

GUEST EDITORIAL

What constitutes Altruism in the present medical context?

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Altruism is one of the core components of medical professionalism as specified by the American Board of Internal medicine (ABIM) in their 'Project Professionalism' document (Stobo, J., Kohen, J., Kimball, H., LaCombe, M., Schechter, G., & Blank, 1995). Conventionally in the medical context, it was understood as a selfless concern for patients without the expectation of an external reward (Xiao et al., 2021) almost bordering on self-sacrifice (Harris, 2018). Even the feelings of self-satisfaction and gratification were questioned when considering this service to others. This imparted an almost messiah-like image to the doctors for a long time, which they had to strive to uphold and were bound to fall short. They were doomed to harbor guilt for and thus hide a profit-based motivation to practice (O'Riordan, 2019). As altruism seemed to be more of an optional characteristic not everyone could sustain rather than an obligatory one, this led to a debate in medical circles and in literature on whether to retain this attribute as a part of professionalism (Harris, 2018). In the current reality of economically driven doctor-client relationships, improved patient awareness and empowerment, malpractice, dread of litigations and the recent concern about doctors' health and balance in their personal-professional lives (Burks and Kobus, 2012), it has become imperative to redefine and clarify altruistic behaviours necessary for the practice of medical professionalism.

In recent years there has been a renewed interest in a more feasible concept of altruism tailored to the present-day world. The Enlightened Self-Interest in Altruism (ESIA) model proposes a mutually beneficial doctor patient relationship, balancing the interests of both for improved patient health, potentially health care services (Vearrier, 2020).

Based on this model, doctors do not necessarily need to give up their fee, sacrifice their free time and family commitments or give blood donations as a manifestation of professionalism; these practices being of a higher, more optional level. Rather, a more realistic approach to practice altruism requires prioritizing patients' interest but also identifying one's individual capacity and making a conscious effort to balance work-life commitments

in this regard. Such a balanced altruistic approach may be more effective and sustainable in the long run (Sajjad et al., 2021).

Small day to day practices of facilitating patients beyond the professional obligation can benefit patients leading to their satisfaction and regard for medical profession, be more achievable and gratifying for doctors too. This may also include substituting an alternative treatment for patients who can't afford a certain treatment rather than denying it altogether. Promoting a workplace altruistic culture with organized team efforts for altruistic activities based on a commitment to prioritize patients' interest at all times is desirable (Sajjad et al., 2021).

This may include activities like generating ward funds for needy patients and having a system of backups in situations where doctors have a personal or family emergency or commitment. All this should be guided by the system for an effective professional workplace attitude, rather an individual's responsibility (Li, Kirkman and Porter, 2014) or the cause of judgement of an individual's altruism.

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