Professionalism: The Wrong Tool to Solve the Right Problem?

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Abstract

Medical schools and other higher education institutions across the United States are grappling with how to respond to racism on and off campus. Institutions and their faculty, administrators, and staff have examined their policies and practices, missions, curricula, and the representation of racial and ethnic minority groups among faculty, staff, and students. In addition, student-led groups, such as White Coats for Black Lives, have emerged to critically evaluate medical school curricula and advocate for change. Another approach to addressing racism has been a focus on the role of

professionalism, which has been variably defined as values, traits, behaviors, morality, humanism, a role, an identity, and even a social contract.

In this article, the authors consider the potential role that professionalism might play in responding to racism in medical education and at medical schools. They identify 3 concerns central to this idea. The first concern is differing definitions of what the problem being addressed really is. Is it isolated racist acts or institutional racism that is a reflection of white supremacy? The second concern is the notion that

professionalism may be used as a tool of social control to maintain the interests of the social groups that dominate medicine. The third concern is that an overly simplistic application of professionalism, regardless of how the problem of racism is defined, may result in trainees practicing professionalism that is performative rather than internally motivated. The authors conclude that professionalism may complement a more systematic and holistic approach to addressing racism and white supremacy in medical education, but it is an insufficient stand-alone tool to address this core problem.

Medical schools and other institutions of higher education across the United States are grappling with how to respond to racism on and off campus.[1–5] Racist incidents and acts of race- or ethnicity-based discrimination have forced these institutions to examine their policies and practices, missions, curricula, and the representation of racial and ethnic minority groups among faculty, staff, and students. In medicine, student-led groups, such as White Coats for Black Lives,[6,7] have emerged to critically evaluate medical school curricula and advocate for change. Leaders in medicine and racial justice, such as Dr. Camara Jones, the creator of Tools for a National Campaign Against Racism,[8] have also stepped forward to organize formal

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responses to racism in health care and medical education. Some medical schools have responded with self-study, for example, by assessing their admissions process; analyzing how they present the construct of race in the preclinical and clinical years; and exploring the roles of implicit and explicit bias in the classroom,[9] extracurriculars,[2] and on the wards.[10]

Another sometimes complementary approach to addressing racism in medical education has been a focus on the role of professionalism, variously defined as values, traits, behaviors, morality, humanism, a role, an identity, or even a social contract.[11–13] In this article, we consider the notion and potential role of professionalism, in the context of its contested definition,[14,15] in responding to racism in medical education. We identify and describe 3 concerns central to the extension of professionalism as a solution to racism. The first concern is confusion around the problem to which professionalism, as a solution, might be applied. The second concern is the notion that professionalism, as a potential solution to racism or even to racist incidents, may not be a true solution because it is—in practice—a tool of social control that is used by the social groups

that dominate medicine to self-regulate as well as to gatekeep and maintain power over the discipline's accepted behaviors and social boundaries.[16] The third concern is that, if professionalism is misapplied as a solution to racism, trainees may begin to engage in performative professionalism, whereby overtly racist behaviors are studiously avoided, tolerance-oriented behaviors are superficially enacted, and risky (to one's ability to enact professional behaviors) situations are avoided. These actions may have the effect of increasing the exclusion of students and physicians of color from predominantly white spaces.

Racist Acts or Institutional Racism?

What is the problem facing so many medical schools and other institutions of higher education? Is it (relatively isolated) racist incidents in a generally egalitarian, nonracist school? Or is it institutional racism, a manifestation of the sociohistorical system of oppression that systematically and comprehensively advances the interests of white people to the detriment of African American people and other racial and ethnic minority groups? Looking at news reports from across the country, one common scenario

starts with a catalyzing and clearly racist incident, often student on student, that incites student outrage and demands for redress.[17–20] Students may call for the institution to analyze the causes of the incident or they may do the work themselves. Often these inspections reveal system-wide deficiencies, such as weak diversity policies, slow adjudication processes, racial and ethnic homogeneity in faculty and leadership, conceptual confusion around the difference between diversity and equity and antiracism, and cultural and structural incompetence. These deficiencies may be rooted in the institution's underdeveloped grounding in the sociohistorical systems of oppression in the United States, a lack or absence of an authentic commitment to antiracism/ sexism/classism, a lack of resources, or critically un- or underexamined curricula. Students then organize and communicate that they have existed in a world filled with micro- and macroaggressions perpetrated by fellow classmates, faculty, staff, and/ or school leaders; demands to address the problem become more heated and public.[21]

