ABIM FOUNDATION®

2025 ABIM FOUNDATION FORUM

REIMAGINING PROFESSIONALISM

HOPE IN A SHIFTING MEDICAL LANDSCAPE

SUMMARY PAPER

BY TIMOTHY LYNCH, JD

Leaders and experts from across health care gathered in July 2025 for the ABIM Foundation Forum to discuss how medical professionalism could be revitalized and reimagined to help address the many challenges facing our health care system and the clinicians practicing within it. Over two days, participants learned from their peers and worked together to develop potential approaches to tackling those challenges. This paper summarizes the proceedings and key takeaways.

SETTING THE STAGE

Jessica Perlo, MPH and Fred Cerise, MD, MPH

Fred Cerise, MD, MPH, the president and chief executive officer of Parkland Health and the chair of the ABIM Foundation Board of Trustees, began the Forum by introducing the topic of professionalism and describing the ABIM Foundation's role in helping to define it for the modern audience through the 2002 Physician Charter, which was also co-sponsored by the ACP Foundation and the European Federation of Internal Medicine. Dr. Cerise said the Charter was "remarkably contemporary" in its anticipation of changes that have affected health care in the intervening decades, noting the "challenge of living up to its precepts while resisting some of the forces that want to impose a corporate mentality on a profession that is meant to be of service to others." He also alluded to the evolution of technology and corporate consolidation in medicine and how those changes have reduced the degree to which medicine is practiced between an individual practitioner and patient in the exam room; under these circumstances, he said, discussions about organizational professionalism have been elevated. Dr. Cerise also shared that the ABIM Foundation was rethinking how best to frame its own mission of using professionalism as a tool to advance the quality of health care, and would rely upon discussions at this year's Forum for guidance on how to proceed.

Jessica Perlo, MPH, the executive vice president of the ABIM Foundation, noted that it is not only the medical profession but professionalism across disciplines that faces significant challenges in the current era. She described a set of issues that have affected medicine, including:

- changes in norms in recent decades, in particular the elevation of clinician well-being and burnout as a topic;
- criticisms that professionalism has been used to exploit clinicians and reinforce power dynamics;
- the tension between market forces and professional values; and,
- the democratization of knowledge and its impact on physicians' authority.

Ms. Perlo quoted physician and bioethicist Matthew Wynia's precept that every generation creates its own definition of professionalism and stressed that the Forum was intended to map a path toward innovations that can meet today's challenges, and not to dissect lapses in professionalism. Finally, she noted fear, ignorance, greed and inertia as standard obstacles to change, but said that there is nothing more powerful than hope, courage and integrity in overcoming them.

PRESIDENT'S LECTURE

Lisa Rosenbaum, MD, a cardiologist at Beth Israel Deaconess Medical Center and a national correspondent for the *New England Journal of Medicine (NEJM)*, delivered this year's President's Lecture. Her thoughtful discussion of professionalism in medicine, its challenges in training environments, the centrality of patient care, and what parts of professionalism must be preserved versus reimagined informed all of the meeting sessions to follow.

Lisa Rosenbaum, MD

Dr. Rosenbaum recounted how a 2022 debate on Twitter reignited the question about whether medicine is a "job" or a "calling." She said that while she had once seen this as a personal choice without a clear answer, she noticed a shift: many current trainees viewed the "calling" narrative as a tool to justify exploitation. This generational skepticism about sacrifice and sanctity, she argued, should not be dismissed as the misguided attitudes of "kids these days"—today's trainees are deeply talented, but they are navigating a transformed world.

Dr. Rosenbaum explored why trainees are dissatisfied with their working conditions, citing time spent on billing-oriented computer work, feeling like "cogs in the wheel," and a perceived misalignment between hospitals' financial goals and their educational and clinical missions. Furthermore, she noted that the traditional "grand bargain" of undergoing arduous training in exchange for a respected, rewarding career has come to feel shaky when many see a burned-out workforce and a society with "less reverence and more skepticism."

