



Doctor Judged

- Personal Bias affecting Professional Practice



Michelle O'Mahony

Professionalism in Specialist Registration 2016.



*“....the secret of the care for the patient is
in caring for the patient.”*

– FW Peabody

Case 1



- * Laparoscopic appendicetomy, ASA 1e.
- * 27yo male accompanied in theatre reception by 2 prison guards and he was handcuffed to the trolley railing.
- * Anaesthesia team: SHO and a senior SpR.
- * The Anaesthetic SHO was instructed to cannulate the patient and pre-oxygenate.
- * SpR “does not like dealing with prisoners”.



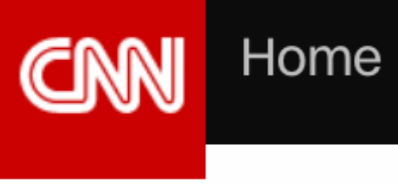
- * Following cannulation and pre-oxygenation the Anaesthetic SpR entered the theatre in full surgical gown, face mask and gloves.
- * Introduced oneself merely as the Senior Anaesthetist.





- * The patient asked why the SpR was “dressed in that gear” to which one replied in a haughty tone personal protection.
- * “For your information I’m in prison for armed burglary, I am not a rapist, I’ve never killed anyone”.
- * At this point, the SpR turned to the SHO and said “I’m not doing this, you do it”, and left the theatre.
- * Following a rushed somewhat awkward apology, and the calming influence of the prison guard, the SHO administered an uneventful anaesthesia.

DRINK SHAMING

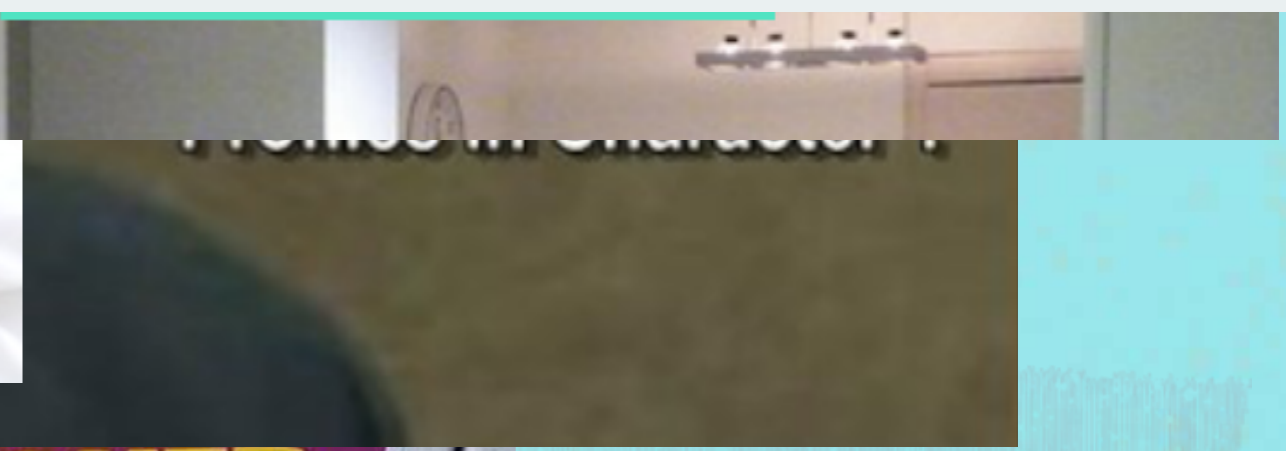


The doctor will judge you now

HAMING

By Spring Storm, Special to CNN

Is Your Doctor Judging You?



FOREIGNER
IT'S SO MUCH EASIER THAN TAKING RESPONSIBILITY FOR YOUR OWN POOR CHOICES

Gudzune et al. Patients who feel judged about their weight have lower trust in their primary care providers. *Patient Educ Couns.* 2014 Oct 97 (1) 128-131.

Wear D et al. Making fun of patients: medical students' perceptions and use of derogatory and cynical humor in clinical settings. *Acad Med.* 2006 May;81(5): 454-62.

SHAME. SHAME. SHAME.

Case 2



- * Mr & Mrs X.
- * Baby X born full term, NVD.
- * Late diagnosis of Transposition of the Great Vessels.
- * Transferred to Tertiary Paediatric Cardiac Centre at 7hrs of life.
- * En route, Mrs X received a call from a doctor to verbally consent her over the phone. Call lasted approx. 15mins.
- * On arrival, Mr X was further consented for 45mins by Consultant Cardiologist.
- * Uneventful perioperative course In IR.