In response, the administration and some faculty and staff focus on the acute incidents that precipitated the students' demands, seemingly hoping that the students will be satisfied with that response and move on. Yet, there is a mismatch between what students and their allies perceive to be the problem— systemic and institutional racism—and what the administration perceives to be the problem—a rough patch generated by unfortunate incidents or even merely a public relations situation to be managed. For many student leaders and faculty, staff, and administrator allies, the problem is not only individual acts of bad behavior, which have been catalogued,[22] but also how the institution reflects, manifests, and reproduces the patterned and purposive racism that permeates U.S. society and the lack of political will to address that racism honestly, earnestly, and comprehensively. In short, from their perspective, the problem is white supremacy, defined by legal scholar Frances Lee Ansley as:

> a political, economic and cultural system in which whites overwhelmingly control power and material resources, conscious and unconscious ideas of white superiority and entitlement are widespread, and relations of white dominance and non-white subordination are daily reenacted across a broad array of institutions and social settings.[23]

White supremacy is driving a racist system of oppression that is woven into every aspect of society, including medical education and health care.

Professionalism as a Tool of Social Control

The solution to any problem depends on how the problem is defined. If an isolated behavior—or even a set of behaviors—is the problem, then some basic behavioral modifications or a checklist could be the solution. In this situation, professionalism with its behavior-orientated, checklist format is a potential solution. Students may be merely acting in an intolerant manner, engaging in thoughtless behaviors or not respecting differences. Alternately, they may be enacting behaviors expected from, reinforcing, and borne of socialization to white supremacy. In the former situation, instruction in tolerance, respect, civility, and how to behave professionally might act to arrest the problematic behavior. However, if the students' behaviors are not isolated and instead stem from their socialization to the ideology of white supremacy and reinforce the system of power that that ideology acts to maintain,[24] then nothing short of a revolution in thinking, believing, acting, and being will solve the problem.

Professionalism cannot be the right solution in the latter situation, if it is used as a tool of control by the groups that have dominated medicine in the United States for decades. Here, writer and activist Audre Lorde's words resonate:

> For the master's tools will never dismantle the master's house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change.[25]

The literature around how professionalism is used to maintain dominant standards of behavior and dress is growing. Authors have characterized how white norms have become the standard of reference for what is considered professional.[24,26] They also have described how those standards are based on a sociological interpretation of the function of professionalism.[27,28] Numerous observers have noted that dress or appearance associated with nonwhite social groups, like wearing natural hair, has been the focus of micro- and macroaggressions,[29] including

disciplinary actions; further, several related employment discrimination cases related to nonwhite styles of dress or appearance have been waged.[30] When these behaviors are singled out as unprofessional, especially cultural representations of blackness that may also be acts of resistance,[31] white supremacy is advanced.

Performative Professionalism

A final potential problem with operationalizing professionalism as a set of behaviors that can be enacted and assessed via a checklist is that students may learn that such behaviors can range in severity from minor lateness infractions to acts of race-based discrimination. In addition, they may learn that professional behaviors are to be performed with specific audiences in mind and thus the motivation to perform those behaviors is external. In contrast, if professionalism—as one way to remedy racism in medical education and patient care—is grounded in an authentic commitment to social and racial justice, professional behaviors will flow from an internal set of values that reflect not only the imperative that medical care be offered to all people regardless of their social position or background[32] but also that physicians understand and dismantle the systems of power that gave rise to the race-based hierarchy that characterizes U.S. society. Social and racial justice-based professionalism values and behaviors then should not be enacted only in front of patients, clerkship preceptors, and professors. They should be practiced within and outside medical education and patient care settings and flow from students' autonomous motivation, which is defined as "acting with a full sense of volition, endorsement and choice" and not from feeling "externally pressured or compelled to behave."[33]