Moreover, work itself has become less central to many in the younger generations. Dr. Rosenbaum noted journalist Derek Thompson's writing about how work had come to take the place of religious faith for many Americans in recent generations, a view that many in the generation that includes today's trainees have rejected. She considered this rejection alongside author David Foster Wallace's contention that "there's no such thing as not worshiping: the only choice is what to worship." As the newest generation of physicians has placed a greater emphasis on work-life balance and made self-care culturally central if not sacred, she noted that "the stakes for patients have not changed." She questioned whether this cultural trend risks compromising the sacred mission of patient care.

Dr. Rosenbaum illustrated how cultural conflicts can play out in practice: a chief resident sensing her work ethic becoming outdated in a climate valuing work-life balance; social capital accruing to those who denounce residency's harms; group chats solidifying grievances; and the risk that trainees will equate all discomfort with trauma. While acknowledging that "medicine has long perpetrated racism and misogyny," she cautioned against treating every difficult moment in training as instances of moral injury—noting that "medicine will always be hard" and that discomfort is an expected part of training. She said she feared that conflating distress with pathology will erode the resilience that physicians will need.

Dr. Rosenbaum emphasized the centrality of the idea of "frictionless" culture in modern life, where technology supplants individual effort, and noted the inherent tension between the desire for a frictionless life and the demands of providing patient care. She cited examples such as specialists who employ Epic's chat function to avoid providing personal consults, and said she understood the appeal and could see herself doing the same. "It's easier, it's frictionless, but is it good for our patients? Is it good for us?" she asked.

Returning to the “moral injury” narrative, she warned against allowing it to fully define physicians, lest it erase agency. Stories, she argued, shape identity; constant narratives of systemic oppression risk cultivating helplessness rather than empowerment. She concluded by sharing personal reflections on her grandfather, a physician-writer convinced that passing on the “right stories” could restore the profession’s sanctity—a conviction she now sees as an act of defiance and hope.

In closing, Dr. Rosenbaum said she believes that the concept of a “calling” is redeemable, even if the terminology cycles in and out of fashion. “It’s pretty transactional out there, but there is still a lot of good medicine to be practiced," she said. "And there are still people out there who are terrified and vulnerable, and there will always be an opportunity to help them navigate that moment,” Caring for the person in front of us, however we can, still matters.

RATING AND RETHINKING PROFESSIONALISM

Participants next had the opportunity to prioritize among a set of principles associated with professionalism, and to learn which were most important to the group, both overall and broken down by participants’ role in the health care system. Overall, the professionalism values that were rated most highly were (1) adhering to high ethical and moral standards, including honesty and integrity; (2) demonstrating a continuing commitment to competence and excellence; and (3) promoting justice and equity in the health care system. There was broad agreement across groups about the two most highly-related principles, with additional values such as improving access and quality and navigating complexity and uncertainty in decision-making also receiving significant support.

Later in the day, attendees worked with their tablemates to rewrite a value that they found challenging in today's context or to propose a new value that reflects the evolving realities of medical professionalism. Many responses indicated that compassion, empathy and humanism were lacking in the list of values they chose among during the first exercise. A consensus emerged around the importance of prioritizing the needs of patients above profit motives and personal beliefs. Several responses called on physicians to take ownership of their roles as agents of change within the healthcare system. And trust emerged as a foundational value underpinning compassionate and effective care.

Attendees working with their tablemates.

CORPORATIZATION AND FINANCIALIZATION

One of the key challenges to medical professionalism over recent decades has been the increasing consolidation and corporatization of medicine. During the next meeting session, a panel discussed the changing economic environment and its consequences for professionalism.

Moderator Dhruv Khullar, MD, MPP, a physician, author and associate professor of health policy at Weill Cornell Medical College, opened the discussion by asking Erin Fuse Brown, JD, MPH, a professor of health services, policy and management at Brown University School of Public Health, to define corporatization in healthcare.

Ms. Brown said that a good starting point for a definition would be what Paul Starr offered in his 1982 book "The Social Transformation of American Medicine," noting the integrated control of the health care system by large, consolidated, profit-seeking entities operating across the supply chain from insurance to hospitals to physician practices. She emphasized the centralization of decision-making, the prevailing duty to shareholders for those entities that have them, and the risk that profit-maximization could overshadow patient welfare. Importantly, she noted that large nonprofit systems can act indistinguishably from for-profit ones when driven by the desire to obtain and maintain market power and scale.

