The Professional Role of the Doctor as a Colleague

– *Cultivating Healthy Collegiality, the Forgotten Pillar of Medical Professionalism*

By Dr T Thirumoorthy, Executive Director, SMA Centre for Medical Ethics & Professionalism

Collegiality is a special relationship among and across professionals working towards a common beneficial purpose, characterised by respecting each other's expertise and abilities to contribute towards this common end. The relationship encompasses features of learning from each other and helping and serving each other in the common purpose, and the common purpose of clinical Medicine is to benefit patients' health.

The practice of Medicine has become complex and no one person is fully competent or capable of serving all aspects of patients' medical interests and welfare. Teamwork is essential and necessary in the delivery and coordination of care, as good care coordination and integration between medical teams reduce risks of medical malpractice.[1]

Healthy collegiality promotes good clinical outcomes, patient safety and quality improvement. It also promotes harmonious sharing of skills and decision making for the benefit of the patient.

Healthy collegiality is marked by commitment to the common purpose, mutual respect and trust, shared decision making in the joint care of patients, collaboration and cooperation, constructive criticism and all interactions conducted with an aim to promoting harmony. Collegiality is important in the other common purposes of Medicine as in education, research, administration and management of hospitals, and for patient advocacy and public education.

The standards governing the behaviour of medical doctors towards one another have guidance in professional ethical codes.

Section 4.3.1 (Collegiality) of the Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines states that:

Doctors shall regard all fellow professionals as colleagues, treat them with dignity, accord them respect, readily share relevant information about patients in patient's best interest and manage those under their supervision with professionalism, care and nurturing.

Sharing medical information

Doctors should share all medical information that they possess for the benefit of patients under the care of their colleagues. Raising claims of confidentiality and that one would only communicate with the patients or their families cannot be ethically supported especially when there is an adverse outcome and sense of urgency. There is both an ethical and legal obligation to share critical medical information that is likely to impact the patients and the caring doctors' ability to make appropriate medical decisions for the present illnesses and for future medical care.

Doctors in training and under supervision

Positive role modelling and mentoring have been clearly shown to inspire and impel doctors in training to accept professional values and display professional behaviours.[2] Role modelling professional behaviours by senior doctors promotes the junior doctors' self confidence and acquisition of clinical competence. Teaching by intimidation and humiliation are not only ineffective in promoting collegiality and professionalism, but often results in maladaptive behaviours, adverse outcomes and errors in medical practice.

Delegation of duties in a medical team

A senior doctor should not delegate to a junior doctor duties like providing treatments beyond the latter's expertise. Junior doctors should not undertake procedures they cannot perform with competence and confidence. Inexperience is not an effective defence in medical malpractice. The desire to please colleagues or obeying orders of seniors in the absence of competence puts patients at risk and also puts the doctors at legal risk. Senior doctors have to be especially sensitive when delegating critical duties to junior doctors, and if they are in doubt, it is best for them to attend and assess in person. Inappropriate delegation carries legal and ethical risks to both senior and junior doctors.

References and appraisals

It is essential that supervising doctors carry out appraisals and provide references to ensure completeness, accuracy and objectivity. The reports they produce must provide all relevant data on competence, performance and conduct. Couching incompetence in general terminology would be considered as misrepresentation and put future patients at risk. In such cases the supervising doctor's integrity and conduct is at risk for complaints of professional misconduct. It is of paramount importance that supervising doctors ensure that all trainee doctors under their supervision achieve competence before qualifications.

It is professional and ethical for doctors to provide objective but unflattering observations of behaviour and judgement of colleagues. This is termed "qualified privilege" in professional language. This privilege is to be exercised in good faith based on an ethical, legal and societal duty to someone who has a corresponding duty to receive it. A good example is someone serving as an expert witness in medical malpractice and disciplinary hearings. In doing so the reporting doctor must pass the test of having carried his duty in a responsible, respectable and reasonable manner.

