

Virtual Mentor
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The Demands of Professionalism

Case and Commentary

- Medical Student Exposure to TB** 80
Commentary by Audiey Kao, MD, PhD

In the Literature

- Teaching Professionalism in Undergraduate Medical Education** 81
Audiey Kao, MD, PhD

Art of Medicine

- Call for Images of Healing and Learning** 82
Audiey Kao, MD, PhD

Personal Narrative

- Through the Patient's Eyes: On Being Human** 83
Faith Lagay, PhD

Viewpoint

- Physicians' Duty to Care for the Poor** 84
Audiey Kao, MD, PhD
- David Hilfiker, MD** 86
Faith Lagay, PhD

Upcoming Issues of *Virtual Mentor*

- October: Medicine at the Olympics
November: Doctors and Dying
December: On Gifts
January: End-of-Life Care Ethics

Virtual Mentor

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CASE AND COMMENTARY

Medical Student Exposure to TB

Commentary by Audiey Kao, MD, PhD

Case

Brad is a third-year medical student who is on his internal medicine rotation. During the rotation, Brad learns that a patient whom he saw and admitted from the emergency room was diagnosed with active tuberculosis (TB). Brad was subsequently put on a regimen of isoniazid (INH) because he tested positive for TB exposure. After being on INH for 2 weeks, Brad experienced extreme fatigue, nausea, and diarrhea. With challenging clinical rotations coming up, Brad feels that he needs his full energy to get through the rotations and discontinues the therapy. He rationalizes that being infected with TB does not necessarily mean that he would get full-blown TB. If pulmonary symptoms ever arise, he will then seek medical attention.

Questions for Discussion

1. What do you think of Brad's behavior?
2. Is Brad potentially putting his fellow colleagues and patients at risk?

See what the AMA *Code of Medical Ethics* says about this topic in Opinion 9.12 Physicians and infectious diseases. American Medical Association. *Code of Medical Ethics 1998-1999 Edition*. Chicago, IL: American Medical Association; 1998.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

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IN THE LITERATURE

Teaching Professionalism in Undergraduate Medical Education

Audiey Kao, MD, PhD

Swick H, Szenas P, Danoff D, Whitcomb M. Teaching professionalism in undergraduate medical education. *JAMA*. 1999;282(9):830-832.

Questions for Discussion

Although a substantial majority of medical school programs have formal instruction in teaching professionalism, only a slight majority have an "explicit rigorous process to assess the students' professional behaviors." How do you think professionalism can be measured and assessed?

The article mentions that until recently students learned professionalism "through an informal process of socialization that extended from medical school through residency and fellowship training." Do you think that an explicit commitment to professionalism enhances this socialization process? Should faculty members make a more explicit commitment to professionalism in their teaching?

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

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ART OF MEDICINE

Call for Images of Healing and Learning

Audiey Kao, MD, PhD

Healing and learning seem to be paired processes, occurring together throughout human activity. But nowhere are these processes as prominently seen as they are during medical training.

For most students, the medium that most readily lends itself to retaining some visual memory of a succession of fleeting moments is the camera. Through photographs, the highlights of yesterday's happenings remain vivid and communicable to others. The subtle interplay of light and shadow that renders a photograph unique may even be likened to the delicate shifts that characterize interactions between patient and physician or between student and teacher.

We invite students to send photographs portraying aspects of healing and learning. Accompany your photos with a description of what is captured in the image and the special significance the picture has for you. Through these images, students can communicate their personal perspectives on medical training and share their observations and reflections with others.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

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PERSONAL NARRATIVE

Through the Patient's Eyes: On Being Human

Faith Lagay, PhD

What is it like to be a patient experiencing a debilitating, potentially life-threatening illness or encountering the health care environment, perhaps for the first time, from a position of vulnerability? Through the stories of patients, physicians come to see themselves, and most especially their communications, from the other side of the equation. When patients - including physicians who become patients - voice their most intimate thoughts, feelings, and reactions, much can be learned.

