

Editorial Άρθρο Σύνταξης

Medicine, Psychiatry and Professionalism

The International Labour Organisation Standard Classification of Occupations (2008) defines doctors as those that “diagnose and treat human physical and mental illnesses, disorders and injuries, and recommend preventive action, based on the scientific principles of modern medicine. They may specialise in certain disease categories or methods of treatment, or assume responsibility for the provision of continuing and comprehensive medical care to individuals, families and communities”.

Psychiatry as a medical specialty was first defined in 1808 by J.C. Reil, H. Miller, a neurologist and friend of psychiatrists, wrote in 1997 that the psychiatrist “...must be first and foremost and all the time a physician. In fact, psychiatry is neurology without physical signs and calls for diagnostic virtuosity of the highest order.

Recently, in “Good Psychiatric Practice”, The Royal College of Psychiatrists (2009) notes: “Patients, their carers, their families and the public need good psychiatrists. Good psychiatrists make the care of their patients their first concern: they are competent; keep their knowledge up to date; are able and willing to use new research evidence to inform practice; establish and maintain good relationships with patients, carers, families and colleagues; are honest and trustworthy and act with integrity. Good psychiatrists have good communication skills, respect for others and are sensitive to the views of their patients, carers and families. A good psychiatrist must be able to consider the ethical implications of treatment and clinical management regimes. The principles of fairness, respect, equality, dignity and autonomy are considered fundamental to good ethical psychiatric practice. A good psychiatrist will take these issues into account when making decisions and will need to pay particular attention to issues concerning boundaries and the vulnerability of individual patients. A good psychiatrist will not enter into a relationship with a patient or with someone who has been a patient.”

Professionalism implies a contract between the medical profession and society. Public trust is the cornerstone of professionalism in medicine. This is particularly so in psychiatry where concerns about patient welfare are complimented by concerns about public safety. The contract is underpinned by private ethics and public morality and is arrived at through public discourse and legitimation. It is supported by legislation, professional standards, material and human resources and enforced through professional governance, professional regulation and the courts. Politicians have an important role in negotiating and supporting professionalism.

In recent years the contract between medicine and society seemed to be under threat. Several European and American Medical Associations have proposed professional principles and responsibilities. The professional principles of medicine were defined as giving primacy to patients’ welfare, patients’ autonomy and social justice. The professional responsibilities in medicine were defined as commitments which include professional competence, patients’ confidentiality, maintaining appropriate relationships with patients and maintaining trust by managing conflicts of interest: integrity, compassion and excellence, wider team partnership, improving quality of care, improving access to care, just distribution of finite resources, scientific knowledge and training the next generation, leadership, facilitating multidisciplinary work and taking ultimate responsibility for patient care.

Professionalism in psychiatry does not stand in isolation from other mental health professions such as psychologists, social workers etc, but is enhanced by effective collaboration. All mental health professions have a moral obligation to collaborate effectively to ensure efficient and just use of resources in the service of patient welfare.

References

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