

# Professionalism in an era of incivility

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**A**lpha Omega Alpha (AΩA) recently convened its AΩA 2025 Professionalism Conference, “Medical Professionalism and Leadership Best Practices: Generational Complexity in Professionalism/Moral Injury,” with a focus on professionalism and leadership. Much of what was discussed at the conference will be detailed in a forthcoming monograph for AΩA members and others to consider. Here, I will reflect on a few of the conference themes before readers delve deeper into the issues.

Physicians often think about the evolution of professionalism as part of a generational change in medicine. Each generation deals with working and living in a world distinct from that of any of the generations coming before it. However, the growth of technology over the last 50 years has brought about a dramatic transformation in the day-to-day lives of physicians, who now sustain perpetual connections to information (and each other) in a way no other generation has experienced.

The Hippocratic Oath epitomizes altruism,<sup>1</sup> obligating physicians to show compassion toward patients, and respect for their privacy, along with other forms of professionalism. For centuries, learning the practice of medicine was akin to an apprenticeship whereby ethical

guidance and standards were established between a mentor and protégé. Once medical training shifted to universities, particularly after the 1910 publication of the Flexner Report, other organizations, such as trade associations, professional groups, and accreditors, became involved in setting expectations for medical practice. This guidance came to be shaped more collectively and publicly than that formed through individual mentorship.

The Flexner Report transformed medical education not only for physicians in the United States and Canada, its primary audience, but also for physicians throughout the world. Society as a whole came to bestow both status and autonomy upon physicians in return for meeting standards as the medical profession defined them. The autonomy and status of physicians have now begun to change once again, partly due to business models that theoretically allow physicians greater freedom to step out of back-office clinical roles while nonetheless introducing non-clinical tasks that seem to grow daily. Few contemporary physicians fit the 1950’s stereotype of the family physician: a physician known to everyone within the community who carries the persona of professionalism even into private life.

Professionals of all kinds are struggling with challenges stemming from generational, cultural, and technological change. Lawyers, as officers of the bar, must balance their duty to the court with client confidentiality and advocacy. Teachers, engineers, military service members, and other health care workers like nurses must meet professional standards enforced through employment, public licensing, self-regulation, and credentialing. Yet the rapid advancement of technology during the digital era—together with the extensive sharing and more selective consumption of information—also plays a role in setting standards, with any perceived ethical violation or correction of professional behavior potentially becoming very public.



Some of the panelists from the 2025 Professionalism Conference, “Medical Professionalism and Leadership Best Practices: Generational Complexity in Professionalism/Moral Injury.” Front row, left to right: Judy Daboul, MD; Kamna S. Balhara, MD, MA, FACEP (AQA, The Johns Hopkins University School of Medicine, 2012); Sheryl Pfeil, MD (AQA, The Ohio State University College of Medicine, 1984); Dee-Ann Carpenter, MD (AQA, John A. Burns School of Medicine University of Hawaii, 2021, Faculty); Jill Omori, MD (AQA, John A. Burns School of Medicine University of Hawaii, 1995); Jonathan M. Amiel, MD (AQA, Columbia University Vagelos College of Physicians and Surgeons, 2007); Hareen Seerha (AQA, University of Washington School of Medicine, 2025); Joyce A. Sackey, MD, FACP (AQA, Geisel School of Medicine at Dartmouth College, 2005, Alumni); Jessica Perlo, MPH; Londyn Robinson, MD (AQA, University of Minnesota Medical School, 2021); Ellen M. Friedman, MD, FACS, FAAP (AQA, Baylor College of Medicine, 2017, Faculty). Back row, left to right: Ernesto Robalino Gonzaga, MD; David A. Hirsh, MD, FACP; Alexander A. Iyer; Douglas S. Paauw, MD, MACP (AQA, University of Michigan Medical School, 1983); Eric Warm, MD, MACP (AQA, University of Cincinnati College of Medicine, 1992); Annie Koempel, PhD, RD; Robert Phillips, MD, MSPH (AQA, University of Florida College of Medicine, 2016, Alumni); Peter Bates, MD (University of Washington School of Medicine, 1976); Frederick Chen, MD, MPH; Bradley E. Barth, MD, MDLOS (AQA, University of Kansas School of Medicine, 1994); Wendy Dean, MD.

### Definitions of professionalism

The characteristics ascribed to professionalism vary. Definitions can be as short and direct as that of the Baylor College of Medicine—which defines professionalism as “a set of attitudes and behaviors that cultivate competence and connection through positive respectful and trustworthy relationships”<sup>2</sup>—or as broad but succinct as the entry for professionalism in the *Merriam-Webster Dictionary*: “the conduct, aims, or qualities that characterize or mark a profession or a professional person.”<sup>3</sup>

**AQA has separated medical professionalism into two distinct categories:**

1. responsibilities to patients and
2. social responsibilities and advocacy.<sup>4</sup>

Many of the guidelines that AQA specifies as belonging to each category are far more complex than they may seem on a surface reading. “Do no harm,” for instance, may mean different things to different physicians, particularly if the physician applies the principle to end-of-life care or to reproductive health. Other principles, such as the commitment to lifelong learning or the treatment of all patients humanely, ethically, and with respect for their dignity, privacy, and confidentiality, have greater clarity and thus a uniform meaning for most, if not all, physicians. The challenges arise when defining and enforcing professionalism outside the core physician-patient relationship; that is, in the broader yet more personal space of the relationships that physicians form with each other, with the public, and with the institutions employing or affiliated with them.

