ABIM FOUNDATION®

2025 ABIM FOUNDATION FORUM

REIMAGINING PROFESSIONALISM

HOPE IN A SHIFTING MEDICAL LANDSCAPE

BACKGROUND PAPER

BY TIMOTHY LYNCH, JD

As participants gather for the 2025 ABIM Foundation Forum, clinicians face unprecedented challenges to their ability to deliver care in keeping with traditional conceptions of professionalism. They practice in a climate marked by dramatic corporate consolidation, extraordinary technological transformation, sharp political and social division, and the rapid deterioration of a scientific consensus that they could once take for granted. Physicians describe high levels of burnout, with many keeping at least one eye on an exit from practice—indeed, about one in four report that they are considering leaving the profession for a non-clinical career.[1]

One might hope that medical professionalism could serve as a "North Star" to guide physician behavior and attitudes in these troubled times. Professionalism is an essential part of education and training, and it has long been one of the six core competencies that the American Board of Medical Specialties (ABMS) and the American Council of Graduate Medical Education (ACGME) require to be evaluated during residency or fellowship training and demonstrated by candidates seeking board certification. Although definitions and understandings of professionalism have varied over the years, it has generally been understood as an unalloyed good.

But an undercurrent of dissatisfaction about professionalism—or at least about how it has been interpreted and applied—has swelled alongside the larger tumult buffeting health care in recent years. For example, critics have suggested that professionalism has been used both to exacerbate burnout by extracting uncompensated care from overworked staff and to enshrine arbitrary standards related to appearance and attire that are disproportionately applied to police the conduct of younger, female, and, particularly, Black and brown physicians. Beyond such specific criticisms, others simply view professionalism as irrelevant and disconnected from the reality in which they now work.

During this year's Forum, we will discuss these challenges and how we might reframe or reclaim professionalism to bolster its ability to serve as a counterweight to the larger challenges facing the health care system. Participants will explore how the increasing influence of financial and corporate influences and other seismic changes in health care are altering how care teams think about their role, and how medical professionalism training and assessment might help those teams better meet the challenges of our era. They will have the opportunity to consider how—regardless of role—one can exercise agency in a system that often acts to diminish it. There will be ample time to work in small groups to explore all of these issues.

We should also be clear about what this Forum is *not*. While we recognize the importance of discussions around professional codes of conduct—especially those that promote safety, collegiality, and accountability—our focus will not be on enforcement mechanisms or the important work many participants have led in remediating disruptive and disrespectful behavior. Nor will we center themes often lumped under the umbrella of professionalism, such as dress codes, appearance, or social media use—areas that too often slide into the policing of identity, authenticity, and self-expression. These are critical conversations, but they are not the focus of our short time together.

At the outset, it is worth noting that although our primary focus during the Forum will involve physician professionalism, we hope that our discussion—and any lessons learned from it—will be highly relevant to nurses, nurse practitioners, physician assistants and other clinicians making essential contributions to American health care, as they encounter many, if not more, of the same challenges.

1 H Winsborough. When Practicing Medicine Becomes Unrewarding: Medscape Physicians and Nonclinical Careers report 2023. Medscape, November 7, 2023. Available at: https://www.medscape.com/slideshow/2023-nonclinical-careers-6016752. (Accessed March 4, 2025).

PROFESSIONALISM AND TRUST

What is medical professionalism? Thinkers have grappled with the duties of physicians for centuries, going back at least as far as the Code of Hammurabi in 1754 BCE and the Hippocratic Oath, written between the 5th and 3rd centuries BCE. One key attribute of professionalism has been that it evolves over time as new generations embrace new values; indeed, many definitions and understandings of professionalism have been put forth over the centuries. These definitions have featured common themes, such as commitments to scientific knowledge and patient interests, but also new concepts such as obligations to social welfare.

