

That Fiduciary Relationship!

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Mrs Z was received in the emergency room in a moribund state. She was tachypnoeic, semi conscious, had multiple tubings attached to her. She was accompanied by her daughter, who appeared equally worried for her mother. Mrs Z had undergone a vaginal hysterectomy, about three weeks ago at a centre which advertises itself as centre for breast, hernia and obesity issues. She was discharged home next day after surgery from the hospital, only to return back the day after for abdominal pain and diarrhoea. She was prescribed antibiotics and returned home by the surgeon. Soon these visits became frequent and the condition of Mrs Z deteriorated. She was unable to tolerate oral food, had fever and vomiting. The lack of interest on part of the primary surgeon resulted in attendant's seeking a second opinion. She was again admitted at a private tertiary care hospital but financial pressures brought them to a public sector hospital. She was seen by multiple disciplines involving surgical and medical teams, but since the primary procedure was a vaginal hysterectomy, she was shifted to the Gynaecology department. After initial stabilization, it was decided to do exploratory laparotomy. There were multiple pockets of pus through out the peritoneal cavity, along with multiple tears in the small and large bowel, which required stoma formation. After 48 hours patient required another exploratory laparotomy and died within 24 hours due to septic complications. After the first exploratory laparotomy, while explaining the situation to the daughter, I asked her the reason for going to a place specializing in hernia and breast surgery. To this the daughter replied, that she had undergone a breast lumpectomy by the same surgeon, and everything had gone well. So when her mother complained of something coming out of the vagina, she took her to the same general surgeon for the treatment. The general surgeon, being specialist in hernia and breast surgery problems, operated upon her with out realizing the complexities of surgery for vaginal prolapse.

Fiducia is a Latin word meaning trust. The word fiduciary is an adjective meaning a person on whom power is

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entrusted for the benefit of others. The Hippocratic oath clearly states that health and wellbeing of the patient should be the first priority of the doctor. Globally, all governing bodies emphasize upon beneficence and non mal-efficiency.

A patient trusts a physician that he/she will do best for her/him. This trust can not be explained in words, can not be measured, but can only be felt by both parties. It is this mutual trust which needs to be respected by the treating physician. As one bioethicist puts it in local dialect that "doctors are treated as mai baap (parents)" in our society. There are no theoretical foundations for this trust relationship. In the absence of this background, there are certain attributes of this fiduciary relationship between a physician and a patient. One such attribute is the application of knowledge for the benefit of others. Here in patient-physician relationship, patient is not only vulnerable, but is also dependent upon physician for a clear judgement. Good medical practice demands that physician keeps beneficence and non-maleficence in perspective and should consider whether intervention as demanded by patient is in patient's best interest. The vulnerability of patient is aggravated by the health condition as well as by the hierarchical physician-patient relationship. It is here that fiduciary relationship needs emphasis in the larger interest of patient. A fiduciary relationship demands that physician places interests of his/her patients superior to his/her own interests. A physician should be well aware of his/her limitations and should stay within boundaries of these limitations. In this manner a physician can strike a balance between personal and patient's interests.

Surgical practices over a passage of time have undergone massive changes. Subspeciality training has resulted in the improvement of services. Gone are the days when a surgeon could perform all heroic surgeries spanning over different specialties alone. Another attribute of fiduciary relationship is loyalty, towards the entrusted. This means the physician should act selflessly in the larger interests of her/his patient, as being in position of domination. This loyalty demands that a physician should act in the best interest of his /her patients. Similar to loyalty, is duty of care in the fiduciary relationship. This translates into provision of standard of care to the patient. As is seen in

the above case, the physician denied standard care to the patient, resulting in the death of the patient.

In conclusion, the fiduciary relationship between physician and patient arises from the confidence and trust the patient entrusts upon the physician. Now it is the duty

of physician to uphold that trust and confidence by keeping his /her personal interests away from this relationship. In the absence of governing bodies regulating medical profession and professionals, self-accountability on part of physicians can only be desired.