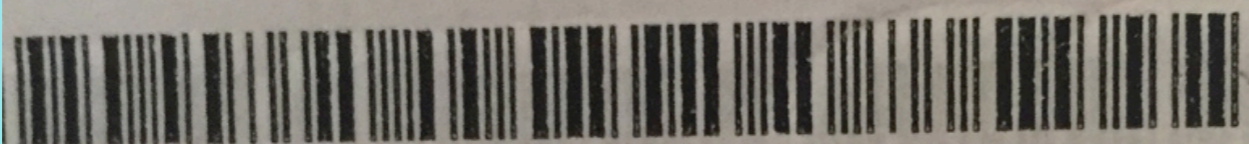
- * DOL 2, Full repair for TGV. Mr X was again consented for 80mins pre-op.
- * At some point Mr X became exasperated and stated that he understood his son would die without the surgery and may die during or after the surgery and if he survived may be left with lifelong intellectual deficits. Just please hurry up and do the surgery.
- * He was told it was important to have everything above board and cross every t, dot every i. The consent went on.
- * Uneventful perioperative course. D/C from PICU D9.



- * Throughout the hospital stay, both Mr and Mrs X felt relationships with staff were inexplicably strained.
- * At one point, Mr X noted his son's chart on a chair as he exited the room.
- * It finally made sense....



~~XXXX~~



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SOLICITORS



“I let my son down.”

“It was the first time in my life I felt ashamed of what I did.”



“She blames herself, for the late diagnosis, for the meticulous adherence to paperwork that delayed his treatment, she’s depressed, even now everytime he has another devastating functional assessment she cries herself to sleep for weeks”.

“We will always wonder if we weren’t solicitors would his treatment have been different.”

“Don’t misunderstand, clinically his care was excellent and we still think Dr X is the bees knees.”



FUNDAMENTAL RIGHTS

ARTICLE 39

Treason shall consist only in levying war against the State, or assisting any State or person or inciting or conspiring with any person to levy war against the State, or attempting by force of arms or other violent means to overthrow the organs of government established by this Constitution, or taking part or being concerned in or inciting or conspiring with any person to make or to take part or be concerned in any such attempt.

FUNDAMENTAL RIGHTS

PERSONAL RIGHTS

ARTICLE 40

- 1 All citizens shall, as human persons, be held equal before the law.

This shall not be held to mean that the State shall not in its enactments have due regard to differences of capacity, physical and moral, and of social function.

- 2 1° Titles of nobility shall not be conferred by the State.





PERSONAL RIGHTS

ARTICLE 40

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Partnership approach to patient care is stressed

© Wed, Jun 17, 1998, 01:00

ALISON O'CONNOR



Patients will expect to be treated as "equal partners" in the future, demanding more information, involvement in decisions about treatment and respect for their views.



The editor of the British Medical Journal (BMJ), Dr Richard Smith, told doctors at the WONCA medical conference that patients as partners in care would be "one of the big drivers of change" in health care.

"It seems to me that treating patients as co-equal partners is really the only way it can be; how did it get to be any other way? How is it some doctors see patients as the enemy - people who demand too much and get them up in the middle of the night?"



Foreword

Professionalism is at the core of the patient - doctor relationship and is absolutely fundamental for patient safety and the delivery of high-quality health care. The purpose of this 8th edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners is twofold. It provides principles-based guidance to doctors on a wide range of scenarios which are likely to arise over the course of their professional careers and also clarifies for patients the standards of care which they should expect from their doctor.

Having sought and received feedback from members of the public, the profession and our partner organisations within the health sector, and reviewing five years of complaints to the Medical Council, we have revised and updated our guidance to include the most pertinent issues affecting patients and doctors. As the last ethical guide was published in 2009, the updated guide reflects the evolving nature of medical practice. For example, it has been updated with some of the more contemporary issues of concern to patients and members of the profession; including guidance on social media, equality and diversity, doctors in management roles and training and trainees.

Another significant development in this guide is the extended guidance on professionalism. We have identified three 'pillars of professionalism'. These are values, principles and behaviours we expect of all doctors from the moment they enter medical school right through until retirement, so that the highest possible standard of care is provided to patients.

