Medical Professionalism and the Social Contract: Reflections on the COVID-19 Pandemic

Profissionalismo Médico e o Contrato Social: Reflexões acerca da Pandemia de COVID-19

Maria Amélia FERREIRA[1], Marco Antonio de CARVALHO FILHO[2,3], Giuliani dos Santos FRANCO✉[4], Renato Soleiman FRANCO[5,6]

Acta Med Port 2020 Jun;33(6):362-364 ▪ https://doi.org/10.20344/amp.13769

Keywords: Coronavirus; Coronavirus Infections; COVID-19; Education, Medical; Pandemics; Professional Practice
Palavras-chave: Coronavírus; COVID-19; Educação Médica; Infecções por Coronavírus; Pandemia; Profissionalismo

From the current health context, in a perspective of intersectoral mobilizations in several continents to mitigate the spread of a viral infection, we ask: what can we learn about the relationship between medical doctors and society? How was this relationship established, what is it based upon and what is the real doctor's role in this situation?

Case for reflection: population supporting health professionals in the face of COVID-19 Pandemic.

The population of Portugal, Brazil, Spain, Italy and other countries are expressing support to health professionals in acts that show solidarity and appreciation. Allied to this support, several professionals through social media or official channels are showing to be grateful and recognize the value of gestures like these.

These expressions of recognition celebrate the positive impact of the work of health professionals on families at home. In this context, it is important to notice that the current work scenario is requiring an increase in the workload of health professionals, as it is necessary to respond to emerging needs that the ongoing pandemic demands. Besides the increasing working hours, health professionals are risking not only their own lives, but also those of people they love: children, spouses, fathers and mothers. If the health system is disorganized, or poorly equipped, or even if there is a lack of personal protective equipments (PPE), these risks become amplified.[1,2] Therefore, in this moment of increased occupational risks, the community's appreciation and affection are essential to motivate and give meaning to these professional efforts.

There is a direct relationship between the dedication of health professionals and the support and recognition they receive from society. These community expressions have the strength of a strong embrace that we have not received for so long due to social isolation. D. José Tolentino Mendonça affirms that we live in a moment of rediscovering the interdependence among people, in addition to a deeper connection with values such as care and love.[3] This rediscovery in a close and interdependent relationship provides the opportunity to deepen the discussion of relationships between Medicine and Society. While there are expressions of solidarity with health professionals, it is also expected from them to act promptly and not withdraw from their roles, even in face of the inherent risks. So, considering the complicity between health professionals and community enlivened by the pandemic COVID-19, what can we reflect on the relationship between medicine and society?

Medical professionalism: the relationship between medicine, society and social contract

The first records of the existence of social contracts between physicians and society dates back to the Hammurabi Code in Egypt (between 1728 and 1686 b.C) and to the Hippocrates' Oath (around 500 b.C). Between 17th and 18th centuries, the relationship between society and its institutions starts to be theorized and described in the format of social contract, which was idealized by philosophers such as Hobbes, Locke, Rousseau and Kant. This social contract assumes a mutual compromise between the involved parts, as well as acquired rights and duties (that were not necessarily conquered). Under the light of philosophical foundations in accordance to the social contract, during the 18th and 19th centuries medicine is defined as a profession and the first professional ethics codes start to get produced.[4] In the 20th century, John Rawls describes the importance of having justice as an objective of the social contract. According to Rawls, the involved parts in the social contract should look further than self-advantages: they should pursue the well-being of others.[5]

In the context of medical professionalism, the idea of

1. Department of Sciences of Public Health, Forensic and Medical Education. Faculty of Medicine. University of Porto. Porto. Portugal.
2. Research Group LEARN (Lifelong Learning, Education & Assessment Research Network). CEDAR - Center for Education Development and Research. University of Groningen. Groningen. The Netherlands.
3. Department of Medical Emergency. School of Medical Sciences. University of Campinas. Campinas. Brazil.
4. Department of Family Medicine da Pontifícia. School of Medicine. Pontifical Catholic University of Parana. Curitiba. Brazil.
5. Departament of Psychiatry. School of Medicine. Pontifical Catholic University of Parana. Curitiba. Brazil.
6. Psychiatry Residency Program. Municipal Council of Curitiba - FEAS/SMS. Curitiba. Brazil.
✉ Autor correspondente: Camila Ament Giuliani dos Santos Franco. camilaament@gmail.com
Recebido: 23 de março de 2020 - Aceite: 22 de abril de 2020 | Copyright © Ordem dos Médicos 2020

social contract has been used as a metaphor for the characterization of the relationship between medicine and society. Thus, this contract embraces the relationships and perspectives of the medical profession and of the society that were built through history and suffered the influence of a certain cultural context. These expectations and relationships also include those between society and social state, as for example the access and quality of medical care services.[6] The social contract is not an exclusivity of medical doctors and, in general, many other health professions share these same core values and expectations. Therefore, social contract is a wide subject, however, this article focuses in the discussion of the relationship between medical class and society.

