etc.

A prescient article in 1999 stated, “Today, at the dawn of a new century, genuine medical professionalism is in peril. Increasingly, physicians encounter perverse financial incentives, fierce market competition, and the erosion of patients' trust, yet most physicians are ill equipped to deal with these threats.”<sup>2</sup> It is probably no coincidence then, that also in 1999, the Accreditation Council for Graduate Medical Education (ACGME) included Professionalism as one of its six core competencies for trainees in residency and fellowship programs.

**Table 1-1. College of American Pathologists Principles of Ethical and Professional Conduct**

<b>Preamble</b>
Members of the College of American Pathologists (CAP) strive to promote patient care and to practice in an ethical fashion. The CAP offers these Principles to assist its members in addressing ethical issues.
<b>Principles</b>
<ol style="list-style-type: none"> <li>1. A pathologist shall maintain a practice of compassion, human dignity, and respect toward patients, colleagues, and other health care professionals.</li> <li>2. A pathologist shall place the interests of the patient foremost.</li> <li>3. A pathologist shall be committed to the achievement and maintenance of professional education and competence.</li> <li>4. A pathologist shall strive to report any physician or health care professional who engages in fraud or deception or whose deficiency in character or competence jeopardizes patient care or other personnel.</li> <li>5. A pathologist shall provide timely reports and should seek consultation when appropriate.</li> <li>6. A pathologist shall keep confidential any medical and personal information entrusted to him/her unless authorized by the patient or required by law.</li> <li>7. A pathologist shall be honest in all professional interactions, strive to avoid conflicts of interest, and not participate in exploitative financial relationships.</li> <li>8. A pathologist shall recognize a professional responsibility to contribute to community improvements, the betterment of public health, and access to medical care for all people.</li> <li>9. A pathologist shall respect the law.</li> </ol>
The CAP is committed to providing guidance on how these Principles might be applied in specific circumstances.

Adopted May 2004. Revised December 2017.

## What Are Ethics and Professionalism?

### Basic Concepts of Ethics

From a philosophical perspective, several of the important underlying principles of biomedical ethics that can be applied in the general assessment and analysis of ethical issues are detailed in Table 1-2. While the principles detailed in Table 1-2 are commonly accepted as basic and important, some would argue that such ethical principles should be fundamental to the "virtuous" practice of medicine and pathology. Virtues such as integrity, honesty, justice, competence, and compassion would thus become a part of the medical character to be practiced with "perfection-seeking diligence."<sup>3</sup>

The virtuous pathologist must take responsibility for communicating the results of his or her work in such a way as to encourage responsible use of it. This suggests a priority in values. Knowledge for its own sake is good, but knowledge that, in a practical way, promotes what is good for people is better.... It is, therefore, essential that the pathologist begin to look at the ways in which the practice of pathology intersects with the activities of the other practices that constitute the health care system.<sup>4</sup>

According to virtue ethics, the ethics of character and virtue—of personal responsibility and conscience—remain the final determinants to safeguard our patients, blood donors, and research subjects. That is, "What sort of a person should the pathologist be... do I wish to be in this profession?"<sup>4</sup>

**Table 1-2. Common Principles of Bioethics**

Autonomy	Respect for individual decision making, privacy, confidentiality, freedom of will, etc
Beneficence	Action(s) done for the benefit of others
Nonmaleficence	Not intentionally doing harm to others
Justice	Fair, equitable, and appropriate treatment and allocation of resources
Life	Respect for persons
Veracity or fidelity	Truth-telling, keeping promises
Confidentiality and privacy	Protection from unwanted intrusions into the patient's, blood donor's, or research subject's personal, physical, or psychological space, including the right to be free from unwanted bodily contact