It is important to stress that this guide is not a legal code; rather it sets out the principles of professional practice and conduct that all doctors registered with the Medical Council are expected to follow and adhere to, for the benefit of the patients they care for, themselves and their colleagues. The language we have used has been revised to make our guidance as practical as possible and to remove any potential ambiguity so that doctors and patients are clear on what we expect. This document is designed to underpin more detailed practice guidance for doctors, who also have a duty to ensure compliance with all laws and regulations pertaining to their practice.

The Medical Council is grateful to those who participated in the consultation process. Without their valuable and insightful contributions, we would not have been in a position to reflect such a wide range of views in this guide. To this end, we would particularly like to thank members of the Ethics and Professionalism Committee, Ethics Drafting Working Group, Council and staff for engaging in such a consultative and considered process. We know from our own research that doctors remain the most trusted profession in Ireland and we look forward to supporting the continuation of this trust and satisfaction by further clarifying the standards that underpin good patient care in this guide.

Professor Freddie Wood
President

Dr Audrey Dillon
Vice President and Chair, Ethics and Professionalism Committee



Professionalism is at the core of the patient - doctor relationship and is absolutely fundamental for patient safety and the delivery of high-quality health care. The purpose of this 8th edition of the Guide to

5 Practice –

This describes the behaviour and values that support good care. It relies on putting the interests and well-being of patients first. The main elements of good practice are:

- 5.1. Caring when treating patients: showing compassion, kindness and consideration to patients and those close to them, and making sure that patients' basic care needs, including nutrition and hydration, are met.
- 5.2. Confidentiality: This is essential to maintaining patients' trust and enabling patients to speak honestly and fully about their lives and symptoms.
- 5.3. Promoting patient safety: Complying with safety procedures, such as infection control measures and adverse incident reporting, that directly affect your practice. This requires you to raise concerns if you believe patients are either at risk of, or suffering harm as a result of, systems or incidents outside their direct control. It also means acting to protect children and vulnerable people who you believe are at risk or have suffered harm.
- 5.4. Integrity: Patients must be able to trust their doctors to be honest and truthful, and to carry out their work in the interest of patients, in line with professional values. Professional colleagues and those managing services must be able to rely on you to be truthful and to act in patients' best interests at all times.
- 5.5. Self-care: Doctors are entitled to good care and support from their colleagues and employers when they suffer ill-health. However, they should make sure that the condition of their own health does not cause patients harm. You should seek and follow independent medical advice promptly when you have signs of physical or mental ill-health. You should also take all reasonable steps to protect yourself and your colleagues when treating patients who may be violent or pose other risks to the health or safety of those caring for them.
- 5.6. Practice management: Your management responsibilities will vary depending on your practice. However, you should be satisfied that the systems that underpin your practice, for example record-keeping, and organisation of rotas and cover arrangements, support good care of patients. You should improve systems, or raise concerns with an appropriate person, if you believe that administration or other systems are impeding good patient care.
- 5.7. Use of resources: All doctors should use resources responsibly. You must consider the needs of all patients alongside your primary duty to your own patients. You should actively balance these duties to try to get the best possible outcomes where resources are limited.
- 5.8. Conflicts of interest may happen where doctors, or their close family members, have financial interests in health or care providers, or in the medical devices or pharmaceutical industries. You should identify and try to avoid conflicts of interest that may affect, or be seen to affect, your clinical judgement. If you cannot avoid a conflict of interest, you should tell the patient, and anyone else who may be affected by the decision, about your financial

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understanding between the profession and good care. These principles and values,

2

Professionalism



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7 Dignity of the patient

7.1 You must always treat patients with respect.

8 Equality and diversity

8.1 Patients' cultural background and ethnicity have an important effect on their health outcomes. You should try to understand patients' culture and respond to their individual needs. You should not discriminate against patients or colleagues on any grounds⁴.

8.2 Patients have the right to be offered all treatment options that are likely to be of benefit to them.

Chapter 3: Partnership

51 Treatment of prisoners

- 51.1 Prisoners are particularly vulnerable patients. They have the right to the same standard of care and treatment as others, to respect for their confidentiality with due regard for safety and security. They also have a right to be treated with courtesy and respect. (See also paragraph 36 on continuity of care.)
- 51.2 You should take suitable precautions if you think there is a risk to your personal safety or the safety of others.
- 51.3 You must not participate in the practice of torture or other forms of cruel, inhuman or degrading procedures.²⁶ You must not assist with executions.



