

The Meaning of 'Integrity' in the Health Professions

MICHAEL FINE, MD
 DIRECTOR, RHODE ISLAND DEPARTMENT OF HEALTH
 GUEST EDITOR



This issue of *The Rhode Island Medical Journal* calls out a conflict in our concept of the integrity of health professions. The typical construction of integrity of health professionals – *Primum non nocere* (first, do no harm – an expression of the ethical precept of non-maleficence) – dates from the pre-scientific age, before the as-

sociation of science, health and public health was understood. *Primum non nocere* was likely the mid-nineteenth century Latinization of the Greek promise, ἐπι δηλήσει δὲ καὶ ἀδικίῃ εἶρξεν (to abstain from doing harm). Set in the context of the Hippocratic Oath, that promise helped professionals and the public understand that there were activities that were carried on for the profit of the professional but which might pose risk to patients, and created the first professional obligation to put the good of patients and public health above self interest. In the pre-scientific age, before well-designed double-blinded clinical trials (that incorporate appropriate endpoints and statistical power), much of what professionals did was as likely to be harmful as it was beneficial, and only the ethical professional, who had years of experience, could tell the difference. The location of the principal of non-maleficence in an oath, overseen, at least theoretically, by a higher power, created a sacred space around health professionalism, and made it clear that health professionalism stood apart from the activities of the marketplace. The marketplace exists for the profit of individuals. Health professionalism, the Oath seemed to say, exists for the common good, even though the Oath was created when there was no way to establish what that good represented.

But since the beginning of *scientific* medicine and *scientific* public health, *beneficence*, another ethical principle, has been understood to be important to the notion of integrity in health professionalism, and to be part of the meaning of medicine as a profession itself. Beneficence, or un-self-interested advocacy, suggests that health professionals have an ethical obligation to effect affirmative good, instead of just refraining from doing measurable harm, and



This image of the Hippocratic Oath was used by the 3rd General Assembly of the World Medical Association in 1949 in London, when it adopted the international code of medical ethics.

is a construct that has become meaningful only during the scientific age of medicine and public health, an age in which we have tools for measuring the personal and public health impact of what we do. In order for the health professions to be beneficent, we need to be able to show how our activities create measurable benefits to individuals and the society itself. The principle of beneficence, then, requires a science

that is evidence-based, that chooses meaningful endpoints, that include a population-based analysis and measures and reports the cost benefit of our activities, since society has a responsibility to weigh the benefits of the service we provide against the cost of other services and activities that it might consider in the public interest. Thus, accountability and transparency, as well as fidelity (truth telling about risks and data) and advocacy, have become part and parcel of the integrity of health professionalism, as the power of scientific medicine has evolved. Beneficence also means that over-treatment, the self-interested misuse of data, and the use of advertising to purvey false or misleading data, has become unethical on its face. In addition, the affirmative obligation for advocacy, for health professionals to come into the public arena and explain our science and to advocate for its widespread use in making public choices and changing behaviors, has become part of the ethical obligation of health professionals (again, as the evolution of scientific medicine has changed our ethical obligations, and changed the meaning of medicine as a profession itself).

In this special edition of *The Rhode Island Medical Journal*, six important contributions help us understand the difference between non-maleficence and beneficence in the practice of today's health professionals. **LORI KEOUGH, PhD, MEd, FNP-BC**, lays out the ethical responsibility of health professionals to be immunized against common infectious diseases, and sketches the logic behind the influenza vaccination mandate for health professionals who practice in health care institutions. **JEFFERY BORKAN, MD, PhD**, addresses the affirmative need for primary care health professionals to

practice in teams, in order to achieve best patient and population health outcomes. **ROSA BAIER, MPH; LORI KEOUGH, PhD, MEd, FNP-BC**; and **JAMES MCDONALD, MD, MPH**, look at transitions of care as an area of professional responsibility, but one which sometimes has been abandoned by the health professional community, leaving the US to become a place where 20 percent of our frail elderly are readmitted to the hospital with 30 days of hospitalization, surely an example of a glaring health professional failure. James McDonald, MD, MPH correctly construes appropriate prescribing of opiates as an affirmative professional responsibility, where the lack of health professionals' understanding of the full import of the need both to do good and to do no harm has led to an epidemic of prescription drug overdose deaths in the US and in Rhode Island. **CATHERINE CORDY, RPh**, and **PATRICK KELLY, RPh**, explain the functioning of the Rhode Island Prescription Monitoring Program, a new tool that helps health professionals to do good (as they do no harm) when it comes to opiate prescribing, a tool whose use is imperative before opiates are prescribed. And finally, **JAMES MCDONALD, MD**, explicates best practices around opiate prescribing, so that health professionals can use this powerful class of medication in the interest of patients, without incurring huge public health risk.

We hope this issue of *The Rhode Island Medical Journal* will help all health professionals understand how the meaning of integrity in the health professions has changed, and how science allows us to go beyond "do no harm" and move into the realm of helping patients, and all Rhode Islanders, live better lives. ❖