Today, as defined by ABMS and ACGME, professionalism encompasses "a commitment to living out professional responsibilities, embodying medical virtues, applying technical skills in providing compassionate, patient-centered care, being attentive to diverse patient populations and workforces, and practicing wellness and self-care."[2]

Medical professionalism has been central to the ABIM Foundation's mission throughout its history. In 2002, the Foundation joined with the American College of Physicians and the European Federation of Internal Medicine to publish Medical Professionalism in the New Millenium: A Physician Charter.[3] The Charter—which was developed by a committee of experts convened by the sponsoring organizations and endorsed by more than 100 medical organizations—sought to flesh out the concepts of professionalism by defining three fundamental principles and nine professional commitments that all physicians should embrace. The fundamental principles included the primacy of patient welfare and patient autonomy and the obligation to promote social justice in the health care system, the latter of which was an addition to most earlier professionalism standards. The professional responsibilities cited in the Charter included, among others, the avoidance of conflicts of interest, commitments to improve the quality of and access to care, and a commitment to scientific knowledge.

The Foundation's recent focus on trust is tied directly to its focus on professionalism. Trust is mentioned five times in the Charter, which notes that public trust in physicians is essential to medicine's contract with society and couches the importance of respecting patient confidentiality and managing conflicts of interest in terms of maintaining trust. The trust focus also draws from conceptions of professionalism that go beyond the physician-patient relationship to the establishment of trustworthy relationships across a larger organizational and community context: within the health care team and between members of the health care team and patients.[4]

WHERE PROFESSIONALISM STANDS: CURRENT ATTITUDES AND CONCERNS

Although advocates of medical professionalism have intended that adherence to its principles will build a more trustworthy health care system, some observers have questioned whether actions taken under the mantle of professionalism may actually diminish clinicians' trust and undermine efforts to create a more equitable system. This includes a criticism that the leaders of health systems have exploited the values of professionalism as a tool to improve their operations and financial stability at the expense of their care team's wellbeing.

2 ABMS Position Statement on Promoting Professionalism. March 4, 2024. Available at: https://www.abms.org/newsroom/abms-position-statement-on-promoting-professionalism/#:~:text=Professionalism%20encompasses%20a%20diplomate's%20commitment,practicing%20wellness%20and%20self%2Dcare. (Accessed March 4, 2025).

3 ABIM Foundation, American College of Physicians, European Federation of Internal Medicine. The physician charter [Pamphlet]. Philadelphia: 2002. Available from: https://abimfoundation.org/wp-content/uploads/2015/12/Medical-Professionalism-in-the-New-Millenium-A-Physician-Charter.pdf. (Accessed March 4, 2025).

4 D Wolfson. Trust: The Evolution of Professionalism. ABIM Foundation, May 7, 2021. Available at: https://abimfoundation.org/blog-post/trust-the-evolution-of-professionalism. (Accessed March 4, 2025).

In a 2019 opinion article for the New York Times, Danielle Ofri, MD, PhD, argued that hospitals and health systems have taken advantage of physicians' sense of duty to impose increased responsibilities on them, such as by correctly recognizing that physicians will regularly work beyond their duty hours to ensure that patients receive the care they need (and the associated administrative duties are completed). She wrote:

> *I've come to the uncomfortable realization that this ethic that I hold so dear is being cynically manipulated. By now, corporate medicine has milked just about all the "efficiency" it can out of the system. With mergers and streamlining, it has pushed the productivity numbers about as far as they can go. But one resource that seems endless—and free—is the professional ethic of medical staff members.*[5]

If anything, the problems that Dr. Ofri raises have only become more pronounced in the intervening years. Between broader shifts in generational attitudes toward work-life balance and changes in the structure of the health care system, it is perhaps unsurprising that younger physicians have grown skeptical of expectations that earlier generations of physicians accepted. This divide is captured in the debate about whether being a physician is a job or a calling. Joel Katz, MD, senior vice president for education at Dana-Farber Cancer Institute and a former residency program director at Brigham and Women's Hospital, who will join us at the Forum, told the *Wall Street Journal* that some residents find it "very triggering and offensive" to refer to medicine as a calling. "It's a code word for being taken advantage of," he said.[6]

Lisa Rosenbaum, MD, a cardiologist at Beth Israel Deaconess Medical Center and a national correspondent for the *New England Journal of Medicine (NEJM)*, who will deliver the President's Lecture at this year's Forum, explored tensions about physicians' roles and responsibilities in a series of articles she wrote last year for *NEJM*. Discussing how younger physicians often reject the idea of medicine as a calling, she wrote: "As society's reckoning with work's centrality converges with medicine's corporatization, the sacrifices that once brought physicians spiritual fulfillment have increasingly been replaced by a sense that we're simply cogs in a wheel."[7]