### Basic Concepts of Professionalism

As noted above, in 1999 the ACGME, the accrediting body for graduate medical education, mandated that all residency training programs adopt and incorporate competency-based residency training in six defined areas referred to as *core competencies*. Professionalism is one of the six areas where each resident will be expected to achieve competency prior to leaving the program. Under Professionalism, the ACGME includes a commitment to carrying out professional responsibilities, a commitment and adherence to ethical principles, and sensitivity and responsiveness to a diverse patient population (culture, age, gender, disability,

etc). Respect, compassion, and integrity that supersedes self-interest; a commitment to excellence and ongoing professional development; and adherence to patient confidentiality and informed consent are also part of the ACGME's definition. Thus, the ACGME's definition of professionalism focuses on a broad set of skills and behaviors that primarily relate to how physicians should comport themselves in the workplace.

Studies in the literature have affirmed that attributes, behaviors, and qualities identified as important to professionalism include respect, accountability, honesty, compassion and empathy, integrity, effective interpersonal and communication skills, and knowing one's limitations. Leading an ethical and virtuous life would seem to foster an appreciation to develop and role-model these sorts of behaviors.

Beyond a defined list of expected behaviors, what constitutes professionalism has undergone some refinement. Professionalism can be thought of as a comprehensive "belief system" about how we as physicians and pathologists ensure that we, both as individuals and as members of a professional group, are worthy of the public's trust and how we hold each other accountable. In this context, as internal and external changes occur in (or attempt to influence) the practice of medicine, physician organizations and groups act as "moral agents" by consistently and repeatedly reinforcing and reviewing their mission, codes, and principles by providing guidance in ethics and professionalism statements, policies, and position papers that set their moral tone.

Another way to think of professional development is through "professional identity formation" (or transformation). In this view, professionalism encompasses professional values and behavior, the "hidden curriculum" (positive or negative), and mentorship/role modeling, and is developed gradually and continuously through the various life stages of becoming a physician. Thus, the transformative process occurs through the life stages of the pre-medical school student, medical student, resident, and fellow, culminating in the practicing physician as the individual adapts and changes over time.

The term and the concepts underlying the *hidden curriculum* were defined in 1994 by Dr Frederic Hafferty.<sup>5</sup> The hidden curriculum is the "messaging" or "understandings," the "customs, rituals, taken-for-granted aspects of what goes on in the life-space we call medical education" and that occurs outside of the formal curriculum.<sup>5</sup> Thus, medical education (both undergraduate and residency training) becomes more than simply lectures, defined courses, clerkship and residency rotations, etc, but probably even more importantly, a "cultural process." As a result, the hidden curriculum is not only influenced by

those doing the teaching and mentoring, but also by the entire organizational structure and policies of the institutions where students and residents learn and train, and where physicians practice. Messages are constantly being disseminated by organizations about what it considers to be important and not important, what initiatives are valued, what types of behavior are tolerated or not, what services are offered, how faculty conflicts of interest are addressed, whether faculty development is an important goal, etc—in other words, the wide variety of informal and hidden ways in which students, trainees, and practicing physicians learn about what sort of professional they want to be and, ultimately, what a "culture of professionalism" might look like. However, we should not assume that the hidden curriculum is necessarily all negative since individuals, organizations, and institutions can also aspire to be positive role models for the ideals of ethics and professionalism.

Values, desirable behaviors, professional identity transformation, and a belief system are important parts that make up the whole of "professionalism" and that ultimately help us to answer the question, "What sort of person (physician/pathologist) do I want to be?" To answer this question, it is imperative that the process of teaching and role modeling professionalism and ethics to our students and trainees be approached in a multidimensional fashion. To paraphrase one author,<sup>6</sup> professionalism must be treated and approached as a verb, as action-ethics, through mentoring and role modeling (a positive hidden curriculum) so that the ideals of our profession (medicine/pathology) are "mirrored back" and reinforced as our students and trainees transform through their life stages.