Troy Brennan, MD, JD, the former executive vice president and chief medical officer at CVS Health and an adjunct professor at the Harvard T.H. Chan School of Public Health, noted that Starr's book actually warned about the hegemony of the medical profession, and that when it was written in the early 1980s, many physicians were practicing in for-profit professional corporations. "What is not corporate?" he asked. "If you don't like big for-profits, what do you like?"

Dr. Khullar pointed out that the health care system 25 years ago—before the most recent waves of consolidation—was hardly an oasis of quality, and said that it is hard to blame all the system's ills on corporatization. Ms. Fuse Brown agreed and said that there is not a "silver bullet to address the complex challenges we face today." Although the profit motive was not new to health care, however, she cautioned that there were particular downsides to recent developments, particularly in private equity firms—with their short-term, extraction-oriented outlook—taking ownership stakes in hospitals, nursing homes, and physician groups. She said that the involvement of private equity had brought higher prices for patients and had demoralized the workforce. Dr. Brennan noted that such failures could also be attributed to a lack of government oversight, and that he supported closer regulation. However, he also suggested that private investment can also support the provision of value-based care, citing as an example CityBlock Health, a for-profit enterprise that focuses on providing value-based care in underserved communities and has attracted substantial investor funding.

The panelists explicitly discussed the relationship between corporatization and professionalism. Dr. Brennan, one of the authors of the Physician Charter, referred to core principles of professionalism such as altruism, recognition of patient rights, and a commitment to social justice and access, and described a core tension in modern practice between "making a boatload more money" and "doing the right thing." He said that corporations that cannot figure out that health care is different and that do not embrace the importance of the physician-patient relationship are either going to fail or face significant regulation.

Dhruv Khullar, MD, MPP, Erin Fuse Brown, JD, MPH and Troy Brennan, MD, JD

Ms. Brown and Dr. Brennan also discussed policy levers that can support the physician's role, with Ms. Fuse Brown pointing to state laws that aim to keep clinical decision-making in physicians' hands by forbidding the "corporate practice of medicine." She noted that these laws have been inconsistently enforced, but that Oregon had recently strengthened its law to add protections for physicians. The panelists also discussed the rise of physician unionization, especially in primary care, as doctors increasingly come to see themselves as labor. Dr. Brennan noted unionization's potential to advance physician power but also pointed out that it is rare among specialists.

REMEMBERING HOLLY HUMPHREY, MD

Before our session on medical education, Vineet Arora, MD, the dean for medical education and a professor of medicine at the Pritzker School of Medicine, University of Chicago, offered heartfelt remarks remembering former ABIM and ABIM Foundation board chair Holly Humphrey, MD, who helped shape this year's Forum agenda and many that came before, and who passed away earlier in 2025. Dr. Humphrey was a long-time professor at the University of Chicago and was the president of the Josiah Macy, Jr. Foundation, which focuses on the education and training of health professionals.

Dr. Arora noted that much of Dr. Humphrey's career was devoted to professionalism and professionalism education and shared how deeply her absence was being felt at a difficult time for medical education. She also described how Dr. Humphrey was an active listener who went out of her way to welcome new participants at the Forum, and a physician who was devoted both to the trainees she taught and to the most vulnerable. She was and will be deeply missed.

PROFESSIONALISM AND MEDICAL EDUCATION

Much of the dialogue about—and controversies concerning—medical professionalism has centered on medical education. Trainees have expressed concerns about whether and how professionalism is taught and evaluated, about unclear or unfair work expectations, and about whether its principles are enforced differently with trainees of varying races, genders, and cultural backgrounds. The Forum brought together a panel that included a vice dean for education, two faculty members, and a fellow to explore what actions could be taken to address those concerns and create a more inclusive version of professionalism.

