Collegiality

By A/Prof Chin Jing Jih

Sometime last year, I met a senior doctor who had practiced in both the public and private sectors before his retirement. He lamented to me that doctors these days, whether in private, public or academic practice, are more concerned with "staying ahead and winning, and see many of their fellow doctors as rivals and competitors, rather than colleagues. In their chase for the number one spot, they become selfish and reluctant to help, share and cooperate with one another." He ended off with a sigh, "This lack of collegiality is bad for the profession, and ultimately, for patients." Although he did not elaborate with specific examples, I found myself concurring with his sentiments somewhat.

Some may dismiss his views as overgeneralisation and exaggeration. And in a way, we tend to take for granted that the medical fraternity is a happy family, bound together by common ideals and professional goals. But when I polled a few fellow doctors, they all agreed that the "kampong spirit" of respect and close cooperation in the profession has undergone a subtle but definite decline over the last decade. Disputes and conflicts seem to be on the rise among doctors, who tend to see those in their way as "business competitors" or "academic rivals". Every now and then, we hear about disparaging remarks made by one doctor about another, and frequently, to a patient. All these are rather disconcerting, and I thought perhaps the start of 2013 is a good time for the medical fraternity to revisit one of our pillars of professional Medicine, collegiality.

Historically, the word *collegiality* was used in reference to the participation of bishops in the governance of the Roman Catholic Church, in collaboration with the pope. Today, it is commonly used to describe the cooperative relationship of colleagues – those who belong to the same body of members in a profession concerned with maintaining professional standards (a "college"). The various colleges of physicians and surgeons were formed to provide an organised environment for the collective pursuit of academic interests and technical excellence in the various fields of Medicine. At its most basic, collegial behaviour encompasses doctors treating one another with professional courtesy and respect.

But collegiality in the context of medical professionalism is more than just "being cordial" or "displaying gentlemanly behaviour" to another colleague. Described by the College of Physicians and Surgeons of Ontario as a "cooperative interaction between colleagues", collegiality is a special relationship among doctors based on a common pursuit for medical excellence and a desire to provide good patient care. It is also characterised by respect for one another's professional abilities, a genuine humility to accept constructive criticisms and learn from one another, and an eagerness to help and serve one another. The Singapore Medical Council's (SMC) Ethical Code and Ethical Guidelines sum it up comprehensively: "Doctors shall regard all fellow professionals as colleagues, treat them with dignity, accord them respect, readily share relevant information about patients in patients' best interests and manage those under their supervision with professionalism, care and nurturing."

Why should physicians be collegial in their dealings with one another? What is a collegial relationship that is truly consistent with medical professionalism?

It has been said that the medical problems and needs of today's patients have become so multifaceted and complex that Medicine has to be practised like a team sport. Instead of the rare geniuses, heroes and prima donnas, quality medical care is more dependent on well-integrated and efficient teamwork, and free sharing of knowledge, skills and experiences among physicians of different expertise. Mutual trust, respect, and knowledge of each other's expertise, skills and responsibilities are all important in establishing lasting collegial relationships. Collegiality can also affect the comprehensiveness and continuity of care that patients receive. Ultimately, collegiality is needed to achieve care integration and coordination, and is instrumental to good clinical outcomes, improved patient safety and the delivery of quality care. It is, for example, this collegial relationship that allows us, when faced with a diagnostic or therapeutic challenge in our clinics or ward rounds, to consult a colleague expeditiously and conveniently. These informal kerbside consults, when used appropriately, benefit both patients and doctors. Equally important is the power of collegiality in bringing together doctors as a collective and unified voice to advance patient welfare and public interest.

In addition to patient care, a collegial relationship is crucial to other domains of Medicine, such as medical education, research, administration and management, patient advocacy, and public education. While there is no denying that competition can be a driver of excellence and a catalyst to great achievements, the neglect of collegiality can be counterproductive. Uncontrolled and intense rivalries among doctors will likely lead to a retardation of progress and productivity, as a result of distrust, wasteful duplication of efforts and inefficient use of precious resources.

