

THE INTEGRATIVE DISCIPLINES

FIRST TIER

Core Values of Internal Medicine

- **Humanism**
- **Professionalism**
- **Medical Ethics**

Humanism

Humanism in internal medicine should signify no vague exhortation to goodness but rather a set of defined knowledge, skills, and attitudes that brings about an admirable clinical process and desired health outcomes. Within the broad topic of humanism reside several core topics. This curriculum treats some of these, such as the medical interview, behavioral medicine, and medical ethics, as separate integrative disciplines, although they overlap with each other and with humanism as a discipline. Here we define other competencies that are not readily assigned to these related areas. Together these competencies embody the actual knowledge and skills underlying and essential to working with patients (and colleagues). They enable patients and physicians to deal with real problems, the full range of reactions and needs associated with medical problems and processes, and the life and lifestyle issues that contribute to health and disease.

See also: Medical Interview, Professionalism, Ethics, Continuity of Care, Nursing Home Care, and other clinical disciplines.

Competencies for the Humanistic Practice of Medicine

Competency	Learn in a seminar or conference (specify)	Learn as part of a clinical rotation (specify)
Create and sustain doctor-patient relationships that maximize the likelihood of the best outcome for the patients and the greatest personal satisfaction for the physician.		
Be able to identify types of patient-physician relationships, factors promoting their relationships, and one's own relating style, preferences and limitations.		
In dealing with dying patients, demonstrate knowledge and skill in obtaining and interpreting advanced directives for care at the end of life, and in providing comfort care, including managing the patient's pain and anxiety and the family's grief.		
Recognize and appropriately manage so-called "difficult patients", including their personality disorders and problematic behavioral patterns.		
Understand one's own personal reactions to difficult situations; use these reactions to generate explanatory hypotheses and to understand potential barriers to communication.		
Understand the concept of the health belief model; know how to elicit it and how to work constructively in a patient-centered way with persons from different cultural groups.		

Illustrative Clinical Settings: Continuity clinic, oncology, geriatrics, nursing home rotations, psychiatry, and any clinical rotation that underscores the importance of humanism in medical practice.

Professionalism

Professionalism in medicine requires the physician to place the interest of the patient above the physician's self-interest. Professionalism aspires to altruism, accountability, excellence, duty, service, honor, integrity and respect for others.

A physician's sense of self as a professional is under constant challenge and may require repeated, active reaffirmation to remain intact. Internal medicine's practitioners and teachers operate under ever-increasing imperatives for fast-paced, economically driven medical care. They no longer can assume that the circumstances of their practice will enhance their efforts to express the values of their profession in their work. Teachers cannot assume that their trainees will see these values in action. Quite the contrary, trainees may witness—and adopt—a standard of practice that is not consistently professional, unless their teachers and role models look inward and rediscover the ethical roots through which medicine has sustained its character as a profession. At risk in these daily brushes with subprofessional attitudes and behaviors are internal medicine's standards of excellence in patient care, education, and research.

Professionalism is a core set of values, attitudes, and behaviors that motivate physicians to make the interests of patients and society their first priority. The elements of professionalism, which have been identified by the American Board of Internal Medicine, from which this list is drawn, encompass: 1) a commitment to the highest-standards of excellence in the practice of medicine and in generating and disseminating knowledge; 2) a commitment to seek to know the interests of individual patients and to protect their interests; and 3) a commitment to be responsive to the health needs of society. These elements require residents to acquire the competencies that are listed below.

See also: Humanism, Legal Medicine, Ethics, Lifelong Learning, Medical Interviewing.

Competencies for Professionalism

Competency	Learn in a seminar or conference (specify)	Learn as part of a clinical rotation (specify)
Demonstrate a personal sense of altruism by consistently acting in one's patients' best interest.		
Maintain accountability—to the patient, to society, and to the profession—by fulfilling all agreements, both written and implied.		
Show a commitment to standards for lifelong excellence by continuously adding to one's knowledge of medicine and drawing the distinction between knowledge that is based on high-quality evidence and knowledge from anecdote and personal experience.		
Demonstrate a sustained commitment to service by accepting inconvenience to meet patients' needs, advocating for the best possible care for every patient, seeking active roles in professional organizations, and volunteering one's skills and expertise to advance the welfare of patients and the community.		
Demonstrate honesty and integrity through one's behaviors by recognizing and avoiding conflicts of interest and relationships and by refusing to allow personal gain to supersede the best interest of patients.		
Behave with high regard and respect for colleagues, other members of the health care team, and patients and their families.		

