

2007 Forrest E. Leffingwell Memorial Lecture, Part I

Professionalism: My Profession

By Peter L. McDermott, M.D., Ph.D.

Peter McDermott, M.D., Ph.D., is an esteemed past president of the ASA and CSA, and currently is a Lecturer in History at Cal Lutheran University. He is admired and acknowledged for his creative, scholarly, and entertaining wit, attributes that led to his being chosen, among other honors, as the Master of Ceremonies for the ASA's Centennial Gala and the ASA's 2005 Wright Lecturer. Peter's 2007 Leffingwell Lecture was an endearing and engaging historical commentary and thought-provoking erudition replete with ample Pete "McDermottisms." As such, we have chosen to provide our readership with the full text in two installments, beginning with this issue of the Bulletin.

I'd like to thank you for giving me the privilege of remembering Forrest Leffingwell by delivering this memorial lecture. It is a great honor to be asked, and there is, probably, nothing I like better than an honor. I wish I had had more in my life, but this is what my father would call "a dandy." While I was reflecting on the honor and warming myself in the sunshine of self-reflection, my wife, whom I suspect has a talent for detecting any happiness I might be experiencing, reminded me that the lecture was a responsibility as much as it was an honor. I reached for my inhaler and skulked off to my office. I suppose there **is** a responsibility to say something meaningful.

I haven't practiced for many years, so don't expect me to say anything particularly useful or scientific. I come from another generation, one that has said its say, lit its fire and watched the embers dim, and been replaced by you people—a new strong army of gifted clinicians and scholars. I'm not a scientist anymore. I'm not a clinician either, so I can't make a contribution in those fields. Instead, I will take the prerogative of an ancient of the tribe and reflect upon my past as a physician and some of my thoughts as a historian. I have entitled this talk "My Profession," and it is in terms of my particular experiences and from the perspective of a personal moral tradition that I will speak.

But first, attention must be paid to Dr. Leffingwell. I don't think I ever met Forrest Leffingwell. I came to California to practice anesthesiology in Ventura County in 1965. The next year he signed my board certification as secretary-treasurer of ABA. You might wonder why the only eponymous lecture this society sponsors is named after him and I would like to tell you a bit about the man and his accomplishments. I will tell you why. Most of what I intend to say today concerns professionalism. Dr. Leffingwell epitomized so many of the attributes of professionalism that I will begin by using him as a model and an

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exemplar of the concept. The first Leffingwell Memorial Lecture was delivered to this society by his friend Albert Betcher, an urbane and sophisticated New York University professor.

As you probably know, Dr. Leffingwell became the second president of the CSA in 1949. He was a driving force in the very creation of this society and served as its Delegate to the ASA in 1950. He became the first Speaker of the ASA House of Delegates in 1953, and went on to become ASA President in 1962. He served the American Board of Anesthesiologists as Director from 1955, and as secretary-treasurer of the board from 1958, until his death in 1969. He was a trustee of the Wood Library Museum during its formative years and was a delegate to the World Federation of Societies of Anaesthesiologists. He is one of only two to receive the ASA Distinguished Service Award posthumously. His contributions to our specialty through its organizations were prodigious. A remarkable man dedicated to improving the specialty and its repute during its early period of organization. But let's remember that it is the man and not the officer we celebrate by this annual remembrance.

Forrest Leffingwell was born in Kansas in 1904 and traveled as an infant by covered wagon to Colorado, where he grew up. He completed college in Lincoln, Nebraska, in 1926 and, after teaching music and business subjects at an Iowa high school, he returned to Lincoln, where he first taught in the business department and later became a student again, having decided to become a physician. In 1933 he received his M.D. from the Medical College of Evangelists, now the school of medicine of Loma Linda University here in California, and for the next seven years he was a general practitioner in Montebello, California. During this period when anesthesia was coming of age, Dr. Leffingwell was attracted to it, and in 1940 he entered a fellowship in anesthesia at White Memorial Hospital in Los Angeles.