Marianne Green, MD, vice dean for education at the Northwestern University Feinberg School of Medicine and a professor of medicine, began the session by noting how lapses in professionalism erode public trust, and how medical education often shoulders the blame for such lapses, either for failing to select inherently "professional" candidates during the medical school applications process or for being ineffective at instilling the necessary knowledge, skills, and attitudes in trainees.

In introducing the session, Dr. Green noted that, as part of its ongoing mission review process, the ABIM Foundation had sponsored a survey and a set of focus groups with physicians and others who were part of its audience. She noted that a significant majority of respondents found the concept of professionalism grounding and validating, although most thought the Foundation could do a better job of defining what precisely constitutes professionalism. She also said that a majority of respondents said they had seen professionalism be used inappropriately, most often citing unfair work expectations and issues related to race and/or gender.

Dr. Green invited the panelists to share their perspectives about what the term "professionalism" evokes in medical education. Nora Yusuf Osman, MD, an associate professor of medicine at Harvard Medical School and internal medicine clerkship director at Brigham and Women's Hospital, observed that the topic is emotionally charged, often provoking strong reactions. Adaira Landry, MD, MEd, an assistant professor of emergency medicine at Harvard Medical School and Brigham and Women's Hospital, described how deeply traumatic it can be when a "professionalism concern" is raised about a student.

Marianne Green, MD, Nora Yusuf Osman, MD, Adaira Landry, MD, MEd, and Londyn Robinson, MD

Londyn Robinson, MD, a rheumatology fellow at the University of Washington, highlighted the pressure that professionalism-related situations create, noting that even a single incident can be consequential for a young physician's career. The panelists agreed that failures of professionalism can carry a sort of shame that does not apply to missteps related to other competencies.

Dr. Osman suggested that the "privileged position" professionalism holds makes it more complicated for both learners and assessors. She advocated for shifting from a punitive model to a developmental one, treating professionalism as a skill to be taught and coached, rather than a fixed character trait that trainees do (or do not) exhibit. "We treat professionalism differently than the other competencies, such that you are either professional or not," she said. She called for curricula that explicitly teach how to navigate relationships, give and receive feedback, and nurture professional identity formation in the context of meaningful patient care.

Dr. Landry underscored the disparities in who receives grace for lapses in professionalism. She shared personal experiences and research showing that Black medical students and residents receive disproportionate discipline, and outlined three recommendations for medical educators:

1. Remembering that the legacy of disproportionate discipline begins in early childhood and closely considering whether you yourself are making assumptions and hearing the trainee's voice.
2. Providing specific feedback with your name attached to it, never anonymously.
3. Acknowledging the perception that trainees may feel they are only receiving negative feedback because of their identity.

Dr. Landry also noted that professionalism often reflects the norms of those in authority, creating an implicit demand to conform to behaviors defined by people who may not share one's background. She called for evolving the concept of professionalism to focus on "skill set deficits, not trying to tell someone to change who they are."

Dr. Robinson discussed generational stereotypes and social media. She said she was not sure that the divide between generations was that vast. At the same time, she told the story of how she published a widely discussed tweet after reading that residency candidates were being evaluated by Facebook photos, and how her own photo in a swimsuit (taken while on vacation with her grandmother) was posted on the site. This opened a conversation about how social media intersects with professional identity, especially in the post-COVID shift where much of medical education has moved online and interpersonal learning has diminished; Dr. Robinson suggested that social media can play a positive role in spurring interaction and innovation.

CLOSING DAY ONE

After participants worked in small groups to brainstorm potential professionalism-driven solutions that could address tensions in our health care system, they reconvened to hear closing remarks from David Goldman, JD, the founder and chairman of the Fellowships at Auschwitz for the Study of Professional Ethics (FASPE).

Mr. Goldman traced the roots of professionalism to a time when professional relationships were more personal and localized: the lawyer as a trusted advisor or the doctor making home visits. He noted that today's professionals operate within far more complex and impersonal systems, challenging them to adapt to new professional roles without losing sight of core ethical responsibilities.

He argued that language can both illuminate and distract, pointing to an art exhibit imagining a perfect future where certain words had vanished because they had acquired problematic connotations. He suggested that the word "professionalism" should perhaps be removed, so that energy could be spent on the substance of professionalism rather than debates over the word itself.

