

WHO WILL PROMOTE MEDICAL PROFESSIONALISM?

In recent years medical professionalism has been under the microscope. This inspection has been driven by the impact of continuous change on medicine, and by the ascendancy of governments and corporatism in dictating the directions of healthcare. The search has yielded a reaffirmation of professional principles. On the one hand, there is altruism — practitioners' duty to serve their patients and the public. On the other hand, there is professional independence and self-regulation.

Few would argue with these principles, but how they are to be promoted within the profession is another question.

Many commentators suggest that medical professionalism will spread like magic dust from the coat-tails of influential role models. Not so, say Sylvia and Richard Cruess, from the McGill Center for Medical Education, in Canada. They argue that professionalism cannot be absorbed from "admirable role models" alone, but must be actively taught in medical schools and through continuous medical education.

But professionalism cannot be simply crammed into doctors through educational programs. Its principles need to be compatible with our culture, and evaluation criteria for professional performance by individual practitioners, learned colleges and medicopolitical bodies need to be accessible.

With these provisos, professionalism needs to be promoted in Australian medicine. Although candidates for this task could well be the Committee of Deans of our medical schools and that of the presidents of our clinical colleges, ultimately we are all responsible.

Cal Thomas, a US surgeon, has noted that "Physicians are heirs to a distinguished moral tradition, but its ancient values have never been more urgent and practical than at this moment. These principles are anchors in a storm of change and controversy."

Martin B Van Der Weyden

LETTERS

Postoperative serious adverse events in a teaching hospital	
Thomas B Hugh	276
G Douglas Tracy	276
Rinaldo Bellomo, Donna Goldsmith, Sarah Russell, Shigehiko Uchino	276
Acute community-acquired meningitis and encephalitis	
Deborah C Saltman	277
Miles H Beaman, Steven L Wesselingh	277
Short-term effectiveness of bupropion for assisting smoking cessation in general practice	
Nicholas A Zwar, Alia Nasser, Elizabeth Comino, Robyn L Richmond	277
Thalidomide and cancer	
William McBride	278
Surgeons' views about colorectal cancer screening before and after national guidelines	
Annie Cooney, Neil J Donnelly, Melina Gattellari, Jeanette E Ward	278
Low rate of compliance with ergocalciferol therapy in vitamin-D-deficient patients with hip fracture	
Jane M Noble, Marjory McGuinness, Paul Glendenning	280

BOOK REVIEWS

Evidence-based coronary care	
<i>reviewed by Peter L Thompson</i>	238
Cases in surgical radiology	
<i>reviewed by Christopher J O'Donnell</i>	259
Statistical methods for anaesthesia and intensive care	
<i>reviewed by Sue Inglis</i>	259

OBITUARIES

Henry Edward Hudson	
<i>by Paul Hudson</i>	274
Richmond Baker Rikard-Bell	
<i>by Ian S Collins</i>	274

CORRECTION

"Guidelines for the management of gestational diabetes mellitus revisited" (<i>Med J Aust</i> 2002; 176: 352)	279
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IN THIS ISSUE . . . 226

IN OTHER JOURNALS . . . 275



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