



## APM Perspectives

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# Medical professionalism and the generation gap

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In recent years, medical professionalism has been scrutinized by physicians, educators, medical literature, and the media. The result of this examination is a generally accepted consensus that professionalism is decreasing in medicine due to a failure to satisfy patient and societal expectations as well as a loss of the medical profession's dedication to its core values. This seeming deterioration has placed increased pressure on physician educators to measure professionalism among physicians-in-training.<sup>1</sup>

Criticism regarding professionalism in medicine has often focused on younger physicians, members of a generation that appear to many older physicians as uniquely unprofessional.<sup>2,3</sup> This younger generation, with its focus on personal lifestyle and balance, appears to lack the intrinsic virtues necessary for the medical profession. The conflict between generations accentuates the "crisis of professionalism" and has the potential to divide the profession along generational lines, creating many unintended and negative consequences.<sup>4,5</sup> However, in focusing on generational loss of virtue, the current discussion has overlooked a key element to professionalism—the transformation of "lay person" to physician.

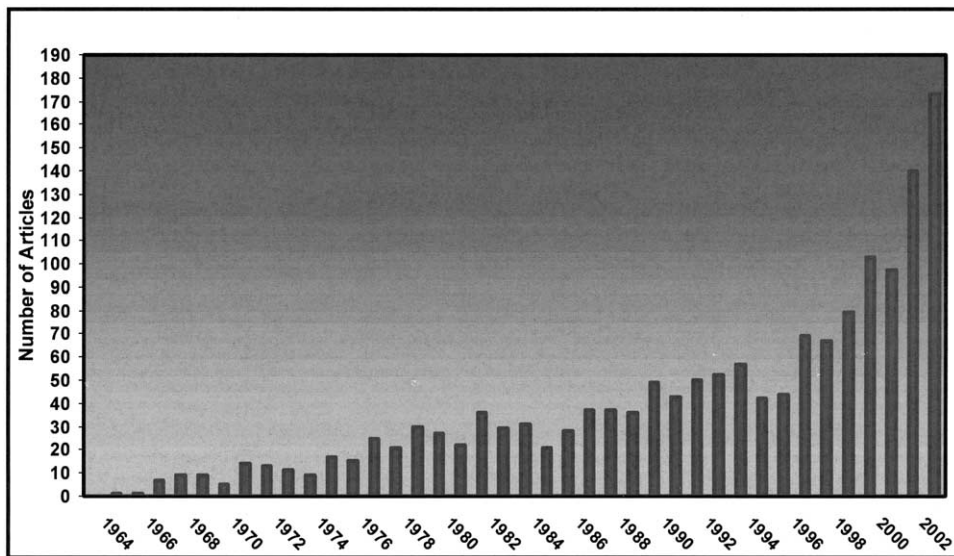
In the past decade, professionalism has been a topic of hundreds of articles in medical literature (Figure). A possible explanation for this explosion of articles is that the corporatization of medicine and the resulting con-

sumerism of patients has disrupted the contract implicit in the meaning of a "trusted profession." Another possible explanation is the term "professionalism," in its current usage, is a meaningless catchphrase and therefore defies satisfactory description. Most of these articles define professionalism as a set of virtues, including altruism, honesty, compassion, and integrity, then create behavioral definitions under each of these virtues that are quantifiable in physicians. In addition to the medical literature's attempt to define and evaluate professionalism, the American Board of Internal Medicine Foundation, American College of Physicians Foundation, and European Federation of Internal Medicine developed *Medical Professionalism in the New Millennium: A Physician Charter*, a statement that outlines physicians' responsibilities to both patients and society.<sup>6</sup> Although valuable in the debate, these attempts to define professionalism as a set of virtues, obligations, and behaviors fall short of capturing its essence.

The core of professionalism is the personal transformation of self that takes place in stages during the early years of medical training and practice. Once "lay persons," medical students redefine themselves as physicians, accepting that they now interact with all of society in a new and different manner.<sup>7,8</sup> Accepting this role colors all of one's perceptions and opinions, setting standards for behavior. Once this transformation occurs, it is impossible to believe being a physician is "just a job." With this role comes respect, privilege, and trust. The tradition in society is to bestow the title of "doctor" not only on individuals while working in the ambulatory or outpatient setting; rather, the title is given to the persons themselves, believing that the

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**Figure** Journal Articles on Professionalism from 1964-2002. Data source: PubMed. Online. [www.ncbi.nlm.nih.gov/entrez/query.fcgi](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi)

transformation from “lay person” to physician has occurred.<sup>9</sup>

Students today come from a unique generation. This generation has grown up culturally skeptical and technologically savvy and values free time and life balance. As a class, students enter training later in life and include a higher percentage of women. They come predominantly from higher-income families, and will incur record-setting amounts of educational debt.<sup>10-12</sup> Led by women, this generation of students will work fewer hours and demand flexible employment opportunities.