Dr. Leffingwell was a member of the Officers Reserve Corps and was called up to active duty in the army May 1941. [Dr. McDermott shows a slide of his photograph in military uniform.] Oh, that's me. I didn't have a picture of Dr. Leffingwell in uniform, but I thought you might want to see how I looked before gravity and oxygen and global warming did their work on me. After service in Santa Barbara, Fort Sam Houston, Texas, and Modesto, he went to New Guinea and then to the Philippines, where he practiced as a Consultant in Anesthesia until 1946, leaving the military with the rank of Lieutenant Colonel.

He returned to his alma mater as Clinical Professor in Anesthesiology and soon became Chief of the Section of Anesthesiology, which was then under the Department of Surgery. Forrest was one of the new bright faces of the second

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generation of American anesthesiologists. Ralph Waters, E.A. Rovenstine, John Lundy, Ralph Tovell, and Francis McMechan were among the first and were followed by Dripps, Eckenhoff, Vandam, Papper, Foldes, Stuart Cullen and many others. As Dr. Betcher observed of Dr. Leffingwell, “He was not an academician in the true sense of the word nor a researcher, as he himself told (John) Adriani. Yet the professors of anesthesiology held him in high esteem ... There was something extraordinary about Forrest that led him along the heights in anesthesiology. Organizational and administrative ability is not enough to explain it.”

Upon his return to civilian life he determined to establish a resident training program at White Memorial and visited Adriani's program in New Orleans as well as others to learn how to run a department and meet the requirements of the American Board of Anesthesiology. This example of diligent preparation and conscientious application of his talents and efforts reflects the value he placed upon doing a job well. He did the same thing in deciding to learn Spanish as an adult, in studying Demeter's Manual of Parliamentary Procedure, and in bringing order to the deliberations and actions of the ASA House of Delegates as its Speaker. Stuart Cullen remembered that Dr. Leffingwell often felt inferior in the presence of academicians and perhaps that is why he worked harder than most others to contribute to the ABA. He did his homework because he cared so much about the responsibilities he assumed.

He was given to listening to others voice their opinions on a subject under discussion before rendering his own—often the last to speak. He was tactful in keeping the discussion on track, bringing focus and fairness to the conclusions, and achieving consensus without rancor. He lived a personal life of rectitude and respectability—devout in his religion without proselytizing; a total abstainer from alcohol without posturing or moralizing. The honors he received he did not seek, and he was quick to credit others for successes in which he played a major role.

Dr. Betcher concluded his remarks on Dr. Leffingwell by saying “But all of these facts are still not enough to explain the tremendous effect Forrest Leffingwell had upon anesthesiology and its membership. Some catalyst, some aura about him had to be there to provide this attraction. It came to me finally that the answer in one word was “Americana” ... he had an unabashed and abiding love for this country. Forrest was grass roots Americana. He had to struggle for everything. He could understand the values some people stood for. He was always searching because he had integrity. He respected the integrity of others.”

Dr. Betcher remembers that Dr. Leffingwell lived life to the fullest, in the joys of travel, the company of friends, the love of family, his enthusiasm and

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emotional responses to the accomplishments of others. The recollections of his life show a good man doing good work. The Administrative Secretary of the ABA, who worked with Dr. Leffingwell for 14 years, may have said it best: "What can one say about such a wonderful, kind, unflappable but concerned human being? In my book he was about the nicest person ever to walk the face of the earth." We should all be so lucky as to be remembered in words like these. Dr. Leffingwell died October 27, 1969, at the Annual Meeting of the ASA House of Delegates in San Francisco, two days before he was to receive the ASA Distinguished Service Award.

With that example of professionalism, I'd like to offer some reflections on "My Profession." It will be personal, but I think it is representative of the experiences of many of you.

