



Online Ethics Course

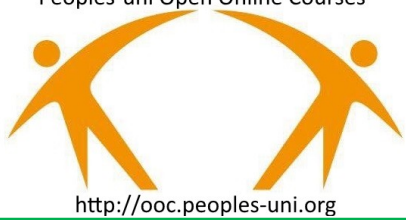
Topic 10: Questions of probity and professionalism, including honesty and transparency



Intended learning outcomes

After completing the topic, learners should be able to:

1. Explain the relevance of concepts such as probity, honesty and transparency in the context of medical practice
2. Describe how medical ethics and professionalism interconnect



Terminology

- For definitions of ethics and professionalism, see topic 3
- A more comprehensive description can be found in guidance, such as Good Medical Practice
<http://www.gmc-uk.org/guidance/index.asp>
- Honesty and probity mean essentially the same thing
 - Doctors should be honest with their patients, and demonstrate probity (appropriate conduct) in all aspects of their professional behaviour



Conduct and probity

- Nothing is off-limits
 - A doctor may be off-duty, but to some extent, s/he still represents the profession
 - Inappropriate conduct in private can reflect badly on the doctor, the profession or place of work, and a doctor who is dishonest in dealing with others, may not be trustworthy at work (a view often taken by medical regulators)



Cont.

- *Honesty* works both ways and is central to doctor-patient relationship [see topic 1]
- A doctor who withholds vital information from the patient cannot complain if the patient is not truthful in return
- Trust is central to the doctor-patient relationship



Information exchange

- Some types of information can be lawfully withheld – e.g., if therapeutic privilege is employed to protect a patient from harm, but in most situations, a competent patient (i.e., one with capacity) has a right to know her/her diagnosis, prognosis and possible modes of treatment [see topic 2]
- Cultural norms that allow family to decide what to withhold do not accord with the standard of ethics promoted by most international bodies [see topic 11]



Transparency

- *Transparency* is about being open in one's dealing with others; however, judgment is needed in order to know when to protect confidential information [see topic 2]
- Professional boundaries also have to be respected [see topic 9]
- In health care, *transparency of process* is what really matters, which includes being open about potential conflicts of interest



Cont.

- Conflict of interest can assume different forms
 - E.g., appearing to be independent and professional while representing commercial interests; writing up clinical trials and falsifying results, which is scientific fraud; failing to disclose incentives, such as when fees are split for making a referral, or incentives paid for prescribing particular drugs



Cont.

- a) Service providers that withhold vital information from patients and public to cover up inadequacies in the system are not being transparent
- b) Patients need to know what happens to their information and what they can expect from their provider (even though managers and administrators are not bound by the same ethical codes as doctors)
- c) Many countries have Freedom of Information legislation, affording members of the public to right to know about decisions and policies that could affect them



Professionalism

- Professionalism is more than an abstract concept; it acquires meaning through application
 - I.e., individual health professionals behave in certain ways, and as **persons** they display a range of different attributes, but it is **institutions** that often have to respond to the consequences of harmful, inappropriate behavior, and it is patients and/or the wider public that is most likely to suffer



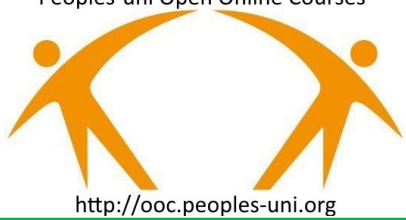
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- Professionalism is about relationships: *social* relationships that determine an individual's position within society; *clinical* relationships that influence how a doctor interacts with patients; *financial* relationships that potentially influence motivations and behaviours, and *inter-professional* relationships that determine how a doctor interacts with colleagues and adheres to ethical standards



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- If professionalism is assessed as part of a process to maintain standards in the profession, it needs to be taught, preferably at both undergraduate and postgraduate levels
- Without educational input, the dominant influence is often that of role-modelling, which may or may not provide the best models and can perpetuate the status-quo



Responding to unprofessionalism

- Questions relating to disciplinary action are normally determined locally (and/or by jurisdiction), but social and cultural norms could play a part
 - social and cultural difference can influence how things work in practice
 - professionalism needs to be sensitive to the environment in which it is tested and applied



Cont.

- when judgments have to be made on whether or not a person is fit to practise (or continue to train), clinical and non-clinical aspects of professionalism need to be assessed, which means balancing public interest (to have an adequate supply of trained health professionals) with the demands of justice, having in mind the overriding need to protect patients and ensure safe practice [see topic 12]



Professionalism and ethics

- Professionalism uses the language of ethics, and while many attributes of medical ethics are relevant to professionalism, not everything in ethics is about professional practice, and not all points of professional practice give rise to matters of ethical concern; each has its place and each has relevance to the other
- Interdependence is a good way to describe the relationship between ethics and professionalism (i.e., as drawn with two equal, overlapping circles)



Human Values in Health care

- In 2014, an international charter for human values in health care was published as part of an inter-professional global collaboration to enhance values and communication in health care
<http://www.sciencedirect.com/science/article/pii/S0738399114002729>
- The contents of this charter are closely aligned to professional values that have been discussed in previous slides



Case example

- Dr N graduated in central Asia and was practicing medicine in the UK. She copied parts of her application for specialist training in OBGYN off a colleague, falsely claiming to have been involved in charitable work in a developing country, providing forged paperwork in support of these claims. She gave further false information at interview and went on to provide misleading documentation at a preliminary hearing held by the regulator. She was doing a part-time masters in medical science degree at the time.



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Outcome:

- dishonesty found proven amounting to serious misconduct [see topic 9]
- fitness to practise medicine impaired and her behaviour found to be *fundamentally incompatible with being a doctor*
- suspension insufficient to protect public interest; immediate, permanent erasure from the register resulted, with the decision upheld on appeal; she was then unable to complete her degree, or practise medicine

Point for reflection: imagine the case is reversed, with Dr N working in central Asia having obtained her medical degree in the West. Would this case have been investigated, and would the outcome have been different?



Reading suggestions

<http://leadershipforhealth.com/workshop-january-2014/>

<http://www.issuesinmedicaethics.org/pdf/Promoting-professionalism-and-ethical-practices-in-medicine-10032014.pdf>

<http://www.ncbi.nlm.nih.gov/pubmed/25881647>

<http://jrs.sagepub.com/content/107/4/144.extract>

https://www.researchgate.net/profile/Jing-Bao_Nie_Nie/publication/273833796_Medical_Professionalism_in_China_and_the_United_States_A_Transcultural_Interpretation/links/5564013b08ae8c0cab36f59f.pdf

<http://www.unesco.org/new/en/social-and-human-sciences/themes/bioethics/ethics-education-programme/>



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