Today’s students are potentially as competent and professional as the physicians that have come before. Vying for few positions in US medical schools, today’s students are smart and energetic. This generation of students, however, is criticized for shunning primary care and choosing specialties which provide positive lifestyle factors. As a result, this generation appears to members of other generations as placing personal pri-

orities above those of the patient. In addition, a decreasing number of students appear enthusiastic about the possibility of being someone’s doctor.<sup>13-17</sup> This is an important area of concern because this younger generation—skeptical of “total commitment”—may resent the personal transformation to physician.

The conflict in the medical workplace that triggered this recent dialogue on professionalism is between the Baby Boomer Generation and Generation X. Baby boomers define professionalism predominantly in terms of hours worked and “complete” dedication to the job. Dedicated to life balance, Generation Xers do not aspire to be like baby boomers. They believe baby boomers are hypocritical and susceptible to early burn-out. In fact, having been raised by absentee, workaholic baby boomers, their priorities are very different from their parents. Their focus on caring for themselves and their families is a positive attribute of Generation X.

Baby boomers—creating a value system based on their own life ethic—have confused work ethic with

**Table 1** Generational profiles

	<i>Veterans</i> 1922–1945 55 Million	<i>Baby Boomers</i> 1946–1964 78 Million	<i>Generation X</i> 1965–1980 47 Million	<i>Millennium</i> 1981–2000 80 Million
Style	traditional	personal satisfaction	self-reliant	modern traditional
Size	rapidly declining	dominant	small group	large
Ethic	respect, loyalty	ambitious, political	progressive, cynical	loyal, conservative
Gender Role	classic gender roles	mixing gender roles	unclear	gone
Work	respect the system work for security	respect experience likes to work	respect expertise work to live	work to live
Heroes	strong heroes	some heroes	no heroes	anti-heroes
Seminal Events	Depression, WWII	Vietnam, BCP	weak USA	9–11
Upbringing	traditional family	traditional family	absenteeism parents	protective parents
Reward	a job well done	money, title, recognition	freedom and time	work

Data source: Zemke R, et al. *Generations at Work*. New York, NY: American Management Association, 2000.

**Table 2** Essential attributes of the “physician”

Embrace being a physician
Caring and altruistic
Honesty, integrity
Team player
Strive for excellence
Accept the duty for serving patients and society
Courage, heroism

professionalism. Still in charge of the medical system, baby boomer physicians have continued to enforce a workplace that demands long hours, total dedication to work, rigid approaches to patient care, and disdain for anyone who does not accept their “rules of life.” Generation X physicians are not eager to join this work environment. In addition, Generation Xers—skeptical of organizations and hesitant to make total commitments—appear to be afraid of truly embracing physicianhood and the personal transformation that is critical to professional development.

The recent enactment of work hour regulations by the Accreditation Council for Graduate Medical Education has created a typical generational conflict. Baby boomer physicians, who “thrived” in the old system, blame residents and students for these new regulations. They fail to acknowledge that society is deeply concerned about the harmful effects of long work hours and fatigue on making life and death decisions. The new regulations have the potential to accentuate the professionalism rift as older physicians blame residents for being less dedicated. Likewise, some less motivated young physicians use these rules to justify less than complete commitment to excellence and altruism in caring for their patients.

It is clear that as long as physician leaders are allowed to equate professionalism with hours worked, an unbridgeable divide between the generations in the physician workforce will remain. Professionalism must be defined by the essential qualities of a physician regardless of hours worked (Table 2). Physicians across all generations have far more qualities that unite than divide them, and this common ground should be the basis of future dialogue on professionalism. It is clear that physician educators should ensure that physicians-in-training are aware of and embrace the transformation from “lay person” to physician. As a result of this transformation, physicians-in-training will put the care of patients first and deliver care with quality, honesty, and integrity.