Dr. Rosenbaum acknowledged how the grind of medical practice can lead younger physicians in particular to view being a physician as a job, not a calling; this was intensified by the pandemic, during which trainees worked long hours at great personal risk for modest pay while their peers in lucrative sectors like tech and finance worked safely and profitably from home. She called for using physicians' legitimate concerns as a tool to improve the system in a way that benefits both patients and clinicians, focusing on the commitment of one young physician whom she interviewed and who rejected the idea of medicine as a "calling" and found fault with the institutions of medicine, but remained deeply committed to his patients.

"As society's reckoning with work's centrality converges with medicine's corporatization, the sacrifices that once brought physicians spiritual fulfillment have increasingly been replaced by a sense that we're simply cogs in a wheel."

–Lisa Rosenbaum, MD

Others have expressed concern that professionalism standards have been applied in a biased way against members of groups that are under-represented in medicine (URiM) and other marginalized

5 D Ofri. The Business of Health Care Depends on Exploiting Doctors and Nurses. New York Times, June 8, 2019. Available at: https://www.nytimes.com/2019/06/08/opinion/sunday/hospitals-doctors-nurses-burnout.html (Accessed February 20, 2025).

6 T Chen. Young Doctors Want Work-Life Balance. Older Doctors Say That's Not the Job. Wall Street Journal, November 3, 2024. Available at https://www.wsj.com/lifestyle/careers/young-doctors-want-work-life-balance-older-doctors-say-thats-not-the-job-6cb37d48?st=U5nJr6&reflink=desktopwebshare_permalink. (Accessed March 5, 2025).

7 L Rosenbaum. On Calling – From Privileged Professionals to Cogs of Capitalism? N Engl J Med 2024;390;5.

groups, particularly in the medical education context. Critics argue that professionalism, as applied, encourages homogeneity and discourages difference among physicians and medical students. The standards and behavioral norms associated with professionalism, they say, are largely based on white male physicians, and those who do not fit those norms can be unfairly deemed unprofessional. For example, one study noted how Black resident physicians received negative feedback about "the tone of their voice, body language, and even use of African American Vernacular English when speaking with patients of similar backgrounds."[8] This leads students from URiM groups to perceive that they have to give up their identities to be viewed as professional,[9] as shown in one study where such trainees described an inability to be their authentic selves, a tendency to become guarded and a hypervigilance about professionalism.[10]

"20 percent of trainees dismissed from their residency in 2015–16 were Black, even though Black students only constituted 5 percent of residents."

–Adaira Landry, MD

The consequences of this can be severe and far-reaching. Experts like Adaira Landry, MD, an emergency medicine physician and assistant professor at Harvard Medical School who will speak at the Forum, has written about the "overpolicing" of Black residents[11] and shown that residents of color are particularly likely to be found to have acted unprofessionally. For example, 20 percent of trainees dismissed from their residency in 2015–16 were Black, even though Black students only constituted 5 percent of residents.[12]

Although critics have raised valid concerns about specific applications of professionalism, their criticisms need not suggest that professional standards in medicine should be abandoned altogether. Indeed, whatever disagreements may exist about how professionalism should be defined, measured or enforced, there still appears to be consensus within the medical community that certain attributes that have been defined as part of professionalism—such as commitments to scientific knowledge and patient welfare—should remain core values for physicians (and other medical professionals).

The Foundation has been engaged in an exploration of perceptions of and attitudes about professionalism, and we have found strong support for the concept of professionalism alongside questions about its meaning and an acknowledgment that it can be misused. In a survey we conducted of a diverse group of more than 160 physicians and others playing a variety of roles in health care, 78 percent of respondents expressed a positive reaction to the term, with significant majorities finding it to be a guiding and grounding concept that served as a foundational element of the medical profession. As one respondent stated, professionalism "is key to the relationship physicians are privileged to have with patients and to the trust patients bestow on physicians. Not only is professionalism not outdated or no longer useful, it seems more important today than ever." At the same time, a large number of those surveyed said that 'professionalism' can be vague and subjective and they would welcome a clearer definition, and a slight majority reported that they had seen professionalism be used inappropriately.