Mr. Goldman explored the role of professionals in Nazi Germany, where physicians, lawyers, clergy members, journalists, and business leaders played central roles in enabling atrocities. "What happened, happened because of the professionals," he said. "Without the doctors, lawyers, and business people, it wouldn't have happened as it did." Crucially, he said, these individuals were not coerced, nor were most of them driven by ideology. They were motivated by ordinary, even mundane factors: the desire to please a mentor, better wages, professional prestige, or fascination with science. Such motivations, the speaker warned, can easily lead people astray—often without their conscious realization.

David Goldman, JD

He challenged the audience to move away from what he described as a growing "victim mentality" among professionals. This narrative—of being besieged by anti-science sentiment, a broken economic system, and a populist playbook that "includes sowing distrust in the professionals"—may feel comforting, but it "is not becoming, it's embarrassing and self-perpetuating, deflects responsibility, and fosters fear."

Instead, the speaker urged the audience members to focus on their own agency—the "wiggle room" they still have to assert their values and influence, even within constraining systems. He offered practical examples, such as developing strategies for when immigration enforcement officers enter hospitals or houses of worship. Finally, he called for humility, a self-awareness about one's vulnerabilities and motivations. He said that professionals must continually interrogate why they act as they do, especially given the power and authority their roles confer. The alternative, he warned, is complacency and complicity in an increasingly unfair system.

In closing, he returned to his central point: "Professionalism is acknowledging responsibility, interrogating motivations, and realizing impact. The alternative to that is complacency, of not advocating and fighting with the influence you have. Especially today, complicity cannot be an answer."

DAY TWO

The meeting's second day began with comments from Heather Comer Yun, MD, a board certified internist and infectious disease specialist who serves as chief of staff at South Texas Veterans Health Care System. Dr. Yun highlighted takeaways from the first day's speakers and sessions and provided an overview of key themes that had arisen, including the need for both individual and organizational professionalism, and tensions between accountability and victimhood, altruism and subordination, and physician wellness and the demands of professionalism. She noted that the focus of the day ahead would be mapping agency, shifting from our individual actions to our collective influence.

Participants then discussed a set of questions about professionalism at their tables, with different groups focused on how professionalism is learned, where challenges to our understandings of professionalism occur, and how current conceptions of professionalism could be influenced. The participants' most common responses about the spaces that shape professionalism included peers, systems, societies, hospitals and the community.

BRIGHT SPOTS

LaShyra "Lash" Nolen, MD

LaShyra "Lash" Nolen, MD, the founding executive director of We Got Us and an internal medicine resident at Brigham and Women's Hospital, began this session by recalling using social media as a medical student in 2020 to speak publicly about murders that deeply affected her community, and wrestling with whether such advocacy aligned with or violated the norms of professionalism. She posed three framing questions that the panel speakers would help illuminate: (1) Who does professionalism serve? (2) If intended to serve communities and patients, how do we turn its values into practice? (3) How do we grapple with the power dynamics embedded in professionalism?

Kevin Schulman, MD, MBA, a health economist and health services researcher at Stanford University, discussed macroeconomic forces shaping health care delivery. He noted a decades-long trend toward consolidation that has resulted in a dramatic increase in physician employment by hospitals. He emphasized that being an employed physician requires skills not typically taught during training, while health system governance structures often exclude physicians from meaningful decision-making and can create administrative harm. Dr. Schulman explored unionization as one potential professional response to these changes, arguing that the appeal of collective bargaining in health care is less about increasing clinician wages and more about leveraging the physician voice to improve patient care, access, and staffing. Drawing analogies from professional athletes and airline pilots, he underscored the challenge of organizing physicians in ways that preserve professional voice and agency, concluding: "We can't bargain collectively if we are not a collective."