Future physicians will have to be team players who expect nothing less than excellence in the workplace and accept—not shirk—the responsibility to serve patients and society. Future physicians will need to continue to be courageous healers and perhaps even heroes. Furthermore, physician educators

**Table 3** Attributes of the “future environment”

Patient focused
Flexible work hours
Prioritize physician well-being and life balance
Reward excellence, not endurance
Promote seamless team care
Expect excellence and total commitment doing work
Foster joy of being a doctor

must be cognizant that the current trend of measuring observable virtuous behaviors is one step removed from the most critical element of professionalism: ensuring physicians-in-training understand, accept, and transform into their new role in society as physicians. The learning environment should accept generational differences, forgive students struggling at the start of the transformation to physician, and nurture the process. Educators need to talk more about the wonder, privilege, and honor of being someone’s doctor, creating a positive, professional “hidden curriculum.”

The medical workplace of the future must embrace and nurture this new generation of physicians. Simultaneously, it must allow and encourage the next generation of physicians to grow to be true professionals’ accepting society’s role of “doctor.” The future environment must be patient focused but have flexible work hours and flexible practice design (Table 3). This workplace must recognize that physician well being and balance in life is a valid and important concern and does not negate the attainment of professionalism. It must reward excellence, not endurance. These systems, which by nature will become more discontinuous, must promote seamless team care so that patients never sense a loss of the professional dedication to their well being. The profession has a right to expect excellence and total commitment to medicine but should also allow for structures that encourage balance in life. Finally, this environment should foster the joy of being a physician.

The ultimate challenge that all physicians face, regardless of generation, is to flexibly and respectfully redefine excellence and professionalism in terms that are both generationally diverse and appropriate. Physician leaders need to build bridges instead of barriers. Established physicians need to stop defining perfection as being “just like ourselves” and realize that encouraging professional excellence in ways that are culturally and generationally diverse is the only hope for the future of the medical profession. Let us never allow a medical culture to exist where young physicians are afraid of falling in love with being a doctor.<sup>18,19</sup>

## References

1. Association of American Medical Colleges. A Guide to the Preparation of the Medical Student Performance Evaluation. Available at: [www.aamc.org/members/gsa/mspeguide.pdf](http://www.aamc.org/members/gsa/mspeguide.pdf). Accessed November 3, 2004.
2. Adams D. Generation Gripe: Young doctors less dedicated, hard-working? *American Medical News*. February 2, 2004. Available at: [www.ama-assn.org/amednews/2004/02/02/prl20202.htm](http://www.ama-assn.org/amednews/2004/02/02/prl20202.htm). Accessed November 3, 2004.
3. Merritt, Hawkins and Associates. *Summary Report 2004 Survey of Physicians*. Available at: [www.merrithawkins.com/pdf/2004\\_physician50\\_survey.pdf](http://www.merrithawkins.com/pdf/2004_physician50_survey.pdf). Accessed November 3, 2004.
4. Lancaster LC, Stillman D. *When Generations Collide*. New York, NY: HarperCollins Publisher Inc, 2002.
5. Zemke R, et al. *Generations at Work*. New York, NY: American Management Association, 2000.
6. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med*. 2002;136:5
7. Kegan R. *The Evolving Self*. Boston, MA: Harvard University Press, 1982.
8. Branch WT. Supporting the moral development of medical students. *JGIM*. 2000;15:503–508.
9. Pellegrino ED. Professionalism, profession and the virtues of the good physician. *Mt. Sinai J Med*. 2002;69(6):378–384.
10. Association of American Medical Colleges. *2003 All Schools Reports*. Available at: [www.aamc.org/data/gq/allschoolsreports/2003.pdf](http://www.aamc.org/data/gq/allschoolsreports/2003.pdf). Accessed November 3, 2004.
11. *Evolution of Medicine. Academic Internal Medicine Insight*. 3 (2);6.
12. Association of American Medical Colleges. *AAMC Data Book 2003*. Washington, D.C.: Association of American Medical Colleges, 2004.
13. Newton DA, Grayson MS. Trends in career choice by US medical school graduates. *JAMA* 2003;290:1179–1182.
14. Dorsey ER, et al. Influence of controllable lifestyle on recent trends in specialty choice by US medical students. *JAMA*. 2003; 290:1173–1178.
15. The End of Primary Care. *New York Times*. April 18, 2004.
16. Young Doctors and Wish lists. No Weekend Calls, No Beepers. *New York Times*. January 7, 2004.
17. Ibrahim T. The case for invigorating internal medicine. *Am J Med*. 2004;117:365–369.
18. Worley LL, et al. Generational evolution and the future of pediatrics. *J Pediatr*. 2004;145:143–144.
19. Epstein J. The Perpetual Adolescent. *The Weekly Standard*. 9(26).