COMMENTARY

Defining Professionalism

"Oh, Dr. Powell, you don't want to come to this," she said. I turned to look at the resident behind me as I held the door to the auditorium open for her. We were walking into a noon conference, mostly aimed at the residents but occasionally visited by attendings. She recognized me as a new attending at that academic center. But she could not have known anything about my prior activities elsewhere with various committees on medical ethics, health law, and ACGME (Accreditation Council for Graduate Medical Education) requirements.

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The title of the noon conference, "Professionalism," had sparked my interest. I'd looked forward to it all week. So I just smiled, shrugged my shoulders, and followed her in.

In 2 decades, I've worked in 13 states and 24 hospitals, the whole gamut from rural solo practice to academic meccas. She had been a resident for only 2 months, but she knew her residency program. She had given me wise counsel. It was not the first time that I've ignored it.

What I listened to was a 50-minute litany of all the unprofessional things residents were not supposed to do. The residency director droned on as I winced and thought of Robert Fulghum's "All I Really Need to Know I Learned in Kindergarten." Great book, and a fun read that would require less time than this noon conference and deliver the same message.

I sighed and sank deep into my uncomfortable auditorium chair, figuring that this exercise was legal CYA so that, if a resident misbehaved, the powers that be couldn't be sued by patients or by a resident who was expelled. It's a product of the "No Child Left Behind" mentality. Count me out.

The mementos on my bookcase didn't come from meeting the minimal standards. I leave remediation of problematic colleagues and pupils to others. Management isn't my forte. I strive to inspire the best to become better and let the rest chase after those examples. My favorite teachers gave that same inspiration to me on a "pay it forward" basis. I am trained in quantitative physiology. I believe that in medical care, nothing truly replaces getting the diagnosis correct and the treatment right. But enveloping that science is professionalism.

Currently, the definition of professionalism that I find most succinct is "doing the right thing in the right manner." It's the stuff beyond the pathophysiology. Some have described it as the art of medicine, although I often find that the term "art" is used (and misused) to describe many other things, such as tailoring medical care to an individual patient rather than utilizing an evidence-based approach.

In medical education, professionalism has been referred to as the hidden curriculum, with elements from law, ethics, and the humanities. It is more than dress and demeanor, although a physician and part-time actor colleague of mine points out that an actor – when she or he puts on a costume and takes on a character – temporarily lives the part. He urges medical students to put on the white coat and "act like a doctor until it is part of your nature." Fake it 'til you make it. That is prudent advice to a third-year medical student, but for an experienced practitioner there is much more for which to strive.

That noon conference poses one of the critical issues of professionalism: Do the codes of a profession define misconduct, or aspirations? The Hippocratic Oath contains elements of both. But which emphasis serves society better?

The residency program director where I worked previously focused on misbehaviors. The chair where I work now asks, "What would excellence look like?"

The St. Louis Post-Dispatch ran a series of articles during the week of Dec. 12 characterizing the state's board as weak in its disciplinary actions. Do we focus on the minimal behaviors that society expects of physicians (confidentiality, sobriety while working, no sexual advances, and the like), or do we channel the competent, empathic healer who is dedicated to just access and medical progress? The answer is both.

Is a profession defined by its floor or its dome? Personally, I don't walk into a cathedral to look down at the floor. ■

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COMMENTARY

Walking Toward Mental Health

"It is exercise alone that supports the spirits, and keeps the mind in vigor."
– Marcus Tillius Cicero

Every year, the multibillion dollar health and fitness industries go into high gear, pushing consumers to start eating healthfully, losing weight, and getting great physical workouts.

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As we help our patients process these messages, we must remember that the oldest and safest mode of exercise is simple and inexpensive: walking. And as Cicero suggested so many years ago, physical activity is key to mental vitality.

For example, a literature review of 29 randomized controlled trials found that aerobic exercise training has substantial benefits for neurocognitive performance, particularly aspects of attention and processing speed, executive function, and memory (Psychosom. Med. 2010;72:239-52). In addition, a study using male college students either running on a treadmill or cycling on a stationary bike for 50 minutes at 70%-80% of maximum heart rate found that exercise of moderate activity activates the endocannabinoid system, leading to exercise-induced analgesia (Neuroreport 2003;14:2209-11).

And in yet another study, researchers used a microarray to identify a profile of exercise-regulated genes in the mouse hippocampus. They found that exercise upregulates a neurotrophic factor signaling cascade that has been involved in the actions of antidepressants (Nat. Med. 2007;13:1476-82).

Physical exercise keeps the brain active. A randomized controlled study of male patients with chronic schizophrenia and matched healthy subjects found that hippocampal volume is plastic in response to aerobic exercise (Arch. Gen. Psychiatry 2010; 67:133-43).

At least two recently published studies corroborate these correlations between physical activity and mental health. A group of Norwegian investigators, for example, examined the associations between frequency, duration and intensity of physical activity, and physical and mental health among 4,500 adults ranging in age from 19 to 91 (Med. Sci. Sports Exerc. 2010 Dec. 1 [Epub ahead of print]). Fifty-six percent of the participants were females, and 40% were less active than recommended by international guidelines.

The investigators analyzed the participants' health-related quality of life measured by the Short Form–8 Health Survey. Frequency and duration were assessed by items validated in HUNT (the Nord-Trøndelag Health Study), and intensity was measured by the Borg Rating of Perceived Exertion scale. The findings? Exercise at any level is associated with better physical and mental health in both genders – particularly among older people.

Another compelling study looked at the connection between physical activity and mental health among undergraduate students in the United Kingdom. In this study, 100 undergraduates completed questionnaires measuring their levels of anxiety and depression using the Hospital Anxiety and Depression Scale and their physical activity levels using the Physical Activity Questionnaire. "Significant differences were observed between the low, medium, and high exercise groups on the mental health scales, indicating better mental health for those who engage in more exercise," the investigators wrote (J. Ment. Health 2010; 19:492-9).

Finally, the American Psychiatric Association's recently updated practice guidelines for treating patients with major depressive disorder point out the benefits of exercise in improving the symptoms of mood disorders (doi:10.1176/appi.books.9780890423387.654001).

So what should we tell our patients?

Basic recommendations from the American College of Sports Medicine and the American Heart Association suggest moderately intense cardio 30 minutes a day, 5 days a week.

Aerobic exercise is clearly beneficial for mental health. However, I like to encourage walking for our patients, partly because this form of exercise is safe, flexible, and relatively inexpensive. At a pace of 3.5 miles per hour, a person could walk 2 miles in 35 minutes. This, if done every day of the week, would meet recommendations offered by the ACSM. And, of course, the benefits of exercise go far beyond promoting mental health. Exercise also reduces the risk of chronic diseases such as heart disease and type 2 diabetes (which we must monitor given ties between metabolic syndrome and some antipsychotics).

More research is needed on the benefits of exercise for those with psychiatric disability. Factors to consider are the extent of psychiatric disability and the effects of psychiatric medications that affect human physiology. Such complications could make prescribing appropriate exercise – other than walking, that is – a difficult choice. Caution: Promoting daily exercise can prove injurious to the pharmaceutical industry! But that's a topic for another time.

We must preach the benefits of exercise. Simple walking on a routine basis will lead to giant strides in mental well-being. ■

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