### Challenges to professionalism

Competing allegiances are and have always been problematic in medicine; physicians have long raised concerns about the “business-ification,” or corporatization, of medicine. Recently, these complaints have coalesced around employment in practices owned by outside investors; however, physicians have desired to move away from being owners of independent businesses to employees for the last 30 years. Patient demands, insurer/payer hurdles, and regulatory requirements all compound the perception of health care as too expensive and of physicians themselves as too highly compensated no matter their employment arrangement or investor status.<sup>6</sup>

The capacity of doctors and health organizations to improve the quality of care and health status of patients is made even more difficult in a delivery system that operates within a failed social safety net. As a recently retired health system CEO acknowledged, “the task [of improving care] is made more difficult by quality measurements and comparisons that effectively treat outcomes as entirely within the control of clinicians.”<sup>7</sup> The degree to which physicians consider social factors and social justice when providing care may depend upon the degree of agency that they have (or believe that they have) to affect the many aspects of their patients’ lives with an impact on health. Advocacy and social justice may be core to profession of medicine, but they are also difficult to define and identify as a specific set of actions through consensus.

### The generational challenge

AQA’s convening of nationwide experts fell under the subtitle of “Generational Complexity in Professionalism.” Whether or not generational differences are the predominant drivers that affect physicians’ views on professionalism is difficult to parse out in the current evidence base. Surveys and studies that compare attitudes and accepted behaviors with regard to professionalism between older and younger physicians are confounded by the nature of doing these studies in academic settings where older physicians generally have a senior role and younger physicians are generally categorized as learners. How we consider and incorporate disparate views on professionalism needs to be done with clear context around how professionalism may differ depending upon age, role, time, and place.

Are there, for instance, differing expectations for faculty physicians than for students or residents with

regard to behavior on social media? Even if surveys do establish as such, how can they show that difference to be unrelated to hierarchy (or even privilege)?

The enforcement of professionalism has been likened to the imposition of codes of etiquette, each potentially a framework for the subjugation of one group to another. But the amount of privacy granted to non-workplace behavior may also be changing, making professional standards of any kind more difficult to confine to professional settings alone. How physicians speak in front of their peers or present themselves in public has, until recently, served to establish a professional identity in a way largely under their individual control. Twenty years ago, physicians’ behavior among a group of peers at a public event would be unlikely to appear on social media. Perhaps the professionalism of that behavior has not changed so much over the generations as has the likelihood of it being widely observed.

Such a change might be healthy and desirable; it would certainly be consistent with the view that true character reveals itself when no one is watching. At the same time, both personal and professional growth are reliant upon the testing out of social norms in front of a trusted group that can deliver gentle reminders of the implications of words or behavior. An overly rigid imposition of any construct of professionalism may appear more punitive, permanent, and public to a younger generation given the constriction of privacy in recent years. Improving behavior by learning from mistakes is also a measure of professionalism, and physicians must have the chance to demonstrate that ability at each stage of their career. The ubiquity of information about physicians and their colleagues makes self-correction and self-development of this nature more difficult to undertake discretely.

The public correction or redirection of behavior in the name of professionalism may make junior colleagues feel attacked rather than supported and make the generational “us vs. them” dynamic even more pronounced in the field. Furthermore, part of being a professional is the capacity to deliver feedback to others in a constructive, tactful fashion, which does not include delivering a reprimand to fellow physicians on social media. Would such a criticism truly be constructive? Would it set a good example for other physicians or serve to support them as future leaders?

Some of the complexities and tensions that seem to stem from generations or age could also be attributable

to the personal characteristics that we have increasingly strived to celebrate and strengthen in medicine: how we consider gender, race, ethnicity, geography, or even our politics and other aspects of our personal identities. Where should the balance rest between encouraging professional development and supplanting personal identity? Should leaders in the medical profession impose the same standards of professionalism on physicians without regard for their stage of training or academic rank? Or might those strict standards merely strengthen the privilege of more senior physicians?

Affirming professional standards against the politically divisive backdrop of the United States has become increasingly difficult for all generations of physicians. The standards for professionalism in medicine may, at times, seem to contradict societal standards as a whole.

### **Professionalism in practice**

Technology has affected not only the broader public presence and social discourse of medicine, but also the physician-patient relationship. It is now common for patients to search for their symptoms on the Internet (or use AI), or hear about health information on social media, and present their findings at appointments. The availability of medical information outside health care settings is high; the reliability is less so. There is a concurrent degradation in the way that many people view expertise. The current climate of competition and discreditation for who can provide authoritative medical advice contributes to physician burnout, moral injury, and cognitive dissonance. It also speaks to the need for physicians to be able to discuss effective and respectful approaches to patient care in the era of “Dr. Google,” health- and diet-influencers, and health policymaking among powerful advocates without medical training.

What this year’s discussion of professionalism made most clear is the importance of physicians giving each other grace. For many physicians, training is best reinforced not by having their mistakes permanently recorded or broadcast, but rather through the support of a colleague, mentor, or friend, a person who can thoughtfully, quietly, take them aside to reflect on and determine how to correct their behavior. As Dr. Peter Bates noted during the conference, it may help for us to return to the reason(s) professionalism is still important to us as a profession. We have carried the concept taken with our oaths and moved them through the eras of Flexner and modern technology. Perhaps if we could

agree on what end it serves, we might find commonality in what it is across generations and across our own personal identities.

How physicians treat each other—as professionals and as humans sharing a desire to heal and help others—must evolve as new generations enter the workforce and new generations enter the patient population. Health-care needs shift among all demographics, as does the structure of health care delivery and the professionals providing it, with the transformations in technology both aiding and challenging the field of medicine. Today’s (and tomorrow’s) physicians are no less committed to medicine than those who came before them, and the physicians of every generation share a commitment to lifelong learning, which includes learning how to practice within a changing world and profession.

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