Attitude and the 21st century doctor

The irrepressibly global nature of health care in the 21st century is more apparent than ever, manifesting not just through outbreaks of infectious diseases and spread of antibiotic resistance, but also through the flourishing of non-communicable diseases and growing planetary problems such as climate change.[1] Much attention has been devoted to the design of a medical curriculum suitable for the future,[2] which gives rise to three especially important questions. What is the role of a modern doctor, how can medical schools meet the needs of a modern doctor, and how should a doctor's responsibility to the individual patient be reconciled with others beyond the clinic—locally, nationally, and globally?

Professional medical bodies increasingly emphasise the importance of doctors understanding the global context of health and their role as advocates;[3,4] however, issues such as climate change show just how divisive this debate is.[5] Increasingly, the causes of ill health lie beyond the direct medical sphere of health care, yet doctors have to mop up the array of problems in which a wide range of communicable and non-communicable diseases flourish.

The burgeoning body of evidence on the social determinants of health, coupled with research findings from the behavioural sciences, highlight just how much health is affected by the environment. WHO's 2008 Commission on Social Determinants of Health[6] was a landmark document presenting empirical evidence that could be used to change policy worldwide. The work pointed out to a diverse range of stakeholders that health, encompassing traditional medical risk factors such as smoking, obesity, and hypertension, is intrinsically entwined with local circumstance, including wealth, housing, and job security. Within the medical profession, the extent to which doctors should address these social factors is an ongoing debate.

This discussion is taking place against the backdrop of a transition from paternalistic medicine, where "doctor knows best", to patient-oriented care. In many countries, this change encompasses a backlash against the authority of the medical profession as a whole. Although there is a degree of resistance towards addressing non-medical risk factors, both from within and from outside the medical profession, the need for a strong, unified voice for health care at all levels of social and political discourse has rarely been greater than it is today.[6] 35 years ago, pioneer of modern general practice James McCormick[7] described the medical profession's "commitment to people" and warned off the tendency to reduce the role of a doctor to either "father figure or plumber". Awareness of this false dichotomy—doctors can be "plumbers" (ie, perform clinical duties), thinkers, and advocates—is more important than ever. To work with patients in an equal relationship aligns perfectly with the duty of a doctor towards patients and their role as advocates for change, both within the work place and within the local, national, or global community.

Health cannot be considered in isolation, and neither can the role of a doctor be regarded as detached from the widely varying determinants of health. Of course, the extent to which medical practice aligns with local needs differs between nations; the increasing overmedicalisation and commodification of health care in high-income settings contrasts sharply with the more community-based health focus of others.[8] *The Lancet*'s Commission on Medical Education,[2] a collaboration between 20 of the world's leading medical professionals, proposed a shared vision that "all health professionals in all countries should be educated to mobilise knowledge and to engage in critical reasoning and ethical conduct so that they are competent to participate in patient and population-centred health systems as members of locally responsive and globally connected teams".

At the heart of this vision is a change in the attitude of the 21st century doctor—underpinned by a change in emphasis within medical curricula—that shapes the way knowledge and skills are acquired and practised. This change in attitude surrounds many issues: to provide patients with the best possible health care on the basis of need, and to advocate for change when the right to health care is withheld; to ensure that hospitals are performing well and that concerns of the workforce are heard and acted on in a transparent manner; to not just treat the patients turning up at your door, but to address the underlying reasons for their illness, including the inequalities in health care throughout society; to ask questions, such as in whose interest the so-called brain drain of health-care workers from low-income countries to high-income countries is; to address the

global inequalities in health, including equitable access to drugs and medical care; and to take responsibility for humanity now and in the future. With problems such as climate change, one must not hide one's head in the sand, but advocate on account of justice as well as the cobenefits of low-carbon lifestyles.

Breadth and depth of medical knowledge combined with clinical acumen will always be at the heart of the medical consultation. However, doctors must be encouraged and empowered to tackle ill health and injustices as they enter an era when all doctors serve as "societal doctors",[9] and not merely siphon these duties off to the public health professionals.

As new roles of doctors are established and new curricula are unveiled, the medical profession would do well to pay heed to the words of KR Sethuraman: "The physicians of tomorrow are taught by the teachers of today using the curriculum of the past". Such a trap must be avoided. The common bond of humanity can unite health-care delivery and doctors around the world, but for this bond to succeed, the whole profession must be on board.

Anand Bhopal
School of Philosophy, University College London, London WC1E 6BT, UK
anand.bhopal@doctors.org.uk

I declare no competing interests.

1 Horton R, Beaglehole R, Bonita R, Raeburn J, McKee M, Wall S. From public to planetary health: a manifesto. *Lancet* 2014; **383:** 847.
2 Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010; **376:** 1923–58.
3 Danish Health and Medicines Authority. Seven roles of physicians. Copenhagen: Danish Health and Medicines Authority, 2014.
4 Royal College of Physicians. How doctors can close the gap. RCP policy statement 2010. London: Royal College of Physicians, 2010.
5 Godlee F. Climate change. *BMJ* 2014; **349:** g5945.
6 Commission on Social Determinants of Health. CSDH final report. Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: World Health Organization, 2008.
7 McCormick JS. The doctor: father figure or plumber. London: Croom Helm, 1979.
8 Harris M, Haines A. Brazil's Family Health Programme. *BMJ* 2010; **341:** c4945
9 American Medical Association. Declaration of Professional Responsibility: medicine's social contract with humanity. *Mo Med* 2002; **99:** 195.