September Patient Story

Dimeo NA. [On being human](#). *JAMA*. 1998;280(13):1135.

Faith Lagay, PhD is managing editor in of *Virtual Mentor*.

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VIEWPOINT

Physicians' Duty to Care for the Poor

Audiey Kao, MD, PhD

- On May 11, 1751, the Pennsylvania legislature granted a charter to establish a hospital to care for the sick-poor and the insane. Founded by Benjamin Franklin and Dr. Thomas Bond, the mission of [Pennsylvania Hospital](#) to provide care to people in need regardless of station or income is reflected in its official seal, which is based on the story of the Good Samaritan – "Take Care of Him and I will repay Thee."
- The obligation to provide legal counsel to the poor dates back to the days of ancient Rome. This historical commitment of lawyers and attorneys to perform pro bono work is reflected in the early versions of the American Bar Association's Canons of Professional Responsibility, which was adapted from the Alabama Bar Association's 1887 Code of Ethics.
- The AMA's Ethical Opinion 9.065 states that caring for the poor should be a "regular part of the physician's practice schedule." However, it does not specify the number of hours physicians should provide in charity care.
- According to the Model Rules of Professional Conduct of the American Bar Association, lawyers should perform at least 50 hours of pro bono work each year.
- The 1996-1997 Community Tracking Study found that more than three fourths of physician respondents provided an average of 10.3 hours per week of free medical care or at reduced fees. This is slightly higher than the 7.2 hours per week in 1994 and 6.5 hours per week in 1990 that physicians reportedly spent on charity care. With more than 44 million uninsured Americans, sustained efforts such as those of the Reach Out Program are necessary to support physicians in private practice and increase access to care for the uninsured and the underserved.
- In 1999, a lawyer practicing in the 100 highest grossing US law firms spent on average 36 hours a year on pro bono cases. This amounts to about 8 minutes per day and is down from the 56 hours per year spent on uncompensated legal counsel in 1992. A variety of efforts including those of the Pro Bono Institute are working to encourage and support lawyers in fulfilling their ethical responsibility to provide legal counsel to those who cannot afford it.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

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VIEWPOINT

David Hilfiker, MD

Audiey Kao, MD, PhD

Whether it is called charity care in medicine or pro bono work in the law, providing service to the poor is an important aspect of professional behavior. Taking care of the poor has become one of the cardinal virtues in medicine. Its lineage dates to the Medieval era, when both Christianity and Islam shaped medicine's commitment to the poor. Despite the rise of the modern welfare state that seemingly has replaced many traditional forms of charity medical care, the need for medical professionals to devote themselves to the poor has never been greater.

One physician who has taken this obligation very seriously is . Formerly the Medical Director of Joseph's House in Washington, DC, Dr. Hilfiker is currently Finance Director for Joseph's House. Although no longer in active medical practice, he is a family practitioner who spent 7 years practicing in rural Minnesota and 10 years in the inner city of Washington, DC. He began working at Community of Hope in 1983 in Washington, DC, and then helped found Christ House in 1985. He and his family lived for 5 years at Christ House, a 34-bed medical recovery shelter for homeless men, and for 3 years at Joseph's House, which he founded. The experience changed him in a profound way: "When you put yourself in a relationship with the poor, you begin to see the world in a very, very different way," he stated. He is also highly critical of our current health care system, which privileges the middle class and demonizes and marginalizes the poor. Although an active writer, he is now vocationally "in transition," trying to learn as much as he can from speaking with the men at Joseph's House.

In addition to his work with the poor, he is the author of *Healing the Wounds* (Pantheon, 1985) and *Not All of Us Are Saints* (Hill & Wang, 1994) as well as numerous articles, most dealing with the medical care of the poor. He has recently completed a short book on inner-city poverty. He has also written about the importance of recognizing and learning from medical mistakes.

For his work in helping homeless patients with AIDS, we are proud to present this month's Virtual Mentor award to Dr. David Hilfiker.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

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