8 JP Cerdena, EN Asabor, S Rendell, T Okolo, E Lett. Resculpting Professionalism for Equity and Accountability. Ann Fam Med 2022;20(6):573-577.

9 MEL Brown, O Coker, A Heybourne, GM Finn. Exploring the Hidden Curriculum's Impact on Medical Students: Professionalism, Identity Formation and the Need for Transparency. Med Sci Educ 2020;30(3):1107-1121.

10 D Maristany, KE Hauer, AN Leep Hunderfund, et al. The Problem and Power of Professionalism: A Critical Analysis of Medical Students' and Residents' Perspectives and Experiences of Professionalism. Acad Med 2023;98(11S):S32-S41.

11 J Ellis, O Otugo, A Landry, A Landry. Dismantling the Overpolicing of Black Residents. N Engl J Med 2023;389:1258-1261.

12 R Gross. The Unbearable Vagueness of Medical 'Professionalism.' New York Times, March 19, 2024. Available at: https://www.nytimes.com/2024/03/19/health/medical-students-professionalism.html?unlocked_article_code=1.Ck4._h_J.26uGpYyja-lb&smid=em-share (Accessed February 20, 2025).

THREATS TO PROFESSIONALISM

A number of challenges may threaten clinicians' ability to practice in a way that accords with their highest aspirations, from inequity to misinformation to rapid technological change. Two critical issues that will be of particular focus during the Forum are financial pressures driven by the ever-increasing consolidation and financialization of the health system and challenges presented by the rapidly-changing political and social climate in which physicians operate. Finding paths to restore physicians' agency amidst these challenges—and discovering how professionalism can help—will be a key focus of our time together.

FINANCIAL CHALLENGES

Of all of the transformations that have affected physician professionalism in the 21st century, financial and corporate influences on the practice of medicine have likely had the most profound impact on the greatest number of physicians. In the words of Eliot Friedson, a medical sociologist, observers have worried for some time that "bureaucratic and market forces were eroding professional autonomy and public trust in medicine." Friedson argued that "professionalism, when done right, offers a middle ground between profit-driven care and top-down corporate or government control."[13]

The old model of physician-owned practices has been disappearing for decades, but the corporatization of medicine has taken on significant momentum in recent years, thoroughly reshaping how doctors practice. By the beginning of 2024, 77.6 percent of physicians were employed by hospitals or other corporate entities, a dramatic change from even 2012, when 25.8 percent were employees. A majority of physician practices (58.5 percent) are now owned by corporate entities (30.1 percent) or hospitals and health systems (28.4 percent).[14]

> "Professionalism, when done right, offers a middle ground between profit-driven care and top-down corporate or government control."
>
> *–Eliot Friedson*

The corporatization of health care can refer to changes in ownership of the entities that deliver care, with the consolidation of practices and other health care organizations into ownership by central corporate forces that can supersede local autonomy. It can also refer to an increasing emphasis on profits over patient care on the part of hospitals and systems. This corporatization has been driven largely through hospital mergers (of which there were more than 2,000 between 1998–2023) and purchases of practices by these growing hospitals that have come to dominate local markets. Most metropolitan areas now have highly concentrated specialist physician markets, and nearly two in five have highly concentrated markets for primary care physicians.[15] In recent years, the involvement of private equity investors—which own more than 30 percent of hospitals in some markets and nearly 400 hospitals in all—has added to the impression that the delivery of health services is interchangeable with any other profit-seeking enterprise.[16]

13 E Friedson. Professionalism, the Third Logic: On the Practice of Knowledge. University of Chicago Press, 2001.

14 D Muoio. Nearly 80% of Docs Employed by Hospitals, Corporate Entities in Continued Shift Away from Independent Practice. Fierce Healthcare, April 12, 2024. Available at: https://www.fiercehealthcare.com/providers/more-and-more-physicians-are-working-under-hospitals-corporate-entities-report-finds. (Accessed May 5, 2025).