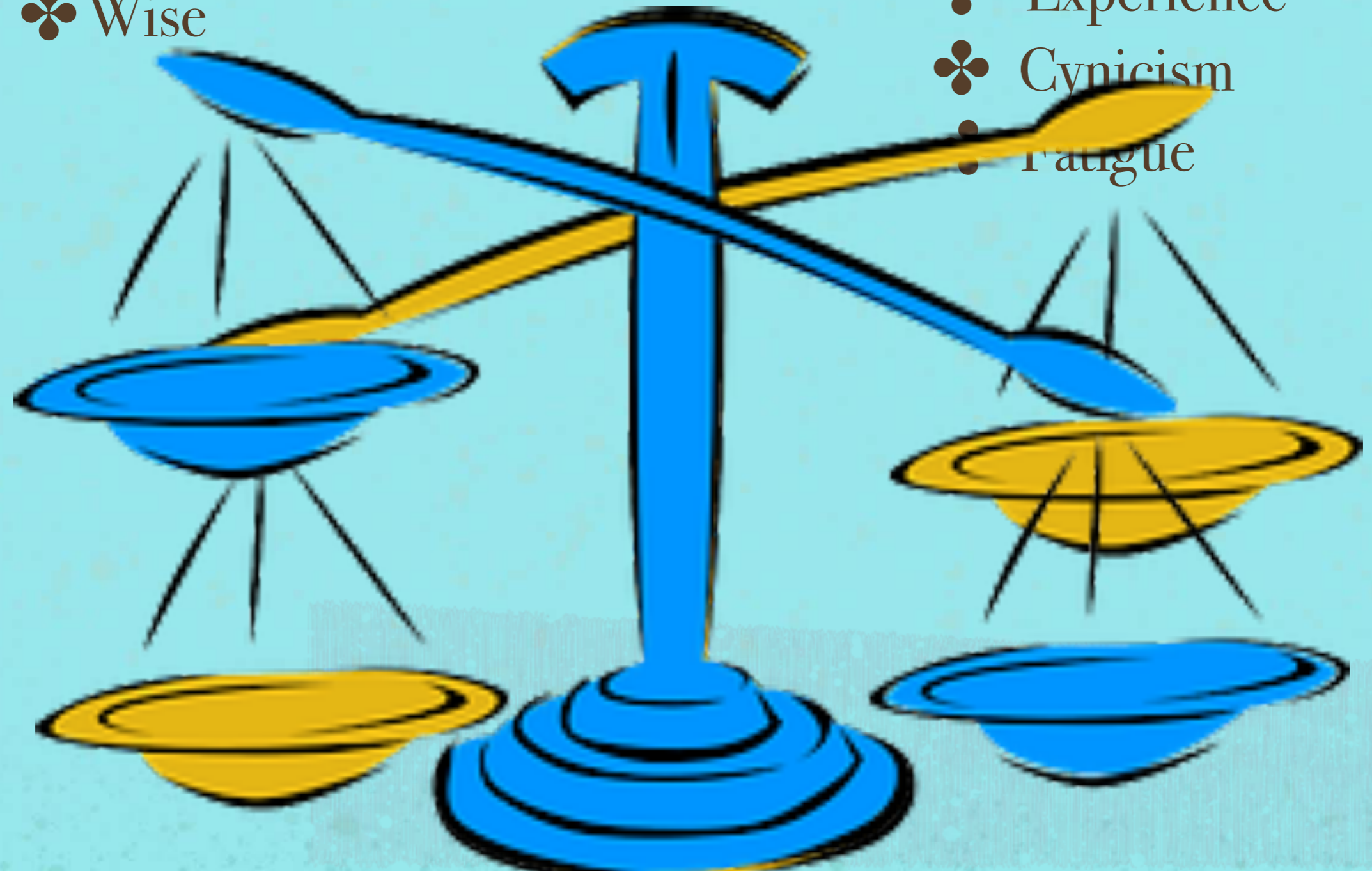
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Chapter 4: Practice



- ❖ Objective
- ❖ Impartial
- ❖ Integrity
- ❖ Professional
- ❖ Wise

- ❖ Empathy
- ❖ Compassion
- ❖ Insight
- ❖ Experience
- ❖ Cynicism
- ❖ Fatigue



Hill T. How clinicians make (or avoid) moral judgments of patients: implications of the evidence for relationships and research.