Kevin Schulman, MD, MBA

Lilia Cervantes, MD, a professor in the Department of Medicine and the director of immigrant research at the University of Colorado, grounded her remarks in the story of Hilda, an undocumented patient with kidney failure who was only eligible to receive dialysis once a week under Emergency Medicaid. Hilda's death in 2014 galvanized Dr. Cervantes' advocacy, leading to a multi-pronged strategy for policy change that included:

Lilia Cervantes, MD

1. Building partnerships with multi-level key stakeholders.
2. Conducting advocacy-informed research (both qualitative and quantitative).
3. Engaging in effective communication, even with opponents.
4. Understanding policy levers at the state and federal level.
5. Achieving policy change (Colorado expanded dialysis access to undocumented residents in 2019).
6. Conducting post-policy research to measure impact.
7. Disseminating findings to encourage adoption elsewhere.

Dr. Cervantes emphasized sustained collaboration with patients and key policy partners, noting ongoing challenges due to budget reductions and grant cancellations. She stressed that advocacy is integral to professionalism, particularly when caring for marginalized populations.

Brad Spellberg, MD, the chief medical officer at Los Angeles General Medical Center, used the framework of Dungeons & Dragons to explore professional attitudes toward rules: "lawful" (rules are absolute), "chaotic" (rules are inherently flawed), and "neutral" (rules matter, but the spirit matters more). He recounted cases where rigid adherence to policy undermined patient care, including the case of an 18-year old mugging victim who was initially denied a scheduled operation because he could not provide an ID, which had been taken in the robbery. Seeing such rigid application of hospital rules prompted Dr. Spellberg to implement a policy that allowed staff to override rules under defined conditions. Initially used sparingly, the override mechanism ultimately fostered a culture in which staff can "just do the right thing in the first place." "We hired and trained these people," he said. "If we can't trust them, that's on us, not them."


Brad Spellberg, MD

In the panel discussion, participants addressed the tension between advocacy and perceptions of professionalism. Dr. Cervantes described nearly being fired for her advocacy work and Dr. Schulman noted the profession's inherent conservatism. All agreed that advocacy requires constructive engagement and strategic storytelling, with narratives serving as powerful drivers of change, particularly in a polarized political climate. Despite the challenges, Dr. Cervantes said, "With so many marginalized patients, how can we not engage in advocacy and how does that not inform what we mean by professionalism? This room is full of people in powerful positions, and we can use our collective power. If we don't, we become complacent and complicit."

SMALL GROUP IDEAS

Over the course of the Forum, participants met in small groups to develop concepts for how professionalism could be used to address current problems in our health care system. On the meeting's second day, the groups completed their work and participants were able to move throughout the meeting space to learn about and comment on their peers' action-oriented ideas. Participants rated the following concepts the most highly:

Redefining Patient Safety (Addressing Corporatization) Through Narrative: Create a campaign focused on addressing 3–5 examples of "never events" related to health organization policies that create financial toxicity for patients. The campaign would call for and leverage powerful, specific narratives that demonstrate harm. It would seek to expand the definition of patient safety and inspire advocacy efforts designed to elevate the importance of the patient experience over the short term financial interests of health care organizations.

Physician Roles in the Information Age: Convene a summit for the purpose of developing a white paper that would propose how to redefine the roles of physicians in today's information environment, as AI and other technological changes create significant new opportunities and challenges for medicine. Both community engagement and devising approaches to physician training would be priorities in this work.

Reimagining the US Preventive Services Task Force: Organize a group that could help fill the gap left by the elimination of the US Preventive Services Task Force. This group would seek to honor patient autonomy in medical choices and communicate clearly about scientific uncertainty, with the goal of inspiring more respectful and trusting relationships with patients and sharing medical expertise in more easily understandable ways.

Exploring Patient Perspectives on Medical Self-Regulation: Create a project to better understand patient perceptions of physician self-regulation, in partnership with a patient advisory group.

Aligning Medical Competencies with Patient Needs: Improve engagement with the public and address mistrust through direct interaction by physicians and trainees and by standardizing alternative competencies/metrics that better align with community needs. This would involve partnerships with and funding of community organizations.

Advancing Clinician Well-Being through Education: Include well-being and advocacy as core elements of professionalism, fund the creation of a cross-specialty module to advance well-being in institutions, and integrate principles for advancing well-being into the curriculum and team redesign.