Illustrative Clinical Experiences: All clinic rotations, but particularly those that exemplify clinicians' value and belief systems, such as continuity and community-based practice, free clinics and shelters, and venues in which the acuity of illness is high, such as intensive care units.

Medical Ethics

Ethics is the systematic application of values. Medical ethics focuses on the prevention, recognition, clarification, and resolution of ethics issues and conflicts that arise in the care of particular patients, and on the prevention and resolution of conflicts associated with ethical issues. Topics in clinical medical ethics include professional responsibility, informed consent, determination of decision-making capacity, truth-telling, confidentiality, and the physician's role in cost containment. Clinical medical ethics encompasses more than ethical quandaries and dilemmas; medical ethics also emphasizes the basic values that underlie clinical interactions, such as honesty, integrity, the primacy of the commitment to the patient's well-being, and compassion.

The general internist must be able to recognize ethical issues in clinical practice and identify hidden values and unacknowledged conflicts. Physicians must understand how common religious, cultural and ethical beliefs affect patient preferences. Physicians also should demonstrate specific cognitive and behavioral skills, including: basic knowledge of ethical and legal concepts; critical thinking about ethical issues; the capacity to justify a course of action; and the capacity to implement ethical decisions. Although general internists can handle most ethical issues, they should know when to seek the advice of an ethics consultant or committee.

See also: Legal Medicine, Humanism, Medical Interview, Professionalism, Critical Care, Geriatrics, Nursing Home, Oncology, Continuity Practice.

Competencies for Medical Ethics

Competency	Learn in a seminar or conference (specify)	Learn as part of a clinical rotation (specify)
Know how to inform patients and obtain voluntary consent for the general plan of medical care and specific diagnostic and therapeutic interventions		
Know what to do when the patient refuses a recommended medical intervention in both emergency and non-emergency situations		
Know what to do when a patient requests ineffective or harmful treatment		
Be able to assess a patient's decision-making capacity		
Know how to select the appropriate surrogate decision maker when the patient lacks decision-making capacity		
Understand the grounds on which surrogates should make decisions for patients who lack decision-making capacity		
Know the principles that apply when the physician must decide for a patient when the patient lacks decision-making capacity and there is no appropriate surrogate decision maker		
Be adept at broaching the subject of a dying patient's eventual death and discussing with the patient the extent of medical interventions at the end of life (see advance directives, below)		
Know how to handle the following situations related to end-of-life care:		
<ul style="list-style-type: none"> • Withhold or withdrawing life-sustaining treatment, including nutrition and hydration 		
<ul style="list-style-type: none"> • Communicating "bad news" and listening for the patient's and family's concerns 		
<ul style="list-style-type: none"> • Writing "do-not-resuscitate" orders 		
<ul style="list-style-type: none"> • Requests for physician-assisted suicide or euthanasia 		
<ul style="list-style-type: none"> • Know how to address requests to breach confidentiality 		
<ul style="list-style-type: none"> • Know the principle of truth-telling and how to implement it in situations involving information disclosure and medical errors 		
Understand the following ethical principles which underlie the fiduciary relationship with one's patients:		
<ul style="list-style-type: none"> • Balancing obligations to patients with one's self-interest 		

<ul style="list-style-type: none"> • Balancing obligations to patients with societal interests (for example, bedside rationing and case management) 		
Know how to deal with these forms of potential conflict of interest:		
<ul style="list-style-type: none"> • Induced demand (physicians' ability to create a demand for their service) 		
<ul style="list-style-type: none"> • Accepting gratuities from manufacturers 		
Know the physician's obligation when he or she suspects that another health care provider is abusing alcohol or drugs or is professionally incompetent		
Know how to recognize and resolve ethical issues that arise in clinical research		

Illustrative Clinical Settings: Intensive care units, nursing homes, geriatrics units, oncology units and anywhere that the values of the profession are discussed around realistic clinical situations.