Professional Autonomy:  
A New Perspective for Relating with Clinical Practice Guidelines

Kiichiro TSUTANI and Michiyuki NAGASAWA

Graduate School of Pharmaceutical Sciences, The University of Tokyo

Abstract: The relation between physician discretion and clinical practice guidelines is a typical issue in malpractice lawsuits, however, little attention has been paid to this issue in terms of general context. Due to this limited perspective, the relationship has been seen as opposing. To propose a new perspective with which these guidelines are viewed, we historically review the terminology on physician discretion. Secondly, we analyze usages of the terms, focusing on the concept of freedom, the essence of professionalism, and the bibliometric data of the terminology. Thirdly, the findings are explored to show that the relationship can be restructured from one of opposition to a mutually indispensable relationship through the medium of professional autonomy.

Key words: Professional autonomy; Positive freedom; Self-governance and self-regulation; Clinical practice guidelines; Mutually indispensable relationship

Introduction

Funded by the Ministry of Health, Labour and Welfare (MHLW), clinical practice guidelines in Japan started to be developed for five diseases in 1999. Guidelines for seven diseases were added in 2000, four in 2001, four in 2002, and two in 2003.1) In the task of compiling these guidelines, discussion about the issue on how to coordinate clinical practice guidelines with the discretionary authority of physicians was nonexistent, though there existed political discussion which organization would lead the EBM movement in Japan.2) Historically in Japan, the former issue on physicians and guidelines has been discussed within the limited context of medical malpractice, i.e., in negative and specific cases where physicians have been sued for negligence. Thus, it was quite natural for this issue to remain unaddressed in the discussions about developing guidelines at that time.

This article is a revised English version of a paper originally published in the Journal of the Japan Medical Association (Vol. 129, No. 11, 2003, pages 1793–1803).
However, the issue of clinical practice guidelines versus physician discretion should not be limited within the context of litigation. This is because the guidelines greatly affect clinical medicine. How physicians balance the guidelines against their discretion is critical in their daily practice as they are disseminated. Therefore, it is meaningful to study the relationship between clinical practice guidelines and the discretionary authority of physicians in a more positive and general context.

The objective of this paper is to propose a new perspective for restructuring the relationship between the discretionary authority of physicians and clinical practice guidelines in the general context. Our proposal is that the concept of professional autonomy is one of perspective. To make this proposal, one of the commonly used terms on physician discretion in Japan, “purofesshonaru furiidamu,” will be historically reviewed in comparison with professional autonomy. Secondly, using the concept of positive freedom, the essence of professional autonomy will be analyzed. Thirdly, a new relation between the medical profession and clinical practice guidelines will be identified based on the result of our review and analysis.

**Historical Review**

**1. “Professional freedom” in Japanese**

Physicians have used the term, professional freedom, to denote noninterference by government authorities or external parties. The late Dr. Taro Takemi, former JMA president, translated and utilized this English term to support his viewpoints; and subsequently, the translated Japanese term, “purofesshonaru furiidamu,” took on a significance of its own and it has continued to be used by many in Japanese health care circles to this day.

Dr. Takemi became the president of the JMA in 1957 and served in that office for 25 years. During his tenure, he also served as the WMA president from 1975 to 1976. The term, “purofesshonaru furiidamu,” first appears in his report entitled, “Development of Health Care, Professional Freedom and the Law,” which was written in 1979. This report pointed out that the classical definition of professionalism was diminished in malpractice lawsuits and that the health insurance system was put into effect largely because of the passive sense of professionalism. It stated, “The law has strengthened its control without hesitation, thereby infringing on a classical profession . . . . The modern medical profession should not remain in a position of unassertiveness, but should actively pursue creative activities . . . .”

The report interpreted any interference of physicians’ practices as unfair control of physician discretion. Dr. Takemi recognized that the conventional means of realizing professionalism were insufficient to eliminate this control and it was necessary to pursue true medical professionalism. Dr. Takemi described this situation in his report as “the need for ‘purofesshonaru furiidamu,’” where he was specifically referring to the need for active pursuit of freedom in the medical profession. In 1982, his report was revised and published by the Legal Department of the JMA.

**2. Original usage of the term by Dr. Takemi**

For a quarter of a century, the term “purofesshonaru furiidamu” has been used in Japan, notably in situations where the MHLW has interfered in the medical profession or where the physician has refused to be dictated to by the patient. Some Japanese physicians even deny the need for clinical practice guidelines based on the concept of this term. But as explained in the previous section, the original meaning of this term did not signify negative freedom, which denoted escape from interference. It meant something active and positive.

In the 1982 article, “purofesshonaru furiidamu” was defined as follows. “The classical definition of freedom in the medical profession was diminished in the name of public welfare. We must reinterpret freedom as the
source of positive activities that will enable us to fulfill our responsibilities. This is what ‘purofesshonaru furidamu’ is all about. Therefore, it is clear that the original usage of the term did not refer to negative freedom, but positive freedom.