Section 4.3.2 (Respect for other doctors' patients) of the SMC Ethical Code and Ethical Guidelines states that:

A doctor must not attempt to profit at the expense of professional colleagues by canvassing or touting for patients, improper advertising or deprecation of other practitioners.

Professional rivalry

Whether in public or private Medicine there are no business competitors, only colleagues. Although there is a component of business in private medical practice, it should be subservient to the professional component of the practice. The promotion of collegiality in private Medicine does not only help doctors to build a wider network of referring colleagues but will also enhance their reputations. It is good risk management for doctors to develop a reputation of competence and integrity among their colleagues, because when doctors face adverse events, it is their willing colleagues in the same specialty who would be able to provide medical expert reports.

The public exposure, especially in the media, of professional rivalry among different groups or specialties of doctors inevitably erodes trust and confidence in the medical profession. These so-called "turf wars" makes a mockery of medical professionalism, the dignity of the profession and collegiality. The real competition in Medicine is against disease and ignorance, and the focus of doctors' efforts is in reducing the suffering of patients from illness.

Section 4.3.4 (Comments about colleagues) of the SMC Ethical Code and Ethical Guidelines states that:

A doctor shall refrain from making gratuitous and unsustainable comments which, whether expressly or by implication, set out to undermine the trust in a professional colleague's knowledge or skills.

Colleagues and disparaging remarks

The implications of doctors making negative or disparaging remarks about their colleagues to patients have far-reaching repercussions. In a study of patients who initiated malpractice suits, 54% affirmed that a healthcare professional suggested malpractice did occur, and of this group 71% said it was suggested by the post-outcome consulting specialist.[3]

27 to 54% of plaintiffs' explicit recommendations to call a lawyer came from subsequent consulting or treating specialists, or family members who were healthcare professionals.[4] When patients and their families get conflicting messages from clinicians, not only are the patients' welfare and autonomy impaired, trust and confidence in the profession and healthcare system are eroded as well. Inevitably this increases the risk of unnecessary complaints and claims.

When patients ask to comment on or complain about the behaviour, performance or work of other colleagues, it is best for doctors to get the full picture of what happened from all stakeholders. The best strategy is to encourage these patients to engage with the original physicians directly to clarify matters. If one is the primary physician or actively treating doctor, one may offer to speak to the doctor concerned if that is going to be helpful to all concerned.

Managing impaired colleagues

Part VIII Section 67 (Duty of medical practitioner to inform Medical Council of medical practitioners who are unfit to practise) of the Medical Registration Act (Chapter 174) states that:

(1) A registered medical practitioner who treats or attends to another registered medical practitioner who is, in the opinion of the medical practitioner treating or attending to him, unfit to practise as a medical practitioner by reason of his mental or physical condition shall inform the Medical Council accordingly.

(2) Any registered medical practitioner who fails to comply with subsection (1) may be subject to disciplinary proceedings under this Act.

This section clearly outlines the legal responsibilities of doctors involved in treating other doctors.

Section 4.7.3 (Reporting doctors unfit to practise) of the SMC Ethical Code and Ethical Guidelines states that:

Doctors must protect patients from risk of potential harm posed by another doctor's conduct, performance or health. Where a doctor has grounds to believe that another doctor may be putting patients at risk, he must inform the SMC. A

doctor who treats another doctor for a condition that renders him unfit to practise has a special responsibility to alert the SMC.

A doctor who is in a supervisory capacity also has a special responsibility to alert the relevant authorities if any doctor that he is supervising is found to pose a risk to patients due to his physical or mental health or his poor standard of performance.

