

VIEWPOINT

The Physician Charter on Medical Professionalism; A Perspective from the Arab World

Ashraf Mohamed Elghul, Eyad Al-Baree

Department of Medicine, Mafraq Hospital, Abu Dhabi, United Arab Emirates,

Corresponding author: Dr Ashraf Mohamed Elghul

Email: amelghul@yahoo.com

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Professionalism is the basis of medicine's contract with society. In 2002 the American Board of Internal Medicine Foundation, American College of Physicians, American Society of Internal Medicine Foundation and the European Federation of Internal Medicine listed three fundamental principles and ten professional responsibilities that characterize professionalism in the "Physician Charter" (1). The three fundamental principles described in the charter were the principle of patient welfare, the principle of patient autonomy and principle of social justice (1).

The application of such principles has its challenges in both Western and Eastern cultures. Religion plays a significant role in the definition of contemporary medical professionalism in the Arab and Muslim world compared to the Western world. How do religious and cultural beliefs affect our practice and teaching of medical professionalism in the Arab world has not been addressed adequately. In this article, we reflect on these three fundamental principles and other professional responsibilities from an Islamic and Arabic view point.

Some principles of medical professionalism from an Arabic/Islamic perspective

Principle of primacy of patient welfare

Faith in the Muslim world drives physicians to serve the interest of patients. This is clearly different from the western interpretation of professionalism. However, social pressures do provide a real challenge as the patient is seen as an extension of a larger society and the family involvement in medical decisions of the patient is accepted as normal phenomenon (2). Also, there is a common belief that market forces and administrative requirements must not compromise this principle.

The principle of patient autonomy

This principle poses the biggest challenge to medical professionalism in the Arab world. Cultural norms and family values interfere with patient autonomy to a large extent (3). For example family and social interference and the reluctance of elderly patients to make informed decisions is a major challenge. The lack of laws regulating

end of life care, surrogate decision-making, and other ethical challenges makes it complicated further.

The principle of social justice

The medical profession in the Arab and Muslim world recognizes that it is an obligation to promote justice in the health care system. All people from different faiths, cultures, gender and socioeconomic status are guaranteed justice in the health care system. This principle is derived from Islamic teachings. One important professional responsibility includes the principle of commitment to honesty with patients. Honesty with regards to medical errors that injure patients is one principal issue. Disclosing medical errors to patients and families may indeed compromise patient and societal trust in the profession. Arab physicians are expected to be at a higher standard of practice and are supposed not to show diagnostic uncertainty in their work (4).

How to overcome such professionalism challenges?

Teaching professionalism

The ACGME lists professionalism as one of the six core competencies that physician in training must possess before graduation (5). The Cognitive base is an integral part of professionalism and must be consistent throughout the educational process. Also, institutional support and faculty development are essential to overcome challenges in professional education (6). Establishing a professional curriculum that includes an Islamic perspective and Arabic culture is another step forward. A focus on the family effect on patient autonomy ought to be included as part of doctor-patient ethics. The inclusion of culture-specific trustable professional activities as a part of the professionalism framework will improve the teaching and evaluation of residents and medical students. Also, residents need to be trained to adopt the correct mind-set that is consistent with Islamic principles, such as "doctor is an agent of healing and Allah is the ultimate healer."

Finally, faith-driven concepts like self-accountability for own behaviors and self-motivation with a focus on reward from God can be used to teach professionalism in the Muslim world (4).

Establishing a code of conduct

The concept of the social contract makes the definition of professionalism much more challenging (4). Abdelrazig et al. proposed an Arabic definition of professionalism as "a

higher obligation beyond those owed to patient and society" (3).

It should be noted that there is a difference between an Arabic definition of professionalism and an Islamic definition, though there is a lot in common. The Arabic definition is a mixture of culture, traditions, and behaviors rooted in the Arabian countries of the Middle East. Whereas, Islam is the main religion and its laws and ethics has a substantial role in shaping medical professionalism in the Middle East (4). Health care authorities in the Muslim world and Islamic scholars should establish a medical ethics code of conduct that integrates Islamic principles with relation to the end of life care and patient-doctor relationships. The dealing with God gate which was the fourth gate in the four-gate model of medical professionalism by Al Eraky and others highlights the importance of such action (4).

Community workshops and group discussions with the public

Holding group discussions with the public will help in the understanding of the principle of autonomy and social justice. However, there is a difference between an Arabic culture perspective and Islamic teachings perspective. For example, in Islam patient autonomy is respected and each patient has the right to make their medical decision. In Arabic traditions the family has an added integral role; however, the patient still has the right to make their own decisions. It is imperative to mention that not all Arabs are Muslims and not all follow strict Islamic teachings in their relationships with other members of the society.

Be flexible: "Western is Western, and Eastern is Eastern."

Since we are living in cosmopolitan societies in many parts of the world, we will encounter patients of all backgrounds. Therefore, as physicians, we need to be flexible and respect patients of different races, sexes, and cultures. Western physicians in non-western cultures must adapt to different cultures and vice versa. It is imperative to understand that as physicians these differences need to be understood (7).

Conclusion

A better understanding of medical professionalism in all cultures and religions is of pivotal importance. Being aware of this concept and applying into practice will need proper training and adaptability. It is essential that we understand the patients' cultural and religious

backgrounds when treating our patients. In the Muslim and Arab world we face challenges in practicing and teaching medical professionalism that will require establishing a medical professionalism physician charter that is unique to the Muslim and Arab world.

Keywords

Medical professionalism, Ethnicity, Ethics, Arab, Islamic

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