However, “purofesshonaru furidamu” has been mainly used to indicate negative freedom rather than positive freedom since its initial use. Part of the reason for this is apparent. Although Dr. Takemi pointed out the importance of positive freedom, he tried to promote measures in his actual suggestions to eliminate external interference. Consequently, many physicians in Japan interpreted the term to refer to negative freedom.

What Is Professional Autonomy?

We have shown that “purofesshonaru furidamu” has an original and present meaning, i.e., positive freedom and negative freedom. Then, how does it differ from the English term, professional autonomy? To answer this question, we firstly detail the differences between negative and positive freedom to find the essence of the latter. Secondly, we examine the essence of professionalism. Thirdly, comparative usages of “professional freedom” and “professional autonomy” are investigated to quantitatively augment our argument.

1. Two concepts of freedom

Since the time of ancient Greece, innumerable philosophers and thinkers have discussed two concepts about freedom, namely negative freedom and positive freedom. They are generally differentiated according to the following.

Negative freedom is defined as the act of escaping the interference of external parties. It focuses on the range of choices that can be made by an individual without any interference. In contrast, positive freedom focuses on whether the choices are truly made by the individual. Positive freedom is defined as acting on rationale rather than impulse. In other words, when action is based on rationale, the individual indeed makes that choice and can enjoy positive freedom. Thus negative freedom can be summarized as noninterference and positive freedom as self-control.

Negative freedom can also be defined as the availability of choices, and positive freedom as the ability to make choices. When viewed in this way, negative freedom is freedom that protects an individual from those who impede his choices, whereas positive freedom is freedom that enables an individual to be governed by his self by limiting the range of choices.

According to the commonly held interpretation of freedom by Immanuel Kant, positive freedom is decision-making that is governed by the universal laws of self-reasoning. Since the individual is governed by the self, this becomes “Autonomie” through practical reasoning. Thus, the essence of positive freedom is self-reasoning or self-governance, and it can be plainly described using the term, autonomy.

2. Self-governance and self-regulation

It is well-known fact that professions are organized into groups. These groups foster and qualify their members as professionals; and they are self-governing. These groups also take disciplinary action against the misconduct of members; and they function as self-regulating entities. They are seen as autonomous based on these two characteristics.

Despite the differences which existed between countries, the self-governing and the self-regulating characteristics of these groups were especially conspicuous prior to the modern age. With the advent of the modern age, the national governments have granted certifications or licenses to the professions in many countries, and the educational function of the professional groups has been limited to fostering the technical skills of their members after they acquired their credentials. The power to take disciplinary action against professionals has also increasingly fallen under the control of the government.
To this day, however, the professions are responsible for creating and abiding by their ethical standards. In this respect they continue to be autonomous. According to Eliot Freidson, autonomy is the only element that separates the professional and the nonprofessional.\(^\text{10}\) He states that from autonomy or self-direction, all other elements that encompass the definition of the professional are, in truth, deductive.\(^\text{11}\)

The essence of positive freedom is autonomy and autonomy can also be clearly found in the essence of professionalism. Autonomy represents positive freedom and autonomy is the validation of the professional. The term, professional autonomy, is symbolic of this fact. Thus in principle, professional autonomy denotes positive freedom or self-control, while professional freedom denotes negative freedom or noninterference.

It can now be understood how Dr. Takemi’s original usage of the term “purofesshonaru furiidamu” is relevant. It is rational for professional groups such as a physicians’ organization to extol its positive freedom due to the very nature of the organization. Moreover, it is also desirable in terms of public interests for the profession to be aware of their role in society and to remain unflagging in their autonomy. An example of this is the JMA approval of public disclosure of patient records and the establishment of relevant ethical standards in 1999.\(^\text{12}\)

In short, “purofesshonaru furiidamu” equals professional autonomy in its original usage of positive freedom. If Dr. Takemi had paid attention to the English term, professional autonomy, and translated and utilized this term as “purofesshonaru ootonomii,” it would have been more straightforward and easier to understand; and a more far-reaching understanding of the terminology would have been cultivated in Japan.

Nevertheless, due to the flexible usage of professional autonomy, this term is also used to denote the concept of negative freedom partly because the self-governance often requires noninterference. To understand the significance of this term more accurately and to strengthen our argument, it is necessary to utilize quantitative data.

3. Quantitative data

We investigated the global usage of the term, professional autonomy, in comparison to the term, professional freedom. The frequency with which the two terms were used in health care was observed by investigating the number of papers published in academic journals that have used these terms. Using the method known as the bibliometric analysis of time series, the number of academic papers for each year was searched. MEDLINE of Ovid Co. was used in the search starting from January 1, 1966 to December 31, 2002. Our search was conducted on May 2, 2003.

