

# Professional conduct or misconduct

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**M**edical doctors are constantly reminded to maintain professional relationship with patients. Professional misconduct can lead to censure suspension, and if of a serious nature, even removal of his or her name from the medical register.

“Infamous conduct in a professional respect” as stated in the SMC Ethical Code means “serious professional misconduct judged according to the rules, written and unwritten.” Although types of offence and misconduct are stated in many ethical codes, the underlying attributes and causes are seldom discussed. Therefore to avoid professional misconduct, a clear understanding of its underlying cause and an overview of professionalism and good professional characteristics are necessary.

Much has been written recently on the characteristics of a profession. A profession is defined as an occupation that requires special academic and practical training. The root word “profess” implies that a professional makes an open declaration of his expertise and service to society.

Professionalism as defined by the American Board of Internal Medicine requires a commitment by the physician to sustain the interest and welfare of patients above his or her self-interest. The elements of professionalism include altruism, accountability, excellence, duty, honour and integrity, and respect for others. Professionalism can be simply put as values, attitudes and behaviour expected by society of a medical profession. In the eyes of the patient, the doctor is not only expected to be competent but also kind, helpful, friendly, considerate, polite and compassionate.

The characteristics of a profession include

- Expertise in a body of knowledge and skills

- Trusteeship as guardians of this knowledge for the society
- Professional training and certification
- Autonomy and self regulation
- Ethics and code of conduct
- Service and value of performance above reward

Several underlying personal attributes, attitudes and behaviour can cause actions or omissions resulting in professional misconduct. Some of these are listed for analysis:

1. Laziness and lack of conscientiousness to carry out one's duties optimally and failure to update knowledge and improve skills. Very often the excuse of being too busy is dished for failure to fulfil a responsibility.
2. Arrogance destroys professionalism in three ways. Firstly it reduces the physician's ability to think objectively. Secondly it makes empathy for the patient difficult. Thirdly arrogance can lead to over-confidence and recklessness and failure to recognise one's own limits of professional competence.
3. Greed for wealth. When money and commercialism motivate the physician Money then takes priority over the patients' interests and commercialism leads to conflict of interest. Conflict of doctor-patient relationship is manifested by over-servicing, self-referral, acceptance of gifts and collaborating with third parties. Examples of over-servicing include inappropriate treatments, over-charging and prolonging contact with patients. Self-referral is the ordering of laboratory tests, diagnostic procedures or treatment for a patient from business in which the physician has a financial interest.
4. Dishonesty in the context of unprofessional behaviour involves lying and fraud. Lying is defined as

consciously failing to tell the truth. Fraud is a conscious misrepresentation of material fact to mislead.

5. Poor communication skills. Examples such as, not listening to patients, not explaining or giving patients information in a way they can understand, not attending to patient's queries appropriately and unable to explain or communicate with a fellow medical professional.
6. Patients confidentiality can be abused through gossiping, making casual insensitive remarks or discussion of a patient's details in public.
7. Prejudice or bias in relation to gender, race, occupation, disability, sexual orientation or religious beliefs are serious impediments to professionalism.
8. Abuse of professional position to establish an improper or sexual relationship with patients or a close relative.
9. Inappropriate aspiration for power or fame.
10. Physical or mental impairment by disease, alcohol, drugs and mental illness may go unrecognised until serious breach of professionalism or medical negligence occurs.

The medical doctor's sense of professionalism is under constant challenge from within and without. It is therefore essential for the doctor to actively re-examine and re-affirm himself or herself individually, and collectively as a profession. Let us return to the origins of medical philosophy and the roots of medical ethics as we face the challenges to professionalism in the 21st century. ■

#### References:

1. *The SMC Ethical Code, May 1995*
2. *General Medical Council Good Medical Practice, July 1998*
3. *American Board of Internal Medicine Project Professionalism, 1995*
4. *Cruess S R and Cruess R L Professionalism can be taught, BMJ 1997 315: 1674-1677*