Philos Ethics Humanit Med. 2010; 5: 11

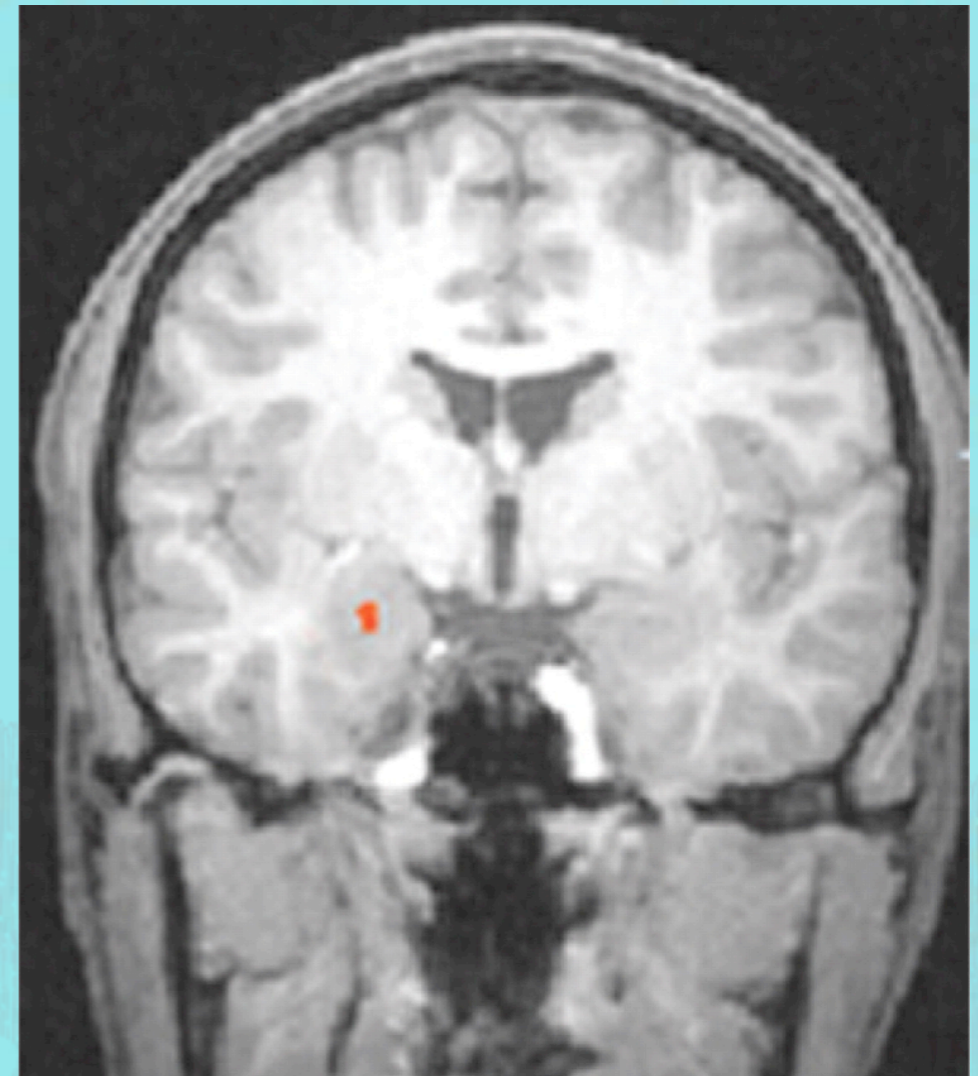


Rival neurocircuits

Wheeler ME, Fiske ST. Controlling Racial Prejudice: Social-Cognitive Goals Affect Amygdala and Stereotype Activation.

