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The doctor-doctor relationship

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The doctor-doctor relationship: professional criticism

Vijay Thawani

Medical ethics is a path illuminated by principles to guide members of the medical profession in their dealings with each other and with their patients. Here, I concern myself with the doctor-doctor relationship, which is under severe stress. I refer to negative professional criticism of one's colleagues, a practice which damages the profession and its reputation in the larger community.

Like other members of society, doctors are caught in the pursuit of money and prestige. Like any other economic enterprise, medical practice too is vulnerable to groupism and power struggles. As a result, doctors can knowingly or unknowingly behave in a manner that detrimentally affects the position of their colleagues. They must respond to this problem by re-establishing ethical principles, because self-regulation is better than forced external controls through laws.

The medical scriptures

Various codes, both ancient and modern, have spoken on the doctor-doctor relationship, identifying the duty to one's colleagues as well one's duty to the community at large. Both ancient India and ancient Greece speak in general terms of honour and moderation. "Your speech must be soft, pleasant, virtuous, truthful, useful and moderate...must be mindful in whatever you do," warns Sushruta Samhita. "Even when you are learned and proficient, do not show off." Hippocrates' oath declares: "Now if I keep this oath and break it not, may I enjoy honour, in my life and art, among all men for all time; but if I transgress... may the opposite befall me." The World Medical Association's Declaration of Geneva calls for all doctors to accept that "My colleagues will be my brothers... I will maintain by all means in my power, the honour and the noble traditions of medical profession." The code of the Indian Medical Association is explicit: "The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honour of the profession and accept its self-imposed discipline. They should expose without hesitation, the illegal or unethical conduct of fellow members of the profession."

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Professional criticism

Positive criticism can be made in an environment which invites criticism, when doctors seek peer review, when professional associations appoint ombudsmen — all with the intention of analysing current medical practice and using people's suggestions for self improvement.

It is perfectly appropriate to quote a misdeed if the purpose is to change the quality of professional practice. Sometimes, the context deserves a suitable example — such as referring to the Lentin Commission's findings against doctors' misdeeds. It is also necessary when one must object to unethical work, such as reckless and unauthorised experiments in xenotransplantation. Criticism may be used to warn against possible misadventure, such as criticising attempts at human cloning; or potentially dangerous human trials of drugs for investigators' personal gains. It can be used to expose inhuman trials, and the doctors and organisations associated with such activities, such as the use of an anti-malarial drug to chemically cauterise the uterine endometrium. Criticism of irrational practice is also essential, whether of drug utilisation, prescriptions, investigations or other interventions. It may also be necessary to publicly oppose irrational statements made by medical professionals.

All these are attempts to change medical practice for the better. They do not amount to negative criticism.

In negative professional criticism, on the other hand, fault finding serves no other purpose than to express ill will, affect the interests of others, and tarnish the image of one's professional colleagues.

High risk situations

There are many situations in which doctors can get entrapped in professional criticism. The following are some commonly noticed situations where professional criticism is most likely to occur.

One can be called to express one's views about a colleague or subordinate during the course of a medical audit, or in a professional enquiry in a medical board or because of a consumer complaint. During a peer review procedure — editing a manuscript, conducting post examinations — one can be tempted to make comments on one's colleagues. The doctor must take due care to express the opinion confidentially, without a confrontationist attitude, and in a way that does not malign the colleague. The purpose of expressing one's opinion is to correct the problem, not enter into an enmity.

Another situation can arise when a patient comes to you for a second opinion or specialist advice or for an alternative/complementary form of treatment. Such visits are often misused to vent one's individual bias about the competence of other practitioners or schools of treatment. Reserve such comments for professional discussions in academic fora. The consumer has come to you to get the best advice. Do not give him the worst of our profession — the habit of criticising others. This will only result in the patient losing faith in the profession.

If there is a difference of opinion over the diagnosis, or when the patient has been referred by a general practitioner to a specialist, do not criticise the other professional to establish your superiority. The patient has been referred to you because you are believed to be more competent in that subject. Desist from using him or her as a medium to spread criticism of fellow professionals.