### Why Should We Care?

As alluded to above, the primary question might be, "What kind of person do I want to be in this profession?" This is an important question, and perhaps the ultimate question for all physicians, because throughout the modern-day history and development of medicine, medicine's status as a profession has gradually been eroding. This erosion began in earnest after World War II when new social, economic, political, and technological forces began to impact the profession of medicine. Some of these forces include:

- Increased numbers of specialists and decreased numbers of primary care physicians
- An explosion of medical technologies and an increased use and reliance on those tests and technologies
- The rise and influence of third-party medical insurance and reimbursement

**Table 1-3. Potential Ethics Issues Impacting Pathology and Laboratory Medicine Today**

- The use of next-generation sequencing (NGS) in patient care
- Cytogenetics/genetic testing and counseling
- Research ethics (eg, conflict of interest, authorship, informed consent)
- Tissue for biorepositories and research (eg, informed consent, confidentiality)
- Self-referral of pathology specimens
- Ethics and professionalism education in residency training programs and for Continuing Certification (CC; formerly Maintenance of Certification [MOC])
- The pathologist as legal expert witness
- Recognizing and reporting medical errors
- Interpersonal interactions, communication, and professionalism in the day-to-day practice of pathology and with patients
- Conflicts of interest
- Patient safety, quality of care, quality improvement, medical errors
- Organizational leadership and culture
- Direct-to-patient laboratory marketing, testing, and reporting
- Laboratory utilization and stewardship
- Transfusion medicine (eg, massive transfusion, blood shortages and resource allocation, donor health and safety, cord blood collection and storage)

- The increasing commercialism of medicine and the inevitable conflicts of interests that are generated
- Advertising by physicians, hospitals, and other health care-related businesses

As a result, the practice of medicine has become to look and act more like a business than a profession, that is, more like a “culture of commercialism” rather than a “culture of professionalism.”<sup>7,8</sup>

A diverse constituency and stakeholders—including individual physicians, professional organizations, the public, and others—have decided that the medical profession should uphold “its public responsibilities as a profession and that it does not regard itself as simply a highly skilled business or trade.”<sup>7</sup> As a result, more than three decades of research, teaching, and assessing professionalism have helped to define what it means to be a professional in the practice of medicine both as an individual and within an organizational culture. Going forward, a more aspirational and transcendent view of professionalism will likely provide greater insight, inquiry, and community engagement (diversity, quality improvement and patient safety, emotional intelligence and well-being, personal and interpersonal development, etc).<sup>9,10</sup>

## Ethical and Professionalism Issues That Impact Pathology

Few studies have been performed examining the impact of ethical and professionalism issues in pathology and laboratory medicine. One of the first, published in 2002, surveyed academic medical centers to assess

current issues impacting pathology and educational efforts directed towards residents.<sup>11</sup> In general, that study found that ethical issues in pathology were underrecognized, and that ethics education for residents was inadequate. An updated list of potential issues is detailed in Table 1-3. A more recent international study found that educational efforts in teaching ethics to residents in laboratory medicine programs was either nonexistent or highly variable.<sup>12</sup> Thus, the recognition that pathology and laboratory medicine (at least in the academic/teaching environment) has ethical and professionalism issues confronting it remains an issue of concern. It is little wonder then that pathology employers rank ethics/integrity, professionalism, and work ethic higher than any other desirable attributes in their new hires (both in academia and private practice).<sup>13</sup>

The overwhelming majority of the research and literature surrounding professionalism over the past 70+ years has been directed towards the practice of medicine in a general context. This is not a negative, since pathology and laboratory medicine serve vital roles in the practice of medicine, and physicians across all specialties share common goals in ethics and professionalism. However, it is also increasingly apparent that pathology and laboratory medicine have unique issues and concerns when it comes to ethics and professionalism. We, as individual pathologists and as organizations with shared professional goals, need to embrace both the shared and the unique. We, the editors and authors of this unique book, hope to help educate the pathology and laboratory medicine community about the importance of professionalism in our lives as pathologists and physicians.



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