The physician charter on medical professionalism: a Jewish ethical perspective

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The physician charter on medical professionalism creates standards of ethical behaviour for physicians and has been endorsed by professional organisations worldwide. It is based on the cardinal principles of the primacy of patient welfare, patient autonomy, and social welfare. There has been little discussion in the bioethics community of the doctrine of the charter and none from a Jewish ethical perspective. In this essay the authors discuss the obligations of the charter from a Jewish ethical viewpoint and call on other cultures to develop their own unique perspectives on this important document.

Organised medicine both in Europe and the United States has called for a renewed sense of professionalism among physicians and for an emphasis on this set of attributes in undergraduate and postgraduate medical education. Both the American Board of Internal Medicine and the Association of American Medical Colleges have in the last decade launched major initiatives promoting professionalism, and the Accreditation Council on Graduate Medical Education in the United States lists professional development as one of the major goals of residency education. These efforts have culminated in the European Federation of Internal Medicine, the American College of Physicians/American Society of Internal Medicine, and the American Board of Internal Medicine working together to develop a Charter on Medical Professionalism, which seeks to define better these attributes and mandate physician responsibilities. To date the charter has been accepted and endorsed by over ninety professional societies worldwide.

The charter is based on the overriding principles of the primacy of patient welfare, patient autonomy, and social justice. From these principles a specific set of professional obligations are derived. As Harold Sox has pointed out in an introduction to the charter, the principle of the primacy of patient welfare dates from ancient times and is intuitive to most physicians. In contrast, the principle of patient autonomy is a product of the past century and is the basis for much of modern Western medical ethics. The almost universally accepted Helsinki code on human experimentation relies heavily on this principle. The obligation to pursue social justice is in a sense the most revolutionary of the principles and for many physicians will represent an expansion of their responsibilities toward their patients and society as medical organisations have in the past often acted more in their self-interest than for societal benefit. The impetus for these efforts in the words of the charter's authors is the fact that “the medical profession is confronted by an explosion of technology, changing market forces, problems in healthcare delivery, bioterrorism and globalization. As a result, physicians find it increasingly difficult to meet their responsibilities to patients and society.”

The professional responsibilities outlined in the charter are: a commitment to professional competence; honesty with patients; patient confidentiality; maintaining appropriate relations with patients; improving quality of care; improving access to care; a just distribution of finite resources; scientific knowledge, and maintaining trust by managing conflicts of interest.

Remarkably, for a document of such obvious import there has been little discussion of it in the general bioethics community and to the best of our knowledge none in the Jewish medical ethics world. This may be because of the fact that the principles of the charter are a natural and obvious outgrowth of the basic principles of Western bioethics. Nonetheless, we feel there is value in an analysis of the document from a particular ethical and moral viewpoint.

Critiques of the charter have focused on the fact that no matter how noble the intentions of the charter are, doctors of today no longer have the power to carry out its mandates. “The charter asks physicians to reassert their authority and recapture the medical high ground to improve the welfare of patients. However, this requires engaging the new authorities of health care: corporate health institutions such as insurers, managed care organisations, and health systems run by governments. Now they are in charge. Only by working with them can physicians meet the basic commitments the charter asks them to make.” The charter has also been challenged on the grounds that it is inherently contradictory as it calls for the primacy of patient welfare (individual rights) and the pursuit of social justice (group rights), which are mutually exclusive. There is also a notable lack of a concurrent set of patient responsibilities: the physician/patient relationship should mandate obligations on both sides. Also, there has been no serious discussion on the bioethical principles implicit in the document. The purpose of this essay is to provide a Jewish ethical response, grounded in rabbinic tradition, to the principles of the charter, with the caveat that Judaism is far from monolithic in its outlook and other interpretations can be equally valid.

The first fundamental principle, of the primacy of patient welfare, which is based on a “dedication to serving the interests of the patient” is fully consonant with Jewish tradition. The two most famous Jewish physicians’ oaths reflect similar concerns. Asaph’s oath (from the 6th century) consists of a charge of the physician/teacher to his students. The students respond: “for it is a command of the Torah and we must do it with all our heart, with all our soul and with all our might.” In other words, the obligations of the oath are just an extension of Jewish legal and ethical mandates. Regarding altruism, Asaph’s oath requires that physicians provide care to the indigent: “Do not harden your heart from pitying the poor and healing the needy.” In fact, in Jewish law, the acceptance of payment by a physician was only permitted through the use of a variety of legal manipulations because, in principle, one should not be paid for required good deeds. The obligation of the physician to heal is a biblical commandment and refusal to render care is almost tantamount to murder in Jewish law. The physician’s daily prayer, attributed to Maimonides, also emphasizes altruism as a requirement for a physician. “Do not allow thirst for...
Jewish ethicists have addressed the contradiction alluded to previously in the charter between the primacy of patient welfare and the commitment to a just distribution of healthcare resources. Recent authorities have ruled that from a public policy standpoint, in an environment of limited resources, a body politic can decide to limit expenditures to individual patients and instead spend money on health prevention in an attempt to save as many lives as possible. According to this position the needs of the community come before the individual and a healthcare system built on the principle of a just distribution of resources would be looked upon favourably.

This brief essay addresses only one community’s response to the physician charter. As the charter is meant to be a universal document we call on other cultures to respond to it and to initiate a global dialogue on the important issues it raises between patients, physicians, ethicists, and religious leaders. The commitment to a fair distribution of limited healthcare resources is not—for example—a local issue and has important global ethical and policy ramifications for both developed and developing countries. In addition, as we have already noted, the emphasis on patient autonomy in an international charter needs to be further explored. However, by expressing a universal desire for basic health care and empathetic physicians the charter can also serve as a bridge between divergent societies.

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