There are no clear guidelines as to how doctors can report impaired colleagues, and the absence of whistleblowing laws makes reporting of impaired colleagues fraught with legal and ethical difficulties. In the first instance it is best for a doctor to approach the doctor unfit to practice as a concerned colleague or get the assistance of his trusted friends. In making a formal report the general principles include: to record in writing one's concerns of relevant events, dates and times; report serious concerns in writing; write factual, balanced and a problem-based report; avoid blame or slandering remarks; seek informal advice from trusted senior colleagues (private and informal); seek advice from one's medical indemnity organisation; use formal local mechanisms like the Head of Department or Chairman of the Medical Board, before proceeding beyond the organisation. Doctors should avoid the use of emails, social media, the press or the police at all times.

Healthy collegiality

Healthy collegiality among doctors is based on mutual respect and trust with collaboration and cooperation of shared decision making for the benefit of the patients. The patients' best interest and the goals of Medicine, medical education and medical research serve as the common purpose. The display of these concepts must not only be developed but also evaluated throughout the journey of professional behaviour.

Professional behaviours marking healthy collegiality

In whatever circumstances, even in emotionally tense and difficult ones, doctors must uphold the principle of respect for colleagues and ensure that the trust and confidence in the profession is not eroded by conduct and words. The hallmarks of the profession, integrity and honour, must be always upheld.

To maintain and promote healthy collegiality, doctors not only need to know of collegial values and rules governing the relationship, but should also be taught and encouraged to exhibit healthy collegial professional behaviours (see Table 1).

Table 1

Professional behaviours marking healthy collegiality:

- Maintains composure during difficult interactions with colleagues
- Solicits and values input from colleagues when appropriate
- Completes assigned share of team responsibilities
- Takes on extra work to help others when needed and appropriate
- Shares knowledge and skills with others
- Makes valuable contribution during meetings and ward work
- Admits errors and assumes personal responsibility for mistakes
- Acknowledges the contributions of others
- Advocates for colleagues
- Aware of and sensitive to power asymmetries in interprofessional relationships
- Responds appropriately to colleagues in distress or impaired colleagues
- Aware of and displays appropriate boundaries for interprofessional relationships
- Maintains positive attitudes and motivation amid unexpected work and outcomes

Unhealthy collegiality

Unhealthy collegiality discriminates by promoting homogeneity and avoiding diversity, suppresses dissent, discussion and constructive criticism by defining them as disloyalty, and breeds complacency of standards by ignoring malpractice and impaired colleagues. These behaviours inevitably limit academic freedom and progress, and leads to a culture of groupthink (see Table 2).

Table 2

Groupthink occurs when a group desires cohesiveness and unanimity in place of the original common purpose:

- Views dissent as disloyalty
- Seeks compromise and not consensus
- Makes expedient instead of good decisions
- Ignores good alternatives
- Rationalises away dangers

Professional etiquette

The SMC Physician's Pledge mentions "giving respect and gratitude to my teachers" and "respect my colleagues as my professional brothers and sisters". There are very few remaining pieces of behaviour dictated by professional etiquette other than when a colleague falls ill and consults another colleague; deference is shown for easy accessibility and the waiver of professional fees.

Collegiality and professional bodies

The word *colleague* originated hundreds of years ago, during the time of trade guilds and lodges of craftsmen. A college is an official body of members of a profession concerned with maintaining professional standards. Colleagues are thus fellow members of the same profession or college. The preservation, promotion and development of professional standards and competence are in the realm of the professional bodies, and the main organisations in Singapore are SMA, the Academy of Medicine, Singapore and the College of Family Physicians Singapore. It is imperative that all doctors become members and play active roles in the activities of these collegial professional bodies for their own professional growth.

Conclusion

Communicating effectively and building respectful relationships among one's medical colleagues is an important obligation in achieving the goals of Medicine and building trust and confidence in the profession. Supporting colleagues in gaining competence and resolving disputes among colleagues is a vital feature of collegiality. Collegiality is the forgotten pillar of professionalism. It is time for all doctors to resurrect it for the benefit of patients, society and the profession. SMA

References

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Dr T Thirumoorthy is an associate professor at Duke-NUS Graduate Medical School.