While I was doing other things, I guess, the subject of professionalism has become the object of lively debate. Recently, Doug Bacon, editor of the *ASA Newsletter*, lamented the fact that some anesthesiologists are giving tutorials, apparently, to other physicians on how to dress poorly. His argument was that societal expectations of professionals included adherence to some proper dress code.

I suspect that the population of those who expect doctors, particularly anesthesiologists, to dress like lawyers and bankers is dwindling. The type of clothing worn to medical meetings, the theatre, the opera and ballet, and most restaurants has undergone a downward shift from snazzy to casual to grunge. I believe that the appearance and the trappings of professionalism are a consequence, not a cause, of what truly constitutes professionalism. I should confess that throughout my life as an anesthesiologist I wore a necktie and coat or jacket to work, but that was in a day when our specialty had not arrived at the level of acceptance it enjoys today.

A small industry seems recently to have arisen in the professionalism area. Books, lectures, journal articles, and task forces converge on the topic. The works usually take one of the following forms:

1. Professions in general—defining characteristics. Comparisons with other occupations and methods of doing work such as trades, crafts, guilds.
2. The medical profession, specifically. Characteristics, history, current forces in conflict with medical professionalism. Doom and despair.
3. How to teach, how to measure, how to sustain professional behavior and attitudes in medical practice. Charters, lectures, tutorials and exhortations, rituals, symbolism, shaming, public posturing.

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4. Professionalism in anesthesiology—what factors might make anesthesiology less professional than medicine generally? What kind of person selects it and why? Is there a clear set of personal qualities, communication skills? Is anesthesiology a perfect example of the conflict between medicine as a scientific enterprise and medicine as a sociological one? How and why do we teach professional values and behavior?

I want to touch on all these issues, but I'll pay particular attention to **my** profession. I will put my comments in the context of my own experiences and observations.

One of my first exposures to professionalism of any kind was to the teaching profession. **Mr. Poole** was my high school biology teacher some 57 years ago. I did a paper in his class on the digestive system and he not only gave me an A+, he wrote "almost as good as a medical student could do." It never occurred to me to ask how he would know what a medical student could do, but I was encouraged to think what had before that time been unthinkable—could I actually be a medical student? Note, I was not hoping to be a physician—that was too much to contemplate, even if it is the logical consequence. But a medical student! All of my parents' reverential remarks about doctors, the little science kits as Christmas presents, the kids doctor bags with sugar pills, stethoscopes, and bandages, seemed to fit with a new possibility—this was something I might actually be able to do. Mr. Poole was one of the very few people in my life who encouraged me to think and dream bigger. I think that that's where my professionalism began. Mr. Poole taught in the same high school for 50 years and when he retired a few years ago, he took up volunteer work. I suppose in many ways he represents to me professionalism as a teacher.

I would like to begin with a definition of professionalism in general. Then I will give some historical background. I will acknowledge the forces impacting on the medical profession today; I will discuss professionalism in the medical specialty of anesthesiology; and I will conclude with predictions and advice. That's my favorite part, partly because it's at the end and I'll be done, and partly because I can pretend to be wise and know the answers.

Professionalism: a form of *work*¹ in which *theory-based skills*² and abstract knowledge are *acquired*,³ *maintained*,⁴ and *applied with discretion*⁵ by a *self-regulating, disciplined association of practitioners*⁶ *holding themselves forth*⁷ as *dedicated*⁸ to *servicing the interests of others*⁹ and *benefiting society as a whole*.¹⁰ By using these terms, I mean

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1. Work: Use of power
2. Theory-based skills: Abstract knowledge based upon principles founded upon scientific information and scholarly study
3. Acquired means the results of structured education; guild-like training
4. Maintained means commitment to continuing education and demonstration of proficiency
5. Applied with discretion: Put to use appropriately, using judgment
6. Self-regulating, disciplined association of practitioners: refers to credentialing or authorizing body with a high degree of power/autonomy
7. Holding themselves forth: Proclaiming to the public and colleagues by oath and reputation
8. Dedicated: Voluntarily bound by oath and expressed values
9. Serving the interests of others: Altruistic
10. Benefiting society as a whole suggests a commitment to social justice, the commonweal.