In using MEDLINE, attention was paid to the search field. The search thesaurus known as Medical Subject Headings (MeSH) does not list the term “professional freedom,” while the term “professional autonomy” has been listed since 1992. Thus, if a paper which did not contain the term “professional autonomy” broadly related to the subject of professional autonomy, it was assigned the MeSH and counted. Consequently, when the MeSH was included in the search field, a total of 4,415 papers for “professional autonomy” and a total of 29 papers for “professional freedom” were observed.

The search field was then restricted to only
this period supported medical ethics or self-regulation by using the term, professional autonomy. Secondly, the term, professional autonomy, was used to combat the inroads made by managed care and advocate physicians’ self-governance. This result squares with the fact that managed care began to thrive in the United States at the end of the 1980s and strengthened its advance in the health care sector during the first half of the 1990s.

It was also found that the number of papers discussing the issue on how to secure quality care was relatively high from 1979 to 2002 and the number has been rising. We observed that the term, professional autonomy, in the selected papers was used to explain the theme on improving the quality of care by self-regulation. Papers about the autonomy of the nursing profession in the health care sector were also occasionally found.

These findings suggest that the topics on medical ethics and managed care are the major cause in the increased number of papers from 1994 to 1997 and the topic on the quality of care is the major cause in the overall increased number of papers. To make certain of this theory, a search using the terms of “medical ethics,” “managed care,” and “quality of care” was carried out and the number of papers for
each term was investigated. The results were plotted in Fig. 3. The number of papers containing the term “medical ethics” peaked from 1994 to 1996; the number of papers containing the term “managed care” peaked from 1996 to 1998; and the number of papers containing the term “quality of care” showed an overall increase.

The Physician and Clinical Practice Guidelines

Our review and analysis thus far clearly indicate that positive freedom is vital to the profession and the term, professional autonomy, signifies this fact. Based on this result, how is the issue of clinical practice guidelines to be addressed? It is evident that the relationship between the physician and clinical practice guidelines can be restructured from the perspective of professional autonomy. “Purofeshonaru furidamu” has hitherto served as the physicians’ theoretical justification to cast off the guidelines. However, the direction of this justification would be reversed, if we substitute the term “professional autonomy” in place of “purofeshonaru furidamu.” This can be explored from the side of responsible for formulating clinical practice guidelines and from the side of that will use them.

1. Formulated by the medical profession

Positive freedom denotes freedom that can be achieved only when decisions are made by the self. It is suggested that physicians enjoy this freedom only when they actively participate in the decision-making process with regard to clinical practice guidelines. From the perspective of autonomy, it is also desirable for the profession to formulate guidelines to regulate its members, to improve professional quality, and to earn the trust of society.

Since clinical practice guidelines affect society in general, the process of formulating guidelines must be kept transparent. The participation of methodologists, clinical epidemiologists, biostatisticians, pharmacotherapy specialists, librarians, informationists, patients, public institutions, and other relevant parties is advisable. Nevertheless, from the perspective of professional autonomy, the contribution of the medical profession is a requisite. The attitude of physicians who are against formulating guidelines is inappropriate as a professional.

2. Used by the medical profession

All physicians cannot be directly involved in the task of formulating guidelines. Thus, what becomes significant is their application. Autonomous decision-making is also achieved when physicians use these guidelines in their daily clinical practice. Repeated critical study of the guidelines through their actual use by physicians will expedite the revision process. This process will enable decisions to be made by the rationale self rather than by fixed ideas and biases.

The more revisions will require the more involvement of medical professionals in formulating guidelines. Thus, the guidelines can be advanced through these two stages. Skillful coordination between the formulators and users will be the key to the future evolution of clinical practice guidelines.

Conclusion

In this article, we have attempted to restructure the opposing relationship between physicians and clinical practice guidelines that currently exists. By reviewing and analyzing terminology usages, we found that the attitude, “guidelines aren’t needed because we’re professionals,” is irrelevant, and the mindset, “because we are professionals, we must act as the nucleus in developing guidelines,” is relevant. Physicians are recognized as professionals because they have autonomous guidelines. Clinical practice guidelines do not become meaningful until they are formulated and used by physicians. Hence, we conclude that the relationship between physicians and clinical
practice guidelines can be restructured to become mutually indispensable through the medium of professional autonomy. The future of clinical practice guidelines depends on the professional awareness of physicians.

REFERENCES

1) Accessible at http://www.ebm.jcghc.or.jp.
5) Kant, I.: Grundelgung zur Metaphysik der Sitten, 1785; Der Begriff der Freiheit ist der Schlüssel zur Erklärung der Autonomie des Willens.
6) Kant, I.: Die Metaphysik der Sitten, 1797; Einleitung in die Metaphysik der Sitten I.
7) Kant, I.: Grundelgung zur Metaphysik der Sitten, 1785; Von dem Interesse, welches den Ideen der Sittlichkeit anhängt.
8) Kant, I.: Die Metaphysik der Sitten, 1797; Einleitung zur Tugendlehre II.