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Module 4: Professionalism, elitism and healthcare

# Reading Comprehension

## Professional codes of Physicians or Medical Societies

The professional codes of Physicians or Medical Societies are issued by professional societies and organizations. They are even issued by state authorities. These professional codes of Physicians and Medical societies are based on the marked emphasis on cures and goals for the health care sector. They are developed using the language which is more general and understandable by the majority. The generality of the language is linked with confusion and ambiguities. They are also based on the anticipation of changes in healthcare practice and organizational patterns. There are many differences in these codes. For example, they are not interlinked with each other and many times they even not cover all the dilemmas and situations.

The most pressing problem of such codes is that they come in conflict with professional requirements. These professional codes are not ethical because they tend to bring results. These codes are not ethical as they bind together many social groups and they deviate professionals from their core motivation. Some situations show the ethical nature of such codes. For example, these codes express motivations, desires and aspirations of some groups. They intend to promote harmony, dedication and principled behavior. The purpose of these ethical codes includes their application in actual situations, assign symbols to various professional organizations, removing inconsistency and conflicting nature of some ethical norms.

## Models for the doctor-patient or scientist-subject relationship

The models for the doctor-patient and the scientist- subject relationship includes Code, Contract and Covenant. The models of these codes dates back to the medieval ages. From that time onwards, codes have served the purpose of regularizing the medical treatment throughout the times. These codes were made and officially announced by the governing authorities of that time. Contracts on other hands are different from what Codes are. They differ from one profession to another, and at times they come directly in opposition to each other. Finally, Covenants are totally in contrast to what codes and contract are. According to covenants, any physician who has received knowledge as a gift has to pay back it to other people by “healing and curing them”. Critical Thinking

## Desirable and undesirable characteristics of each model

### Code

The desirable characteristics of code include written form and official proclamations, traditional guides and mentioning of the exact rules for medical processes. These codes also include the exact knowledge and technical proficiency. Whereas, the undesirable characteristics of codes include the use of special languages which are in some cases not understandable by present time medical professionals. The obligation of secrecy associated with such code also accounts in the undesirable characteristics of this model. Ancient codes related to health care encompass flaws related to medical queries. For example, these codes may solve medical confusion at one time but remain silent on others.

### Contract

The contract is related to some latest forms of medical principles. The desirable characteristics of the contract include the symmetrical notion. This symmetry is related to the services the medical professionals offer and for what they are paid for. Similarly, some other desirable characteristics of the contract include timely provision of medical facilities, proper health care structure and a kind of state supervision or regulation. There are some undesirable characteristics of the contract. For example, the medical professions in present times have become more deliberate. Individuals who get into the medical profession prefer carrying over an individual approach rather than being a state tool.

### Covenant

Covenant is beneficial majorly. It reflects the true spirit of health care provision perceived by many individuals in the early history of mankind. The health care practitioner of these days takes this for granted. They consider this form of the model as unmanageable in the present times.