As doctors exchange professional opinions in their work, be it in patient care, research, education or administration, differences are inevitable. What is essential in any divergence of professional opinion is for the doctors involved to remain objective, honest and open-minded. The professional engagement can only be sustainable if everyone remains positively collegial, with the humility to accept criticism from colleagues, the courage to admit and assume personal responsibility for mistakes, and the willingness to acknowledge the contribution of others. Without these, meaningful and fruitful engagements become impossible.

Perhaps one of the most professionally damaging behaviours, as far as lack of collegiality is concerned, is when doctors deliberately make disparaging and negative comments about their colleagues in a surreptitious manner. Some of these covert stabbings include: "Wah! Why did you wait for so long (before coming to see me)… you could have died!"; "I'm afraid Dr X is very junior and inexperienced. But now that you're with me, you are safe."; "Outside doctors cannot be trusted. They only want to earn your money."; "Government doctors – they are only familiar with cheap and old drugs."; and "Dr Y is outdated – his method was the latest… ten years ago!" Many of such comments are commonly unsubstantiated, and whether deliberate or not, are extremely erosive to patient trust, not just for the doctor who was stabbed, but for the entire profession.

The concern with the toxicity of such "bad-mouthing" of fellow professionals is well recognised by medical councils. The UK General Medical Council makes it clear in its document, Good Medical Practice (equivalent to SMC's Ethical Code and Ethical Guidelines), that a doctor "must not 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". SMC makes a similar appeal in its Ethical Code and Ethical Guidelines for doctors to "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". The guidelines further prohibit doctors from canvassing or touting for patients, improper advertising or deprecation of other practitioners, in order to advance their position or earnings.

However, we also need to be mindful of the flip side of the coin. While disparaging remarks are undesirable, doctors do have a professional obligation to make truthful disclosure or offer honest opinions to their patients when confronted with medical errors committed by their colleagues. The key is retaining one's objectivity and humility when evaluating colleagues' medical opinion and management. Medical collegiality has, in recent times, been perceived rather negatively by sceptics external to the profession, and not without good reasons. They felt that collegiality is commonly distorted and misused to mask ineffective or inappropriate medical practices, or to protect incompetent or incapacitated doctors. Doctors have been accused of being too ready to close ranks and negate their duty to report on their colleagues' professional shortcomings, or even actively providing cover-ups in formal inquiries and legal proceedings. Whether it is an attempt to protect the profession's reputation, or a case of too much "respect" for our fellow doctors, such "unhealthy collegiality" will, in the long term, undermine the trust of patients and society for the profession and its practitioners.

Collegial behaviour needs to be anchored by positive values and attitudes, and hence the need for an early introduction in the vocational training of a doctor. The need for adequate and early emphasis in our medical school curriculum becomes more obvious when we consider the academic background of our medical students – virtually all of them are individuals that have been super selected from among tens of thousands of highly diligent individuals who have been conditioned in our highly competitive education system and environment since a very young age.

It is therefore heartening to know that many medical schools are beginning to adopt and incorporate innovative pedagogies, such as team-based learning (TBL), in their curriculum. In TBL, instead of fostering competition that give undue emphasis to individual merit and egocentrism, the framework and method put students through a learning experience and environment that stress teamwork, communication, collaboration, sharing of knowledge and exchange of ideas, without sacrificing the importance of individual accountability. Positive experiences with TBL are growing rapidly, and more significantly, TBL helps to plant the early seeds of positive or healthy collegiality among the young and malleable students. I am hopeful that our future doctors, being adequately exposed to TBL, will be well rooted in collegial values and attitudes, and be better equipped with collaborative skills needed for team-based care and professional engagement.

It is therefore most fitting when doctors recite the SMC Physician's Pledge, a statutory requirement for professional registration, to make a promise to "respect my colleagues as my professional brothers and sisters." Collegiality, regardless of doctors' own personal beliefs and philosophy, is not a matter of choice, but a professional obligation to engage our colleagues in a way that benefits patient care. SMA

A/Prof Chin is President of the 53rd SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep at night is even more essential.