ABSTRACT. Professional autonomy is often described as a claim of professionals that has to serve primarily their own interests. However, it can also be seen as an element of a professional ideal that can function as a standard for professional, i.e. medical practice. This normative understanding of the medical profession and professional autonomy faces three threats today. 1) Internal erosion of professional autonomy due to a lack of internal quality control by the medical profession; 2) the increasing upward pressure on health care expenses that calls for a health care policy that could imply limitations for the professional autonomy of physicians; 3) a distorted understanding of the profession as being based on a formal type of knowledge and related technology, in which other normative dimensions of medical practice are neglected and which frustrates meaningful communication between physicians and patients. To answer these threats a normative structure analysis of medical practice is presented, that indicates which principles and norms are constitutive for medical practice. It is concluded that professional autonomy, normatively understood, should be maintained to avoid the lure of the technological imperative and to protect patients against third parties' pressure to undertreatment. However, this professional autonomy can only be maintained if members of the profession subject their activities and decisions to a critical evaluation by other members of the profession and by patients and if they continue to critically reflect on the values that regulate today’s medicine.

KEY WORDS: benevolence, constitutive rules, formal knowledge, normative practice, pluralism, professional autonomy, world view

INTRODUCTION

Today and in the near future, the central health care policy issue in the Western countries will be how to guarantee a minimal level of health care for everyone. This problem cannot be solved without considering the role of physicians and the decisions they make. In other words, the debate on cost containment in health care cannot avoid a confrontation with the issue of professional autonomy. This is clearly demonstrated elsewhere in this issue by the papers on professional autonomy in some European countries [18, 27, 34].

Two main approaches to the concept of professional autonomy can be distinguished. The first is an empirical-sociological one, with the concept
of professional autonomy pertaining to the actual power or competences of physicians within the health care system. This approach is dominant in disciplines such as medical sociology. It can demonstrate the actual power of professions, and consequently serves a critical function. This approach highlights the fact that professional power is a societal reality with important implications [11, 13, 23]. And it shows that professional pretensions can have a veiling function, which are not necessarily borne out in professional practice.

But this approach cannot point in the direction of the effectuation of professional pretensions. Is a high degree of professional autonomy a necessary condition for excellent task-fulfilment by professionals? What are the limits of this autonomy? In order to answer these questions, another approach is called for. We call this a normative approach.

In this second approach, the concept of professional autonomy is considered a professional ideal and related to a standard of excellence for a particular profession. These standards can be found among lawyers, notaries, health care workers, accountants and so forth. All these professions involve personal services marked by a high level of confidentiality. The professional has a duty of secrecy and has to comply with supreme discretion.

The difference between a normative and an empirical approach is that the former provides a view of the professional ideal or profession standard. It addresses the duties and obligations of a profession, over against its claims.

In this article, we will focus mainly on the second approach and present a normative view of the profession and of professional autonomy.

THE PROFESSIONALISM IDEAL

Before presenting a normative view of the medical profession, let us clarify what we consider to be characteristic of this profession. (Since we do not focus here on professions in general, but only on the medical profession, we confine ourselves to this profession.) In agreement with other authors, we consider three features to be essential. First, a profession is marked by a high degree of “control over the determination of the substance of its own work” [11, p. xvii]. Secondly, a profession is centered around a highly specialized body of knowledge and thirdly, each profession provides a service which is highly appreciated by society and in which a high degree of confidentiality between professional and client is required [13, 23, 36].

A normative view of the medical profession centers around a normative ideal, which we call medical professionalism. It has been noted above that