Even though it might be a bit cumbersome, I think this is a useful definition of professionalism. I think that it is superior to that of Leroy Vandam, who, in a 1973 article, defined **professionalism** as a “calling in which one **professes** to have acquired some special knowledge used by way of instructing, guiding, or advising others or serving them in some art.” Tautologies bother me.

When historians promise you a bit of background, they usually intend to bring you back to the beginnings of recorded history. If we as a profession claim a tradition of professionalism, we should know what we’re talking about. So settle back—it is time for your history lesson. I have found another way to put people to sleep.

The earliest professions were religious figures, priest-rulers, those who claimed to be able to interpret the natural world and to be able to influence or control it. From this came religious ritual, divination, and sacrificial rites. From this also came the thoughtful observation of the world around us, the speculation on causes and significance that became philosophy and natural science. It involved celestial observations and recording of both the regularity of the movements of the celestial bodies and the attempts to explain or interpret the sometimes baffling irregularities—comets, eclipses, and the like. The next professionals were those associated with the law. Rulers, judges, and lawyers preserved order and justice in society.

The medical profession usually claims its beginnings with Hippocrates in 5th century BCE Athens, cleverly avoiding the historical reality of the Code of Hammurabi over 1,000 years earlier by which medical practitioners risked being mutilated for adverse outcomes—it included a fee schedule and

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provisions for chopping off hands. Interestingly, Babylonian physicians could charge higher fees to the rich and powerful.

Hippocrates' works were probably the compilation of many others, and which ones are authentically his will probably never be known. His chief contribution was to take health and sickness out of the hands of the gods and the supernatural and to base his system of understanding health and illness on reason and the organic. In his day there were many healers and health practitioners—mid-level, alternate medicine, unqualified, unregulated types. He advocated a more coherent professional identity for the art of medicine that he based upon the scientific principles of the day: the Empedoclean elements—earth, air, water and fire—and their counterparts in the humors of the body—blood, phlegm, yellow bile, and black bile. Restoring harmony to the internal elements of the body was the goal. He publicly professed a set of standards of medical practice based upon thoughtful observation, environmental consciousness, and respect for the patient. He counseled his followers to a lifetime of study and service and blameless personal behavior. He brought more than quality to the healing arts—he brought dignity and an appreciation of the importance of **reputation** to the physician. He was also said to be willing to teach anyone willing to pay.

There are some provisions of the Hippocratic tradition that deserve further inspection: His oath was more than a commitment to serve others. It was an agreement between student and teacher. It bound the student to keep **secret** the knowledge of his craft, to teach the master's sons for free, and it created an indebtedness to the master and his sons. It proscribed interventionist medical care, forbidding cutting for the stone or abortion. The Hippocratic oath was **not**, however, part of an enduring medical tradition; it was first used in Europe in 1508 and was **not** a regular part of the training of medical students until after World War II. Oh, and "*primum non nocere*—first, do no harm," is not a part of the original oath. The resurrection and employment of Hippocrates to authenticate the medical profession in the 19th and 20th centuries is a reasonably good example of the ways in which the past is conveniently appropriated to serve the interests of the present.

The Oath as a pledge to serve patients has undergone many changes over time and has only achieved significance for medical school graduates in the 20th century. Apollo, Aesculapius, and other divines have been dropped from the modern version. One can certainly sympathize with Hippocrates' desire to be helpful to patients when there was so little doctors could offer. Herbal medicine was barely known, the pharmacopoeia was empty, surgery was not offered and active interventionist treatment was discouraged. Medical practice then was largely that of an environmental consultant.

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After Galen in the 2nd century CE, who seldom missed an opportunity to exalt himself at the expense of his medical colleagues, there was little evidence of a tradition of medical professionalism.

