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EDITORIAL

Medical Professionalism and Social Accountability in Medical Education

Since the age of Hippocrates, physicians have traditionally bound themselves by oath with the public they serve. In turn, society has granted physicians professional autonomy, self regulation, and status with the expectation that they will serve the public with altruism, professional competency and integrity. Yet somewhere in the midst of the late 20th century, when medicine joined the marketplace as a consumer driven commodity, this social contract eroded. The forces that have advocated for increasing productivity as a means of maintaining cost effective market share in the business sector now impact many physicians in developing as well as developed countries. The loss of physician autonomy and the ever-present financial pressures have inadvertently distanced physicians from their professional identities. Medical education no longer assumes a tradition of providing uncompensated care to the underserved and mentorship to physicians in training.

Yet perhaps we have reached a nadir in this phenomenon. Indications of a push back in both health care and medical education are increasingly evident. The World Health Organization (WHO) has advocated for medical schools to be more accountable in their research, education and service activities and to focus on "the priority health concerns of the nation they have a mandate to serve". The Association of Faculties of Medicine of Canada made a commitment to social accountability in 2001. The Canadian medical schools have been charged with developing measurable standards of community health programming, commitment to advocacy and programs that address the social determinants of health. These schools have embraced the WHO recommendations and are actively trying to improve the health of Canadians through the medical educational system. Schools have reemphasized public health knowledge as a complement to biomedicine and developed interdisciplinary models of care. Community health and service learning are integral elements of the curricula. Research in population health as well as biomedicine is being promoted, with attention to the health of First Nation Peoples. Although not framed as "socially accountable" curricula, the curricula in many of the long standing Network: TUFH member institutions, including the Moi and Transkei Universities, the University Sains Malaysia, Christian Medical College and the University of New Mexico have piloted

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and continue to offer community medical education framed with similar purpose.

Can and will physicians trained in this model remain socially accountable once in practice? Will they be able to convince their patient populations that the limited health resources of any nation should be distributed equitably within the population? Even at the potential expense of the health of one or more of the patients in their own personal practice? The challenge in the effort towards a social accountability is to balance the push for an equitable health system with the appetite of a market and consumer driven patient population, well informed about and desirous of the high cost technologic advances medicine can now offer them. Given a choice, will the public accept equity in health outcomes for all, if it implies a shifting of current resources from the wealthy to the poor?

History has shown little evidence that humans are altruistic and civic-minded by nature. But it has also shown that education, tradition and culture do facilitate a trend towards greater willingness to distribute resources within a society. Medical schools and physicians have a vital role here as advocates for a health system that is accountable, universally accessible, and that scientifically assesses the utility of new technology within the context of constrained national resources. The annual Network: TUFH conference, held in Ghent Belgium in September 2006, focused on this theme. The Network: TUFH is an organization that brings together public health practitioners, researchers, service providers and health professional educators. It has an opportunity to lead in this endeavor through the identification of programs in health professional education that provide this form of training, through individuals who are role models of socially accountable physicians and through examples of integrated health services that deliver efficient and effective care to an economically disparate population.

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