15 Z Levinson, J Godwin, S Hulver, T Neuman. Ten Things to Know about Consolidation in Health Care Provider Markets. KFF, April 19, 2024. Available at: https://www.kff.org/health-costs/issue-brief/ten-things-to-know-about-consolidation-in-health-care-provider-markets/. (Accessed March 10, 2025)

16 M Fox, Surgeons are Prioritizing Patients Amid the Corporatization of Healthcare. ACS Bulletin, March 6, 2024. Available at: https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/2024/march-2024-volume-109-issue-3/surgeons-are-prioritizing-patients-amid-the-corporatization-of-healthcare/#:~:text=Course%20correcting%20such%20an%20environment,than%20it%20does%20the%20surgeons.%E2%80%9D (Accessed February 26, 2025).

Meanwhile, as health care entities seek to generate growth for their leaders and investors, patients face higher costs in the form of out-of-pocket expenses and rising premiums, while clinicians face dwindling autonomy and satisfaction and an increase in "administrative harm" based on decisions made at the system administration level, such as program closures, shortfalls in personal protective equipment and reducing the time allotted for patient visits.[17] The prioritization of financial performance can result in cost-cutting measures and higher prices and creates incentives to prioritize the volume (and expense) of services delivered over the results of those services on individual and community health.[18] A relentless focus on the bottom line—such as that demonstrated by hospitals and health systems that sue patients for unpaid bills[19]—can make it increasingly difficult for patients to access quality care, particularly in underserved areas, undermining patient trust.

Of course, the profit motive has also driven positive changes in health care. Financial incentives can spur innovation, leading to the development of new treatments, technologies, and improved care delivery models.[20] Profits can also support investment in advanced medical research, enhance health care infrastructure, and improve overall efficiency within the system.

The challenge lies in finding a balance where profit motives align with the primary goal of delivering high-quality, accessible care to all patients and improving the health of the communities that health care institutions were created to serve. From the clinician's perspective, this is what professionalism requires: a commitment to prioritizing patient welfare over personal interest and considerations of profit.[3]

It is also worth noting that despite the wave of consolidation and private investment that has created such significant changes for clinicians, hospitals and health systems still face significant financial limitations. At the end of 2024, hospitals had a median operating margin of 4.9 percent, and about 40 percent lost money from operations in 2024. And the consolidation among providers does not come close to putting them on even footing with the private payers with whom they negotiate payment – the largest payers are up to 10 times the size of the largest health systems, and four payers rank among the 20 largest companies in the United States by revenue.[21]

The fact that the corporatization of medicine is responding to larger economic pressures and carries some benefits does not ease the tension for clinicians forced to reconcile the conflict between the care they want to provide and financial pressures that may, for example, limit the time they can spend with patients. Forum participants will discuss policies, practices and steps that can balance financial incentives with the imperative of equitable, high-quality care for all, and how clinicians can best maintain their professional commitments while operating in our current economic environment.

17 W O'Donnell. Reducing Administrative Harm in Medicine—Clinicians and Administrators Together. N Engl J Med 386;25 (2022).

18 Commonwealth Fund. Value-Based Care: What It Is, and Why It's Needed. February 7, 2023. Available at: https://www.commonwealthfund.org/publications/explainer/2023/feb/value-based-care-what-it-is-why-its-needed. (Accessed March 10, 2025).

19 N Levey. Hundreds of Hospitals Sue Patients of Threaten Their Credit, a KHN Investigation Finds. Does Yours? KFF Health News, December 21, 2022. Available at: https://kffhealthnews.org/news/article/medical-debt-hospitals-sue-patients-threaten-credit-khn-investigation/. (Accessed March 10, 2025)

20 BH Gray, ed. Institute of Medicine Committee on Implications of For-Profit Enterprise in Health Care. National Academies Press, 1986.

21 S Becker and M Gamble. 15 Defining Healthcare Trends and Challenges. Becker's Hospital Review. February 27, 2025. Available at: https://www.beckershospitalreview.com/hospital-management-administration/15-defining-healthcare-trends-and-challenges.html?origin=BHRSUN&utm_source=BHRSUN&utm_medium=email&utm_content=newsletter&oly_enc_id=8697J0389567D5M (accessed March 3, 2025).

