Opinions

Altruism in Medicine: Is It On Life Support, and Should We Pull the Plug?

John A. Sullivan MD FRCSC
Professor of Surgery, Dalhousie University

Altruism is defined as an unselfish concern for the welfare of others. Altruism is the opposite of selfishness. One would expect it to be one of the cornerstones of the profession of medicine. Indeed, many physicians may feel that it still is. There are countless examples of physicians giving generously of their time and expertise both at home and abroad to those in need. Recent trends however, in the practice of medicine, both in family practice and specialty practice are disturbing. Altruism is indeed on life support and, if it is to be resuscitated, it will require significant effort on the part of the profession as a whole.

There are many generalized reasons as to why altruism seems to have suffered in the profession. Many of the causes may be related to societal changes in general. We have become a consumer-based society and measure our performance and our value more with material assets and income quartiles than with personal or professional achievement. Medicine is not unique in this regard. The question remains: should it be so, and should the bar be higher for our profession than it is for others? Recent publications show a disturbing trend in the willingness of the profession to provide services which are not appropriately remunerated. A recent survey of family practice trainees found that only 20% would be willing to do house calls once they finished their training. Surveys of family practitioners also reveal that the most significant obstacle to their providing house call services are remunerative and not related to other factors such as location or time constraints. Specialty practices have all but given up any degree of delivering care at home, and have become restricted to large healthcare centres.

With regard to academic medicine, the trends are just as disturbing. Many academic centres now have all but given up on departmental meetings because attendance has become so dismal. More and more physicians feel that, if they are not being remunerated for their time, then the effort is not worth it. Provincial medical societies are finding it more and more difficult to obtain the services of their membership on committees, and giving their time without financially being compensated for it. Physician committees, for years the standard of most large academic centres, have significantly decreased in number. Moreover, it has become increasingly difficult finding physicians to serve on these committees. Even in the milieu of academic funding plans this trend does not seem to have changed.

Recent membership surveys of provincial medical societies show that the most important issues to members are related to professional fees and physicians' incomes; second to that are benefits for physicians with regards to lifestyle issues; and, last on the list, are issues involving patients and their welfare. This has been a disturbing trend in multiple surveys over the past two decades. There have been very significant changes in training programs over that period, which generally involve dramatically decreasing work schedules for trainees, and changes centred on lifestyle issues for the trainees. Although these are to be applauded, there has been a paucity of dialogue and effort related to the actual care and welfare of the patients as a result of these efforts, which are largely physician-focused. Such surveys show disturbing generational trends as well. Older generations tend to be much more satisfied with their practices and their remuneration than those in the younger cohorts. Another interesting paradox is that physicians in academic funding plans, who have made substantial gains in the past decade more significant than physicians in fee-for-service practices,` tend to be those who are the most unhappy with their representation. Again, these discussions have largely been focused on remuneration and lifestyle issues for physicians much more than outcomes and welfare of their patient populations.

So if altruism in medicine is on life support, should we indeed pull the plug? The answer should be a resounding **no**. Much of what ails altruism in the profession is, I think, a result of societal influences and not specific to the profession per se. If that is the case, how then can we restore altruism in the profession and, indeed, strengthen it? This can only be done if we re-enforce the role of physicians as *clinicians* and as *caregivers*. The discussion has become increasingly too focused on physicians as *providers* and patients as *clients*. When we are ill, we want someone to care about us as a person. We need, therefore, to reconfigure the physician's role as one first and foremost as a caregiver. This does not deny the fact that we are providers and that patients are consumers of healthcare; it does however put the discussion on a level which re-focuses on the caregiver side of the equation.

The essence of medicine is the clinical encounter. Most physicians develop their greatest satisfaction from this. We need to re-focus, re-educate, and re-emphasize this as the essence of what we do. Remuneration and lifestyle issues remain vital to the ongoing health of the profession but the tonic for unrest and dissatisfaction within us surely is and will continue to be the altruism we display in the act of caring. **IT** is what we do, it should be what we are trained for, and it must remain as the cornerstone of a healthy profession going forward.