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THE PHYSICIAN: PROFESSIONAL OR ENTREPRENEUR

By May of 1990 when I first traveled to Kyoto and met Dr. Kazumasa Hoshino, he was already organizing his Third International Bioethics Symposium (Hoshino, 1991). He was, by then, not only a distinguished physician of Kyoto University, he was also an internationally recognized leader in the study of bioethics. He has been particularly insightful in recognizing the national uniqueness of the conceptualization of the roles of patient and health care provider and the various bioethical traditions that surround them. Perhaps it is because of his experience with and understanding of the traditions of Western medicine that he has been so helpful in articulating the uniqueness of Japanese medical relations.

While recognizing and expressing some degree of empathy with the American patients' rights movement, he understands and helps Westerners understand why the individualism, self-determination, and demands for bluntness in communication, which are consistent with the American ethos, do not fit the core values of Japanese culture. His sympathetic exegesis of the Japanese concept of *was* – which he associates with the terms *conciliation*, *concord*, *unity*, *harmony*, *submission*, and *reconciliation* – has helped Westerners understand a very different cultural foundation for a patient-physician relation (Hoshino, 1995a; 1995b; 1997, p. 19).

In an effort to continue the international comparative work that he has stimulated, I would like to examine the emerging controversy over the health care provider's role. In particular, I would like to examine the recent debate over whether the physician is best thought of as a *professional* or as an *entrepreneur*. I hesitate to do so since I have learned just enough of the Japanese culture in my study of and visits to Dr. Hoshino's land to understand that those very terms probably do not pose the issue properly for the Japanese mind.

I. PROFESSIONAL AND ENTREPRENEUR: THE CONCEPTS

It is common in English-language writing on health care in Japan, as well as in the United States and other countries in which English is the primary

language, to refer to the physician as a medical *professional*. Increasingly, however, we are recognizing that health care is big business and that the physician must also be a master of the business of his or her practice. While *profession* is sometimes used as a synonym for occupation, those who worry about the moral and conceptual relations of “physicianing” usually have something narrower in mind when they call the physician a professional. A *profession* is distinguished from the world of *business* by several characteristics. Sociologists of the professions identify these characteristics as including the possession of a systematic body of theory, authority to define problems and their treatment, community sanctions to admit and train its members, and a culture including institutions for carrying out its function (Brieger, 1995, p. 1688, citing work in the 1950s by Ernest Greenwood). From the point of view of biomedical ethics, however, the definitive characteristics of a profession are the responsibility for generating and enforcing its own code of ethics and an essential altruism. These are symbolized in both Western and Eastern traditions by the physician’s moral commitment to the welfare of the patient. This core ethic is seen in both the Hippocratic Oath (Edelstein, 1967, p. 6) and the Japanese “Seventeen Rules of Enjuin” of the sixteenth century (Veatch, 1989, pp. 140-41; Bowers, 1970). The Japanese code, for example, specifies that the physician should not strain to become famous and should not rebuke the patient even if he does not compensate the physician with money or goods. He should be delighted if another physician succeeds in treating the patient after he has failed.

This altruism is central to the professions – the priest, the teacher, as well as the physician. Hence the Japanese term often used for the collectivity of physicians is *seishoku* or “sacred profession”. The primary objective of the professional is not self-profit, but service to others. Of course, professionals, like all humans, must receive compensation, but their primary focus is on promoting the welfare of the patient.

As the economics of medicine have become more conspicuous and health care costs have become a more dominant concern, the entrepreneurial aspect of the practice of medicine has become much more visible. Of course, physicians who survived in their profession always had to pay some attention to the economic dimensions of their small businesses, but recently in the West, especially in the United States, physicians have come to be perceived (and sometimes to perceive themselves) as business people or entrepreneurs, running financially

lucrative commercial operations with self-interest as a legitimate part of the agenda.

I am not knowledgeable enough to do anything more than make suggestions and raise questions about the Japanese conceptualization of the physician's role. Dr. Hoshino would be far better at addressing the question of whether this professional/entrepreneur distinction also applies in Japan. I have heard it said, however, that some social critics have suggested that "physicianing" has become more an art of mathematics (*san-jyutsu*) than an art of humaneness (*jin-jyutsu*), implying that the physician's economic calculations are sometimes gaining a more central spot in Japan as well as the West (Kimura, 1991, p. 239). The famous mid-twentieth century leader of the Japanese Medical Association, Taro Takemi (1994, pp. xxv-xxvii), has even suggested that these concerns go back into the Edo era. In honor of Dr. Hoshino, whose *jin* is never to be confused with *san*, I want to explore this shift from the role of professional to that of entrepreneur, focusing primarily on the practice of medicine in the United States and its Western precursors, but also raising some questions about how Eastern traditions conceptualize this role.

II. FROM CRAFT TO PROFESSIONS TO BUSINESS: WESTERN CONCEPTIONS OF THE HEALING ROLE

While many assume that the Hippocratic ideal constitutes the origins of medicine as a profession in the West, there is much evidence that Hippocratic medicine was much more of a craft or trade. The famous physician/historian Ludwig Edelstein begins his essay on "The Hippocratic Physician" by stating, "The Hippocratic physician is a craftsman" (Edelstein, 1967, p. 87). He continues:

As a craftsman, the physician of antiquity is classified socially as a businessman. While the modern doctor, in spite of the payment he receives, is not on the same social level as the other craftsmen who, like him, are paid for their services, the ancient physician is the equal of the other craftsmen and thereby occupies a low position in society (Edelstein, 1967, p. 87).

The Hippocratic writings advise the physician to refrain from taking on patients with hopeless, incurable conditions. This advice is given, at least in part, to avoid having blame attach to him for the failure, thereby

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