POLITICAL AND SOCIAL CLIMATE

We have explored in previous Forums how rising levels of suspicion and partisan antagonism have brought to an end a "golden age" that spanned from the end of World War II until the early 21st century and was marked by a shared understanding and acceptance of medical consensus, even as sharp debates may have raged on other matters. We have also learned that this era of consensus was itself an exception to a long history of debates about science and advocacy for "medical freedom." According to Lewis Grossman, JD, a law professor at American University who has written extensively about the medical freedom movement, through most of American history, "a wide swath of Americans has not only demanded freedom of therapeutic choice but has done so in large part because they harbor deep, even conspiratorial, suspicions about the medical establishment, scientists, experts, the elite, big business, the government and bureaucrats."[22]

"A wide swath of Americans has not only demanded freedom of therapeutic choice but has done so in large part because they harbor deep, even conspiratorial, suspicions about the medical establishment, scientists, experts, the elite, big business, the government and bureaucrats."

–Lewis Grossman, JD

Even for those familiar with this history of dissent, the recent opposition to COVID-19 restrictions and vaccination, and the rise of misinformation, the disintegration of consensus has been breathtaking. Senior federal policymaking positions (and some at the state level[23]) are now occupied by individuals who have expressed varying degrees of skepticism of evidence-based medicine, most prominently Secretary of Health and Human Services Robert F. Kennedy, Jr., whose long history of sowing doubts about the safety and efficacy of vaccines and advocacy of medical freedom served as the animating force of his presidential campaign and has continued in his early months in office. In addition to casting doubt about vaccines, leaders and senior officials of federal health agencies have dissented from the prevailing views about the danger of COVID-19[24] and the safety of fluoride, among other issues.

In its first months, the administration has already reduced funding for medical research, fired thousands of government employees working for the Centers for Disease Control, the National Institutes of Health, the Food and Drug Administration and other agencies, eliminated all funding for efforts to promote health equity, terminated or limited grants related to vaccine hesitancy and acceptance, and even deleted government health websites that relate to reproductive health, race, gender and LGBTQ+ rights. And once-routine steps like convening a panel to plan for the 2025–26 flu vaccine were suspended.[25]

Some of the public health consequences of a medical freedom approach have already manifested themselves, most notably through a measles outbreak raging in Texas and New Mexico this year causing at least three deaths, the first from measles in the United States since 2015.[26] In responding to the outbreak, Secretary Kennedy offered a steady stream of mixed messages, acknowledging that vaccines "do prevent infection" and that people should have access to "good medicines, including those who want them, to vaccines" while also stating that federal health

22 Lewis A. Grossman on Choose Your Medicine, The Westport Library. October 11, 2021. https://www.youtube.com/watch?v=J3PCuCt8068 (Accessed March 3, 2025).

23 S Colombini. Florida health official advises communities to stop adding fluoride to drinking water. NPR, November 22, 2024. Available at https://www.npr.org/sections/shots-health-news/2024/11/22/nx-s1-5203114/florida-surgeon-general-ladapo-rfk-fluoride-drinking-water. (Accessed March 10, 2025).

24 E Bendavid and J Bhattacharya. Is the Coronavirus as Deadly as They Say? Wall Street Journal, March 24, 2020. Available at https://www.wsj.com/articles/is-the-coronavirus-as-deadly-as-they-say-11585088464. (Accessed March 10, 2025).

25 B Lovelace Jr. FDA cancels meeting to select flu strains for next season's shots. NBC News, February 26, 2025. Available at https://www.nbcnews.com/health/health-news/fda-cancels-meeting-select-flu-strains-seasons-shots-rcna193931. (Accessed March 11, 2025).