In the article "Medical Professionalism in the New Millennium: A Physician Charter," 3 core principles are identified as foundational to professionalism—the primacy of patient welfare, patient autonomy, and social justice.[34] And whereas some in academic medicine advocate for social justice as a core principle of professionalism,[35] we are not certain whether medicine today possesses a modern moral narrative[36] that is antiracist. Further, in the past,

medicine has tried to use professionalism to address social problems that emerged from systems of power. An example is the Professionalism Project from the 1990s that the American Board of Internal Medicine created to address what we today would identify as neoliberalism-based changes to health care, such as managed care, for-profit medicine, and the increased influence of the pharmaceutical industry in patient care and medical education.[37] Fear that market force-based health care delivery changes would result in patients being treated as commodities rather than people motivated a response focused on the notion of professionalism. Yet, in 2020, we cannot determine if this effort was successful in staving off the commodification of health, health care, and the humans involved.

Additional Considerations

We assert here that professionalism is an inadequate stand-alone tool to address the problem of racism in medical education.[38] However, we believe that professionalism may be one part of a larger, institutional effort to undo racism[39] by applying explicitly antiracist approaches[8] and prioritizing structural competence[40] in education, training, and patient care. Such approaches ideally will yield the content knowledge, attitudes, analyses, policies, practices, nonviolent communications, advocacy and activism, and day-to-day behaviors that reflect an understanding of and commitment to antiracism on the part of the people and institutions involved.[24] This work may be integrated into a model of medical education that puts social and racial justice at the core of a school's social mission,[41] emphasizes the role of advocacy among physicians,[42,43] and integrates educational program objectives that are supported by curricular content and skill development to enhance structural competence.[10] Finally, a comprehensive approach to countering racism requires swift responses from institutions to racist incidents, strong antiracist policies, and addressing institutional racism in medical education.

Several medical schools are leading the way in explicitly naming racism and white supremacy as problems and developing and testing solutions. For example, researchers at the University of Minnesota Medical School used a public

health critical race praxis methodology to observe and document how race-based power dynamics unfolded during curriculum design.[9] Their work resulted in an intervention for first-year medical students. Other approaches call for medical education that teaches that race is a social, rather than a biological, construct[44,45] and that includes equitable representation[5,46] of minority populations in instructional materials and teaching. This approach requires a critical analysis of each presentation slide, lecture, text, learning activity, and assessment to determine where different groups are over- or underrepresented and how the construct of race is presented to students.

There is also a growing number of literature reviews that describe antiracist medical education efforts and identify a number of promising approaches to addressing racism in medicine. They include dialogue across social groups, deconstructing power and privilege, raising critical consciousness and practice, and experiential transformation among students.[47] In addition, Wear and colleagues identified antiracist pedagogical strategies and methods to achieve structural competence, describing a number of instructional approaches that would advance these goals.[48]

In conclusion, we argue that it is not enough to identify racist acts as unprofessional and address them using this lens; we in academic medicine need to use critical analysis, confrontation, advocacy, and collective social action to undo institutional racism. Students, who need support as they both experience racism and seek to develop antiracist medical practices, have been calling for changes to achieve these goals.[49,50] Today, in the United States, as racist events on campuses and medical schools continue to unfold, they do so in the context of increasing popular recognition that the United States was founded on the ideology of white, male supremacy, built with the labor of enslaved Africans, on land taken from indigenous peoples. Medical schools and educators must incorporate these sociohistorical facts in all aspects of training and acknowledge the need for a comprehensive approach to undoing racism in medical education. By recognizing that white supremacy, as a sociopolitical ideology, exists and understanding how it supports an inequitable society, medical schools can become key sites of the modern struggle

against health inequity and for racial and social justice in the United States.

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