

Medical Ethics and Professionalism in a World of Information Asymmetry

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IN THIS issue of *SMA News*, we commemorate 15 years since the founding of the SMA Centre for Medical Ethics & Professionalism (CMEP).

I would like to congratulate the dedicated faculty and staff members of SMA CMEP who have made the organisation what it is today – a powerhouse that sets standards on how doctors should behave, and how the medical profession interprets and responds to new challenges in medical ethics.

Medical ethics and professionalism is constantly evolving because it has to respond to advances in medicine and changes in societal attitudes. The fundamental principles of medical ethics are quite clear, but its application needs careful consideration in each unique situation. This is why CMEP will always be relevant to SMA, the medical profession and the society. Indeed, CMEP is one of the key pillars supporting the Association in performing its stated roles.

In this column, I would like to propose a model of how the doctor-patient relationship fits in the framework of professionalism. This model addresses the role of medical ethics on the doctor's part in correcting the imbalance of knowledge and the role of trust weighing in on the patient's side of the equation.

Information asymmetry

A patient sees a doctor in hopes of finding out what troubles or ails him. At the heart of their interaction is the transfer of knowledge and information. The doctor knows something that either the patient does not know or finds too complicated to unravel. The patient tries to tap into the doctor's rich

According to Wikipedia, "information asymmetry deals with the study of decisions in transactions where one party has more or better information than the other. This creates an imbalance of power in transactions, which can sometimes cause the transactions to go awry, a kind of market failure in the worst case."

We can represent the imbalance of

information as a pair of weighing scales in which the balance of knowledge is heavily tipped in favour of the doctor. The fact that medicine is rife with all sorts of scientific terminology and medical jargon makes this imbalance even more acute as the public struggles to make sense of the meaning behind such terms.

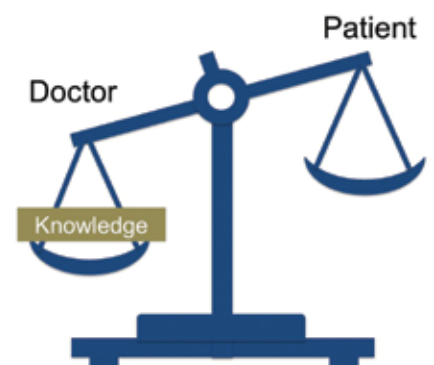
Doctor-patient relationship

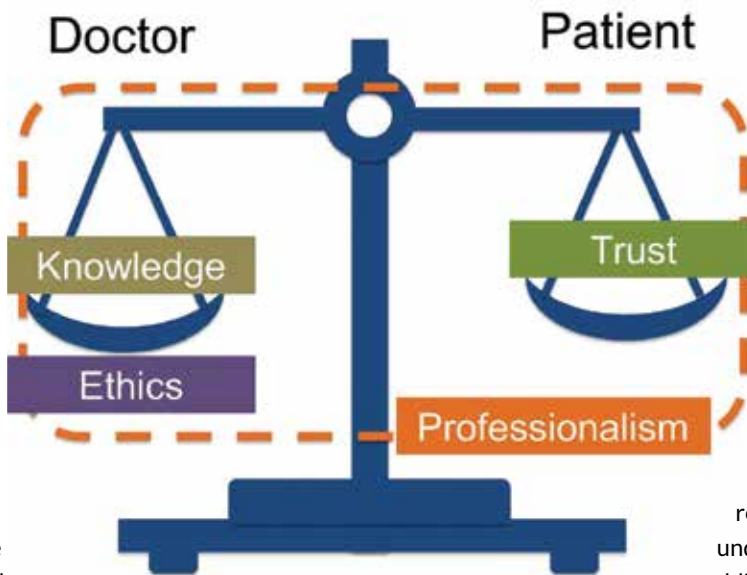
The interaction between the doctor and patient, however, is not simply one of data exchange. A personal relationship necessarily exists between them. Decades ago, this relationship was such that the patient was



resources of knowledge, information and experience. Sometimes it goes beyond mere information; the patient also seeks opinions on the likelihood of a certain diagnosis, the best course of action to take or the best management available.

We can see that there is an imbalance of information between the doctor and the patient, with the doctor typically possessing most of the information. This is what we call "information asymmetry".





at the mercy of the doctor's knowledge and expertise, and had no choice but to reluctantly submit to the latter's authority and recommendations. This paternalistic style of medicine is similar to Eric Berne's parent-child relationship described in transactional analysis. The parent ego state, adopted by doctors, was one of assertive authority, and one that was critical of patients when instructions were not followed. Patients adopted the child ego state and responded through feelings of respect, fear and dependency.

In today's age, the relationship between doctor and patient has progressed to that between two adults. In an adult-adult ego state relationship, patients are reasoning, intelligent and autonomous individuals. Doctors approach patients in a non-threatening manner and let patients take responsibility for their own health. They are now here to guide and advise, and to explore management options in the process of shared decision-making with their patients.

What can patients do in order to balance the weighing scales?

The most obvious option is to try to obtain more information from other sources or from past experience. However, it is often a difficult exercise. Even today, in a world where information is freely abundant and easily accessible, finding the required information can paradoxically be confusing, if not overwhelming. Medicine is not only complex and uncertain, but individual variation makes it hard for patients to interpret information in a context that they can apply to themselves.

Patients therefore need to trust their doctors.

They need to trust that their good doctors will do everything in their best interest. In the doctor-patient

relationship, trust is critical for patients to seek care, reveal sensitive information about themselves, submit themselves to treatment and follow the recommended management plans. Trust is therefore the counterbalance to doctors' monopoly on knowledge.

However, there is one other key ingredient that must be present to prevent abuse because patients are, by nature, in a vulnerable position.

Medical ethics

An ethical code supports doctors' behaviour and actions, and ensures that they act in their patients' best interest. It gives society the assurance that doctors will always use their knowledge and skills for the benefit of their patients.

Ethical issues occur in every patient encounter because doctors consider both technical and moral issues when making a clinical judgement. As doctors, we apply the principles of doing no harm, respecting patient autonomy, and benefiting patients in the context of justice and fairness. When we choose one option over another, we inadvertently make trade-offs that require a value judgement that is unique for each patient because of the clinical context.

Given doctors' heavy burden of medical knowledge, medical ethics balances the scales by supporting good behaviour. Patients are then able to invest trust in the doctor-patient

relationship to make the system work.

Professionalism

The Royal College of Physicians describes medical professionalism as "a set of values, behaviours, and relationships that underpins the trust the public has in doctors".

Professionalism also refers to the competency and skill expected of doctors in order for them to fulfill their duties. Society trusts that those who are conferred the title of "doctor" carries some minimum standard of competency.

Doctors' internalised values, ethics and even habits, therefore, determine the way they behave in public and how they treat their patients. Doctors are often judged on first impressions by their image, demeanour and ability to communicate, even before they have a chance to show their competency and technical expertise.

Because professionalism involves both the doctor and the patient, I think that professionalism encompasses and frames all the previous entities in this model, in order for the doctor-patient relationship to work.

This working model – the interplay between the different aspects of ethics and professionalism, knowledge and trust – may be overly simplistic. However, it is my hope that it will be a useful guide for readers as you navigate the articles on the subject in this edition of SMA News. Its relevance to the daily practice of medicine by each and every doctor cannot be underestimated. ■



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