26 C Terhune. Doctors push back as parents embrace Kennedy and vitamin A in Texas measles outbreak. Reuters, March 9, 2025. Available at https://www.reuters.com/business/healthcare-pharmaceuticals/doctors-push-back-parents-embrace-kennedy-vitamin-texas-measles-outbreak-2025-03-08/. (Accessed March 10, 2025).

workers should “look at our vaccine-injured kids and look them in the eye” and speculating that malnutrition played a role in the measles death of a Texas child as it is “very difficult” for measles to kill a healthy person.[27]

This new environment offers a set of challenges for clinicians looking to demonstrate the principles of professionalism. Some of these will occur in the exam room. For example, it will be a challenge to square professionalism tenets such as commitments to both scientific knowledge and patient autonomy in an era when patients are less inclined to trust descriptions of scientific knowledge. The influence of outspoken skeptics of the medical establishment, like Secretary Kennedy and National Institutes of Health leader Jay Bhattacharya, MD, PhD, will surely extend beyond pre-existing believers in medical freedom to affect many others who will be exposed to their views through the media. Clinicians will then have to determine how to talk about these issues with those patients. (In some settings, physicians, particularly those who work for the federal government, may also be faced with ethical conflicts due to government policies.)

Other challenges will relate to how clinicians respond publicly to policies that affect their patients and the public’s health. Some argue that the medical profession has a responsibility to speak out when there is clear scientific evidence that a particular policy—from sowing doubts about vaccine safety to reducing health insurance coverage—will threaten health or safety.[28] Such an obligation for advocacy does not appear within traditional definitions of professionalism, although it is consistent with the commitment to social justice included in the Physician Charter.

There may be an opportunity to learn from what has failed to stem the growing power of the medical freedom movement and increasing suspicion of the medical establishment. At last year’s Forum, participants suggested undertaking an effort to analyze organized medicine’s response to the COVID-19 pandemic and take responsibility for ways in which that response fell short. (A similar proposal for a national commission to investigate the pandemic response has stalled and seems unlikely to move forward.[29]) In any event, a recognition by physicians that the response to COVID-19 was imperfect (and that perfection is unattainable) could perhaps help restore patient trust and limit the appeal of unsupported medical theories. Such a recognition would cut across the grain of the current political environment, in which national leaders have made a virtue of a refusal to acknowledge errors, let alone apologize for them. But in an environment where prominent organizations are experiencing diminished credibility and trust, clinicians operating at the local level may have a new opportunity to demonstrate their professionalism and reliability.

PROFESSIONALISM BEYOND THE INDIVIDUAL LEVEL

As noted above, definitions of professionalism have changed over the centuries as the role of physicians and the nature of the societies they serve have shifted. One additional change to consider—especially in light of the increasing corporatization and consolidation of the health care system—is the locus of professionalism itself.

Professionalism has traditionally been defined as a characteristic of the individual physician. The consolidation of the health care field, however, has brought increased attention to professionalism at the organizational level—both the responsibilities of physicians acting collectively and of the organizations that employ them).

27 T Rosenbluth. Kennedy Links Measles Outbreak to Poor Diet and Health, Citing Fringe Theories. New York Times, March 10, 2025. Available at https://www.nytimes.com/2025/03/10/health/measles-texas-kennedy-fox.html?campaign_id=9&emc=edit_nn_20250311&instance_id=149660&nl=the-morning&regi_id=73778258&segment_id=193118&user_id=747359d1b5fa704cdcfbe537215ad970. (Accessed March 11, 2025).

28 S Woolf. How Should Health Care and Public Health Respond to the New US Administration? JAMA January 31, 2005. doi:10.1001/jama.2025.1218. Available at https://jamanetwork.com/journals/jama/fullarticle/2829951 (Accessed March 11, 2025).

29 K Burke. The COVID Commission That Never Was. American Scientist, January 23, 2024. Available at https://www.americanscientist.org/blog/science-culture/the-covid-commission-that-never-was. (Accessed March 11, 2025).

Physician unionization is on the rise as employed physicians seek to address their concerns about autonomy, workplace conditions, burnout, and administrative harm to patients. This trend has caused observers to reflect on the professionalism implications of physicians pursuing their interests collectively and the potential impacts of that pursuit on patients. Some have cautioned that union activity must be conducted in a way that preserves patient well-being, ensuring, for example, that collective actions do not cause unsafe staffing levels. But unionization can also promote professional values where physicians' use of their collective voice benefits patients, both generally (such as advocating for better workplace conditions and increased support staff, serving the interests of both clinicians and patients) and specifically, such as in a 1997 strike to demand that translators be provided for non-English speaking patients.[30]

Turning to health care organizations themselves, professionalism scholars have devoted increased attention to organizations' critical role in shaping the environments that can aid or inhibit physicians from meeting their own professionalism obligations, and explored what it would mean to view health care organizations as themselves having professional responsibilities.