Social contract is the foundation of medical professionalism as it encompasses the rights and duties of medical doctors, entailing the values of the profession and aiming towards the well-being of both patients and society.[7,8] Among these rights and duties, the main expectations that society has of physicians are care, competence, altruism, integrity, responsibility and promotion of well-being. On the other hand, the main expectations that physicians have of society are confidence, autonomy, social recognition, self-regulation and financing a health system that allows them to adequately practise the profession.[7] Hence, it is possible to conclude that the social contract provides solid values that boost the medical practice. Nevertheless, how to find a balance among these values and expectations in situations of crisis such as the pandemic we are living in the present?

The inherent risks in pandemic situations take the social contract to its limit. For example, in an article about the Ebola epidemic in Africa, Mugele and Priest (2014) criticise the great exposition of medical doctors and nurses to health risks and the high number of deaths among these professionals.[2] The hazards in consequence of the Ebola epidemic are now being repeated in a worldwide scale. Even though the Ebola infection had a higher lethality, the global scale of the COVID-19 pandemic results in a much higher lethality among health professionals around the world. Concurrently, the health systems are showing to be fragile and sometimes insufficient and unprepared.[1] The risk of dying and the possible collapse of health systems put the medical professional in an ethical dilemma. Although society recognises and glorifies the work of physicians, it expects that these professionals are always ready for anything in any situation and circumstance. By definition, a dilemma does not have a right or wrong answer, but we have to discuss a limit for these risks. By questioning these limits we consider essential elements of this contract such as, for example, the responsibility of physicians and the autonomy of these professionals to decide whether to get exposed/or not to the risks. Would it be fair to expose medical doctors to risks? Would it be unfair to society to not offer health care in specific situations?

The social contract and the society participation

A relationship based not only on pre-defined rules (contract), but also including a critical discussion between society and physicians could elucidate justices and injustices of the agreements between them. Amartya Kumar Sen includes and reinforces public participation among committed and involved subjects in a critical and reflective debate in the definition of what would be fair and expected. Thus, a social conscience would be developed about what would be considered fair regarding to expectations of physicians in this situation.[9]

The active participation of society and critical debate are fundamental in order to avoid that rigid rules end up generating injustices, not only in a crisis context, but even in situations of changing the cultural or social circumstances. Concerning the COVID-19 epidemic, health professionals and societies are participating in the sacrifice. While physicians risk their lives, society gives up its autonomy and maybe many will be facing unemployment and lack of assistance.[1]

Including social participation and encouraging discussions with community can broaden the horizons of the relationship and values of the medical profession. The expansion of these horizons highlights a relation of partnership, collaboration, dialogue and solidarity, which are essential elements to move forward in building a collaborative connection between medicine and society.[6] Therefore, defining whether it would be fair or not to expose health professionals to certain situations would require a critical discussion between society and medicine more than defining, based on rules, that this workforce is responsible and should always be interventive.

Back to our case for reflection: from contract to a collaborative model

Population's acts such as clapping hands as an ovation to health professionals create an intense bond between this class of workers and society. This connection facilitates public debate about what is fair; about what medical doctors should expect from society and vice-versa. We believe that being actively present in moments of crisis is a duty of physicians, and the social contract promotes the importance of their many values, but mainly responsibility and readiness to face difficult situations in order to promote the maximum benefit for everyone.[10] Still, it can bring up rules or unreachable expectations of the medical doctors. We can advance towards a model with greater social participation and debate of the physician's role, of values and expectations concerning the medical practice. In this model, new dilemmas and demands will certainly come up, however, we will be closer to each other and will be oriented not only by rules and codes, but also by our own critical conscience, care and love.

ACKNOWLEDGMENTS

We thank all health professionals for their outstanding work, and society in general for support, even in the face of losses and the most varied difficulties at this time. We express our condolences to all families who have suffered

priceless losses in the current pandemic. To Professor Mario Antonio Sanches for his assistance in discussing dense and profound topics in the area of Ethics and Bioethics. To Victor Kenichi Morisawa and Flávia Centenaro de Oliveira for their assistance in the proofreading of the English version of this manuscript.

CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest.

FINANCIAL SUPPORT

There was no financial support for this work.

REFERENCES

1. Rosenbaum L. Facing covid-19 in Italy - ethics, logistics, and therapeutics on the epidemic's front line. N Engl J Med. 2020:(in press) doi:10.1056/NEJMp2005492.
2. Mugele J, Priest C. A good death - ebola and sacrifice. N Engl J Med. 2014;371:1185-7.
3. Mendonça JT. Esperança. RevExpresso. 2020 Mar 22.
4. MacKenzie CR. Professionalism and medicine. HSS J. 2007;3:222-7.
5. Rawls J. Uma teoria da Justiça. 4ª ed. São Paulo: Martins Fontes; 2016.
6. Reid L. Medical professionalism and the social contract. Perspect Biol Med. 2011;54:455-69.
7. Richard L, Cruess SR. Expectations and obligations: professionalism and medicine's social contract with society. Perspect Biol Med. 2008;51:579-98.
8. Brody H, Doukas D. Professionalism: a framework to guide medical education. Med Educ. 2014;48:980-7.
9. Sen AK. A ideia de justiça. Lisboa: Companhia das Letras; 2011.
10. Malm H, May T, Francis LP, Omer SB, Salmon DA, Hood R. Ethics, pandemics, and the duty to treat. Am J Bioeth. 2008;8:4-19.