CLOSING THOUGHTS

Don Berwick, MD, MPP, the founder of the Institute for Healthcare Improvement and a faculty member at Harvard Medical School, offered closing reflections on the meeting. He traced his own understanding of professionalism to two experiences, one that occurred at the beginning of his career and one that happened recently. The first came on his very first day of medical school. After studying the "Red Book," a guide for how to take a history and perform a physical exam that all new Harvard Medical School students received, Dr. Berwick began to question a patient about her condition. A vascular surgeon named Ed Frank helpfully interrupted Dr. Berwick's conversation with the patient, advising him to get to know her as a real person ("Did you know Mrs. Goldstein has a brand new granddaughter?"). Although not presented as a lesson on professionalism, Dr. Frank's quiet instructions—sit down when you talk, notice what matters to the person—influenced Dr. Berwick's practice profoundly.

Don Berwick, MD, MPP

Dr. Berwick's second memory related to the treatment his childhood best friend received recently for metastatic pancreatic cancer. After undergoing a biopsy, the results were promised in "five business days"—a phrase that struck Dr. Berwick as profoundly wrong in that context. Unlike in the first lesson, this story presented a shortcoming that he could not address through his own behavior; it arose from systemic forces beyond his control, yet it deeply affected his sense of what it means to be a professional.

These stories prompted a question: when the right thing isn't being done, how can we exercise agency? Can the lessons taught by Dr. Frank extend not only to the clinic but also to the hospital boardroom or finance department—and if not, how could we change that? The familiar framing of medicine as a "job versus a calling" didn't fully fit this dilemma; what was at stake was whether a calling could survive in a system that has shifted toward "five business days."

Dr. Berwick also touched on themes threaded through the conference: moral injury and human limits; the corrosive influence of money in medicine, which he fears is becoming irreversible; and the necessity of political engagement, citing Dr. Cervantes' work as an example of what can happen when advocacy is done well. And he reminded the group of their duty to speak up when damage is being done, pointing to alarming reports on the state of children's health. "We don't have to be martyrs, but we need to look around when the damage is being done and say something," he said.

Panelists Susan (Suzy) Landon, MD, MSC, an internal medicine resident at the Hospital of the University of Pennsylvania, Desiree Walker, a nationally recognized health educator, motivational speaker and breast cancer survivor, and Jessica Berwick, MD, an assistant professor of medicine at Massachusetts General Hospital, then wrestled with the tension between victimhood and agency. Asked how to avoid the victim mentality, Dr. Landon emphasized holding the patient at the center of every encounter while embracing community-oriented values. She acknowledged how hard it can be for trainees but also saw them as voices of mission-driven change when supported with mentorship.

Ms. Walker spoke about reframing difficult experiences to avoid a powerless mindset, and about the critical importance of advocating for oneself within the patient-clinician relationship. She shared a personal story of an eye condition that led to a dismissive, even troubling, response from an eye specialist. Ultimately, she chose to seek out a physician who could address her concerns respectfully—an act of agency within a flawed system.

Don Berwick, MD, MPP, Susan (Suzy) Landon, MD, MSC, Desiree Walker and Jessica Berwick, MD

Dr. Jessica Berwick argued that naming problems honestly is essential, even when the drivers of those problems—like fear, racism and politics—are uncomfortable, in order to avoid falling into a victim mentality.

When asked how she thinks about the oft-mentioned "system," she noted that helping residents navigate health systems can contribute significantly to their ability to exercise agency. Dr. Landon agreed that trainees often don't fully understand the system they work in – "so how could patients?"

Ms. Walker added that attending the Forum had softened her view of physicians, helping her see how systemic constraints can prevent some physicians from always being the doctors they want to be.

LOOKING AHEAD

The ABIM Foundation will carry forward the Forum's insights by advancing the highest-potential ideas into action through convening, research, and partnership. In doing so, the Foundation will continue to reframe professionalism as a living, patient- and community-centered commitment, one that equips clinicians to navigate systemic pressures, exercise agency, and lead change in service of a more just and trustworthy health system.