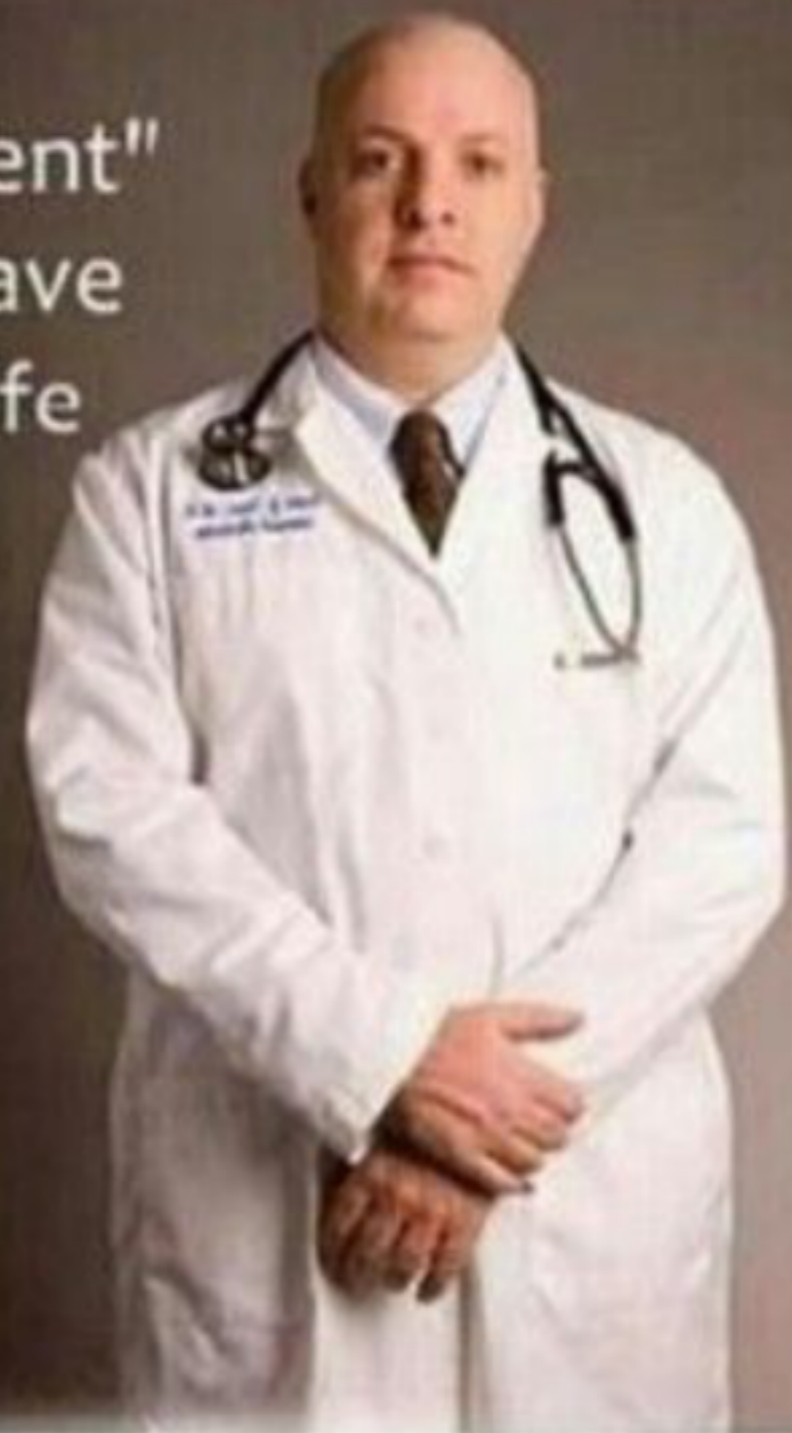
Psychol Sci. 2005, 16: 56-63,

Ronquillo, Jaclyn et al. The Effects of Skin Tone on Race-Related Amygdala Activity: An fMRI Investigation. *Soc Cogn Affect Neurosci.* 2.1 (2007): 39-44.





That
"delinquent"
could save
your life



Only a moron would assume that just because I have tats all over me, I am a loser, or drug user, a devil worshipper or that I lack morals. I work hard every day, and play just as hard at night. I pay my taxes, love God, obey the law, and hug my loved ones the same way you do. The only difference between us? I don't look down on you for NOT having tats.



Anesthesiologist trashes sedated patient — and it ends up costing her

**A patient secretly records his colonoscopy. It cost
this doctor her job.**

[ADMIN](#) | [VIDEO](#) | JUNE 23, 2015



“To be nobody but yourself in a world which is doing it’s best day and night to make you like everybody else means to fight the hardest battle which any human being can fight and never stop fighting”.

- E.E. Cummings

References



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3. Wear D et al. Making fun of patients: medical students' perceptions and use of derogatory and cynical humor in clinical settings. Acad Med. 2006 May;81(5):454-62.
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