In 2017, a group of scholars published a Charter on Professionalism for Health Organizations, which included four domains of organizational professionalism:

- **Patient Partnerships**, including commitments to supporting shared decision making, fostering team-based care that includes patients as part of the team, and measuring outcomes of interest to patients.
- **Organizational Culture**, including commitments to teamwork, a healthy workplace and inclusion and diversity.
- **Community Partnerships**, including commitments to address social determinants of health and engaging in strategic partners with governmental and community partners.
- **Operations and Business Practices**, including safeguarding patient privacy, transparent management of conflicts of interest and providing fair and equitable access to care.

The authors of an accompanying commentary said the charter sought "to ensure that the concept of fiduciary responsibility of health care organizations is broadened to include not only the financial health of the organizations but also the health of the patients, the well-being of the organizations' employees, and a responsibility to the community."[31]

More recently, Jed Gonzalo, MD, MSc, senior associate dean for medical education at Virginia Tech Carilion School of Medicine, and colleagues have proposed a "system citizenship" model of professionalism that represents a related evolution. In their thinking, a system citizen is "a health care professional who uses systems thinking knowledge, skills, and mindset in their professional identity role to contribute to the holistic needs of individual patients, populations of patients, and the health system to achieve the best outcomes."[32] For physicians to operate as citizens under this model, the systems for which they work must be "health care countries" that afford physicians the opportunity to engage in effective behaviors and view themselves as citizens of the same country as their colleagues. By making systems and physicians both responsible for physicians demonstrating expertise in listening,

30 D Howard. What Should Physicians Consider Prior to Unionizing? AMA J Ethics. 2020;22(3):E193-200. doi: 10.1001/amajethics.2020.193.
31 B Egener et al. The Charter on Professionalism for Health Care Organizations. Acad Med. 2017;92:1091-1099.
32 J Gonzalo et al. System Citizenship: Re-Envisioning the Physician Role as Part of the Sixth Wave of Professionalism. Am Journ Med 2023; 136:6(596-603).

teamwork and collaboration, and navigating uncertainty, among other attributes, this model seeks to address some of the tension that corporate consolidation and financialization of the health care system have created.

Along these lines, the Accreditation Council for Graduate Medical Education (ACGME) has been elevating the importance of organizational professionalism as part of a major revisions process of its accreditation requirements for institutions that house graduate medical education programs. ACGME has sought to shift its professionalism focus away from individual behaviors toward examining the role of organizations in setting behavioral expectations with a particular focus on six topics. These focus areas included addressing conflicts of interest in medical education and building trust among health care executives in the clinical learning environment, GME, the community and patients.

Other leaders in the House of Medicine have maintained their focus on professionalism. ABMS maintains a Promoting Professionalism Action Collaborative that brings together leaders from certifying boards to discuss professionalism assessment and other topics, and released a 2024 statement that reiterated its commitment to professionalism. And the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine and ACGME recently published the Foundational Competencies for Undergraduate Medical Education, which includes professionalism as one of six core competencies that should apply to all allopathic and osteopathic medical students in the United States.[33]

CONCLUSION

Clinicians and health care leaders are operating in an environment that features increasing financial pressures and a political climate that has devalued medical expertise, in addition to rapid technological change and other major shifts. Meanwhile, critiques of professionalism may have complicated its ability to address these challenges.

However, there is reason to believe that the core values of professionalism continue to hold appeal and could bolster clinicians as they seek to respond to a changing system. During this Forum, participants will consider how we can all demonstrate individual and collective agency and help build more trustworthy systems during these complicated times. We hope this background paper provides useful context for those discussions.

33 AAMC, AACOM, ACGME. Foundational Competencies for Undergraduate Medical Education. AAMC, AACOM, ACGME; 2024.