

Virtual Mentor

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From the Editor

The Privileges and Demands of Professional Self-Regulation

The medical profession has a unique body of knowledge and skills. As a result of many years of training and licensure, physicians are given the privilege of treating the medical problems of their fellow human beings. This privilege also gives physicians the right to ask the most intimate of questions, perform physical exams, and dispense medications, as well as to pick up a scalpel and perform surgery. As part of our pact with society, we are further rewarded with the challenging responsibility of regulating ourselves. As a profession, we define the 3 principal tenets of self-regulation. First, we establish the standards by which people may enter the profession and by which they then practice medicine. Second, we are responsible for teaching the medical community how to exercise those standards on a day-to-day basis. Finally, we must enforce those standards and decide when and how those who violate them will be disciplined. Creating and enforcing the details of this contract is our duty to ourselves and to those we treat.

In recent years, our ability to self-regulate has been questioned by a number of sources. We have been fighting against an emerging image of professionals who, as a group, seek to protect their colleagues and hide the truth from the public in times of uncertainty and distress. In this issue of *Virtual Mentor*, we examine topics that will help us better understand how we can improve the way we self-regulate. The topics can be grouped broadly into 3 categories: rules and regulations imposed by the hierarchy, regulation among peers, and regulation of ourselves. In addition, we cover the emergence of regulatory enforcement from outside the medical field.

Several of the pieces in this issue address the first category of regulations and guidelines instituted by governing bodies composed of physicians. For instance, in case 3, a general surgery intern, who has been working more than the 80-hour-work week permitted under the Accreditation Council for Graduate Medical Education restrictions, is faced with deciding whether or not to disclose this information to the Residency Review Committee when they visit her institution. In case 4, a hospital director, who is also a physician, informs the medical staff that the board of trustees has mandated that all staff physicians must be board-certified. The policy forum describes the role of medical boards—both state and federal—in ensuring that only physicians who are competent and willing to uphold the standards set by these organizations are licensed to practice medicine.

The second category of activities, self-regulation at the level of one's peers, is gaining greater acceptance in medicine. While self-regulation based on peer feedback has been occurring in other professions for many years, it is just beginning to garner

proponents in the medical profession. In the medical humanities article, a former financial analyst and current third-year medical student, describes the use of a formal peer review system in the financial industry that medicine currently lacks. The medical education piece also focuses on the issue of peer review. Its author discusses barriers and challenges to peer feedback as a means of self-regulation and describes a workshop developed at New York University School of Medicine that teaches students how to give and receive effective feedback. Lastly, a resident explores the valuable role of the morbidity and mortality conference in physician education and reduction of medical error.

To be successful, self-regulation must also function on a personal level. It is in a physician's routine relationships with patients, their families, and other health care workers that self-regulation is carried out day-to-day. Physicians must learn the fundamentals of self-regulation during medical school, before they enter the realm of clinical responsibility. Two fourth-year medical students explore personal challenges faced during the preclinical and clinical years of medical school. Case 1 examines a medical student's obligations to uphold professionalism and his own personal principles in the setting of a student cheating scandal. Another commentary on this same case suggests that when conflict occurs between peers, each party must take responsibility for his or her actions in order to resolve the dilemma in a way that satisfies the demands of professionalism. Case 2 looks at similar personal conflict—the story of a medical student who witnesses residents' involvement in unprofessional behavior.

Historically, the medical community has relied on the ethics of its members and the noble aspirations on which it was founded to maintain its autonomy. Recently, a perceived lack of transparency and unresponsiveness to shortcomings has resulted in increased outside involvement in regulation of the medical community. In an op-ed the author shares his view on the legal community's regulation of physicians, namely tort law. The journal discussion examines 2 recent articles from the *New England Journal of Medicine* that discuss government involvement in physician's relationships with the pharmaceutical industry.

Self-regulation lies at the core of the medical profession's commitment to its founding principles of autonomy and the advancement of patient care. In this issue, we have attempted to illustrate the broad array of ways in which self-regulation challenges the medical profession and those who are in training to join it. We hope this month's *Virtual Mentor* will introduce physicians to the complexities of self-regulation and aid them in recognizing and confronting its challenges.

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