Islamic medicine revived medical practice in the 11th and 12th centuries by restoring knowledge of ancient medicine to Europe, but aside from a few luminaries, it would be hard to identify a continuous presence of medical professionals much before the 19th century. True, medicine was taught in the universities of Europe in medieval and early modern times, but the output of physicians was small and the abilities of graduates to influence outcomes of sickness and disease were slight. More than 90 percent of those entering as medical students left without a degree. The real benefit of medicine allying itself with the university was to encourage the continuity and progress of medical education and the conservation of medical knowledge.

Most medieval medical education was of a guild nature, not university—it consisted of five to seven years of study under a master and licensing by a guild. For the elite, the goals were a university education, an academic degree, ratification by princes or municipalities conferring rights, and protecting against competition by apothecaries and barber-surgeons.

The Royal College of Physicians was established in 1518 London by Henry VIII to protect the interests of medical practitioners in the city. It was a monopoly, and few benefited aside from the physicians. The College was a “gentleman’s club,” to the extent that a physician could be considered a gentleman at that time. As the fortunes of the crown decayed in the 17th and 18th centuries, physicians lost status by their dependency upon it and their association with it.

After the Reformation, learned men who used Latin risked being linked with the papacy and anti-Christ. Latin, the international language of the Middle Ages, was being replaced by the vernaculars as nationalism grew. A cynic observed that of the three professions associated with the use of the Latin language, the clergy monopolized man’s soul, physicians his body, and lawyers his property and rights.

Physicians held themselves forth to a very select number in society and to other professionals at this time as men committed to mastering a body of knowledge in order to serve the health and well-being of patients. But they were also seen as protectors of a hidden body of knowledge and their monopoly seemed in some ways against the best interests of the commonwealth. Sir Francis Bacon thought that **profession** was the same as **occupation** and had a low opinion of physicians. In *The Advancement of Learning* he said that the common view was that doctors were in competition with witches and old

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women, that they preferred to consider themselves poets, humanists, statesmen, clergymen, antiquaries, or merchants rather than physicians, “and no doubt on this ground, that they find that mediocrity and excellency in their art maketh no difference in profit or reputation towards their fortune; for the weakness of patients, and the sweetness of life, and nature of hope, maketh man depend upon physicians with all their defects.” Bacon was a champion of the new science and empiricism in the 17th century, experimentation, and inductive reasoning.

What about the scientific revolution and its effects on the practice of medicine? Nothing much changed in medical practice after the two major discoveries related to medicine in the scientific revolution: William Harvey’s discovery of the circulation of the blood and the invention of the microscope by Janssen. Nothing transformed the actual practice of medicine very much until the 19th century discovery of anesthesia and the baby steps of surgery becoming a respectable craft. But the rise of a tradition of scientific medicine presented problems for the prior tradition of medicine as a “profession.” Empirical science objectifies nature; the traditional sociological role of the physician has become radically transformed by the knowledge he possesses today and the therapeutic modalities at his disposal.

From guild to college to profession to trade association—medicine has had all of these identities. Medical professionalism has not been consistent through time nor has its growth been steady and progressive. A uniform system of medical education and a standardized curriculum only appeared in the late 18th century. At the time of my birth, with so little to offer, doctors were looked to to explain the possible causes of illness and to tell the likely outcome: **diagnosis and prognosis** were all there was, with little power to change the course of the disease.

At the time of my birth, medical education consisted largely of instruction in catalogs of disease with almost no effective remedies. There was a tendency for the physician in practice to “blind the patient with scientific jargon” and in mechanistic ways to place the disease above the patient. Rituals of scientific, diagnostic medicine spelt out the message that care was being dispensed. Those treatments that were prescribed gave the impression that something effective was being done. Some cynics said that the principal benefit of dispensing drugs at that time was that it improved the likelihood of collecting fees.

Dr. McDermott would like to acknowledge Eliot Freidson, M.D., who wrote some of the materials upon which he relied in preparing his lecture.