When your patient sees another doctor during an emergency, or because

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you are otherwise not available, do not criticise the other professional's decisions. Be thankful to the doctor for having taken care of your case in your absence.

An honest comment offered in good faith, to promote the patient's best interests, may be justifiable. However, even this can become inappropriate criticism. Think before you speak out loud. Think again before writing such reports, ask a friend to review what you intend to report in writing to save yourself from inadvertent criticism. Remember, comments which are gratuitous, unsustainable and aim at undermining trust in a colleague's knowledge or skill are unethical.

Positive steps

There is also a need to foster healthy criticism. Promote academic debates among your peers. Utilise foras such as CMEs and medical journals to air your professional opinions.

When you see negligence

It is your professional obligation to inform the appropriate authority about a colleague whose professional conduct, fitness to practice and professional performance appears to be deficient. Unfortunately, the majority of professionals turn a Nelson's eye to such behaviour, even while they slander their colleagues informally.

If a patient comes to you with evidence of another doctor's serious medical negligence, do not get caught in the web. Advise the patient to approach a medical activist, voluntary group, professional organisation or medicolegal expert for better guidance. Do not jump to conclusions and pass judgements based on a one-sided version of the story. Understand that you are not an expert in these issues. Should you wish to become an advisor on such issues, become an activist, pursue your interests of cleansing the profession and getting justice to the needy. May God bless you.

If negligence in the profession is continuous and on-going and you feel strongly charged to correct the ills, nothing stops you from discharging your social, ethical, moral and professional responsibility of reporting such matters to the concerned for grievance redressal. You can become a party to action in consumer health fora, the courts, or local health authorities. You can bring the negligence to the knowledge of professional bodies and medical councils and be actively involved without the fear of indulging in professional criticism. It is always better that medical activists come from inside the profession, for they understand the problems of medicine better.

The right to health

On May 11, 2000, the Committee on Economic, Social and Cultural Rights adopted a General Comment on the right to the highest attainable standard of health.

The General Comment deals with a state's obligations to maintain the health of its population "to the highest attainable standard" by specifying the universal obligatory core components for every country's health system. Every state will be obliged to meet, or aim for, not only defined standards of availability, accessibility, acceptability, and quality of healthcare but also the essential prerequisites for health - a healthy environment, clean water, and adequate food and housing. Another important innovation will be the introduction of a system of benchmarks and indicators with which to monitor progress in the development of states' health services.

Article 12 of the Covenant says states recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Parties agreed to take steps to reduce stillbirth and infant mortality rates, and to work towards the healthy development of the child, as well as improving all aspects of environmental and industrial hygiene, the prevention, treatment and control of epidemics, and the creation of conditions which would assure medical services and medical attention in the event of sickness.

States were obliged to guarantee that the right to health would be exercised without discrimination. They also had obligations to take deliberate, concrete and targeted steps toward the full realisation of the right to health.

Addressing violations of the right to health, the general comment said it was important to distinguish the inability from the unwillingness of a State to comply with the obligations of Article 12. If resource constraints rendered it impossible for a State to comply fully with its Covenant obligations, it had the burden of justifying that every effort had nevertheless been made to use all available resources at its disposal, the document stated.

The general comment recognised that implementation at the national level would vary from one State to another. It pointed out, however, that the Covenant clearly imposed a duty on each State to take whatever steps were necessary to ensure that everyone had access to health facilities, goods and services so that they could enjoy, as soon as possible, the highest attainable standard of physical and mental health.

In pointing out the obligations of actors other than States parties, the document stated that the United Nations agencies and programmes, particularly the World Health Organization (WHO), were of particular importance. States parties, when formulating and implementing their right to health national strategies, should avail themselves of WHO's technical assistance and cooperation.

The Covenant has been ratified by 130 countries and is the leading legal source for the international human right to health. Every state signatory is required to make 'periodic reports' to the Committee at five year intervals.