
Opinion and Debate

Professional behaviour of doctors: are we meeting the criteria?

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Of late, assessment of professional behavior among doctors has become an essential tool for evaluation in terms of 'fitness to practice'. The Postgraduate Medical and Training Board (PMETB) of UK while assessing an application under their article 14 pays strong emphasis on this aspect through the structured reference reports.¹ Professional behavior would include; respect for others, commitment to quality, responsibility and personal integrity.² An assessment proforma designed by the Bristol Medical School for students include the point 'respect for other members of the health care team' as an important item in the check list.³ It is essential that medical colleagues treat each other with respect and courtesy while fulfilling other criteria of professionalism. Bullying and harassment among medical colleagues has been recognized to have reached alarming proportion in Pakistan which is against the code of conduct and human rights.⁴ The General Medical Council (GMC) in its document on Good Medical Practice (2006)⁵ under the caption of 'Working with the colleagues' has clearly mentioned in the exact words as "you must treat your colleagues fairly and with respect, not bully or harass them, or unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them, never make malicious and unfounded criticisms of colleagues that may undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them". Even from the ethical point of view, the 'Oath of Hippocrates' which is a professional pledge of ethical behavior compels the

physicians to abide by a code of conduct in this respect.⁶ According to the 'Declaration of Geneva'⁶ in exact words "I will maintain by all the means in my power, the honour and the noble traditions of the medical profession and my colleagues will be my brothers and sisters". With these codes and guidelines in perspective, why it is so that prevalence of such behaviour is in evidence? Pakistan is a developing country with strict religious adherence and obligation to follow the moral teachings. It is surprising therefore that the professional jealousy and issues like harassment and bullying are visible and that too among the medical fraternity.⁴ The total number of doctors in Pakistan is 132466 of which 19613 are registered as specialists.⁷ Individual professional jealousy and subsequent harassment and bullying have been reported more often among the specialists that is evidenced by an unofficial report.⁸ It appears that medical professionals have involved themselves in issues which are secondary to the main health care delivery service. The only regulatory body, the Pakistan Medical and Dental Council (PMDC) in line with other regulatory bodies of the world, emphasizes on professional behaviour as "a physician should behave towards his/her colleagues as he/she would have them behave towards him/her". The PMDC also advises the physicians not to engage themselves in harassment of any person including his/her own colleagues.⁹ With all these directions in place and promotion of medical ethics by some of the institutions, the ground reality is however, different.⁴ There has been severe criticism among colleagues for their

alleged relationship with pharmaceutical industry. The tolerance for fellow doctors is diminishing in terms of practice competition, relative fame and goodwill, clinical skills, personal attributes, position in society, personal achievements and wealth. There are reports worth-mentioning to human right commission about atrocities committed by medical professional to a professional colleague. Doctors who came to serve their country were discouraged, abused, defamed and subjected to such a level of mental torture that had compelled them to leave the country.¹⁰ Several doctors settled abroad have narrated harrowing tales about the misdeeds of their fellow colleagues. A small number of doctors shined in the country by virtue of their good professional conduct, contributions for society, ethical behavior and clinical excellence. In the public and private sector, their promotions were blocked, they were defamed, their credentials were questioned, wrong information about them was given to the press and media with the intention of sabotaging their image, they were threatened and abused both verbally and emotionally, even up to the extent of physical violence.¹⁰ In order to understand these phenomena, one comes across several explanations; as human beings, doctors too could have inherited or programmed to have all human being related good and bad qualities. One such "quality" is 'jealousy' that could touch morbid proportions when the soft target is a fellow professional. It is now being discussed in academic literature that some day the emotion of "jealousy" will occupy the psychodynamic under currents leading to serious psychiatric ailments. One such entity "pathological jealousy" has already found place in the classification systems and according to the researchers, there is proximity of this condition to obsessive-compulsive phenomena, which might respond to substances of proven value in the treatment of obsessive-compulsive disorders.¹¹ It has been hinted in the medical literature that the perpetrators may have associated personality disorder¹² and even their excessive jealousy is said to be associated with various forms of psychopathology involving the serotonergic system, which is reflected by the lower density of the platelet serotonin transporter.¹³ The paranoid trait in some perpetrators of these atrocities should attract national attention and hence it is important that a personality test be administered before granting of admission to a medical college. It is described generally that perpetrators resort to bullying and harassment in order to avoid facing up to their inadequacy and doing something about it, to avoid accepting responsibility for their behaviour and the effect it has on others, to reduce their fear of being seen for what they are, namely a weak, inadequate and often incompetent individuals and to divert attention away from their inadequacy.¹⁴ Bullying is obsessive compulsive and appears

unable to survive without current targets, which are: good at job, popular with people, having well defined values, strong sense of integrity, showing independence of thought or deed.

Looking at the issue with a psychodynamic perspective, it would reflect the side effects of internal conflicts, psychological development, personality traits and deep-rooted characteristics like paranoia and lack of tolerance in the face of personal inadequacies. Scientists have even highlighted the facts that there are structural changes and differences in the brains of those who are liars, defamers and persistently keen on sabotaging the image of others.¹⁵ Those who fall victim to harassment are liable to get disturbed psychologically and become more vulnerable to depression, anxiety and posttraumatic stress disorder, which are more serious and exaggerated in persons with a genetic vulnerability.¹⁶

Unfortunately, feudal system also operates within the profession, a group of so-called professionals do not tolerate any of their colleagues to flourish and bring good name to the country and profession. Some of the incompetent and back door entrants have tried their level best to malign the good names of their colleagues by using their trainees and juniors in asking them to write against these good doctors to medical authorities and to other agencies. A genuine medical doctor feels suffocated by these evil tactics of fellow professionals and finds it very difficult to survive. The Pakistan Medical Association in a resolution condemned such type of attitude by the professional colleagues in one of its executive committee meetings in early 2005.

Many write ups in the British journals give evidence of such pathological approach where it is very hard to see any doctor from neighboring India or other developing countries in the region that would openly attack their fellow professional colleagues. The factor of professional jealousy in Pakistan has been a big hurdle in forward movement of the medical practice. After carefully reviewing the ground realities, one wonders whether there is an inadequacy in teaching methodology of the subject of 'Medical Ethics', are the teachers not the 'role models', are the terms 'bullying and harassment' alien for medical professionals, does this matter come under 'human right violation' at all, is the PMDC ignorant about this issue, is there a way to address the mental health morbidity of those who are the victims of harassment. In our system, perhaps this problem is manifested openly as compared to the many developed countries where it is subtle. It appears that finally we have to review the genetic as well as environment make-up of the perpetrator while the regulatory body should introduce the system of practice assessment for 'fitness to practice' with

the help of structured forms and allied references aiming enthusiastically at assessing professional behavior.

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