

# DOCTORS' PROFESSIONAL RELATIONSHIPS AND DUTIES

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# Objectives

- Define the doctor's duties towards self, colleagues, patients (and families), the profession, and the community in general.
- Describe the relationships that the doctor has with others during the provision of health care.
- Appreciate the significance of maintaining professional relationships with colleagues in achieving the best health care.

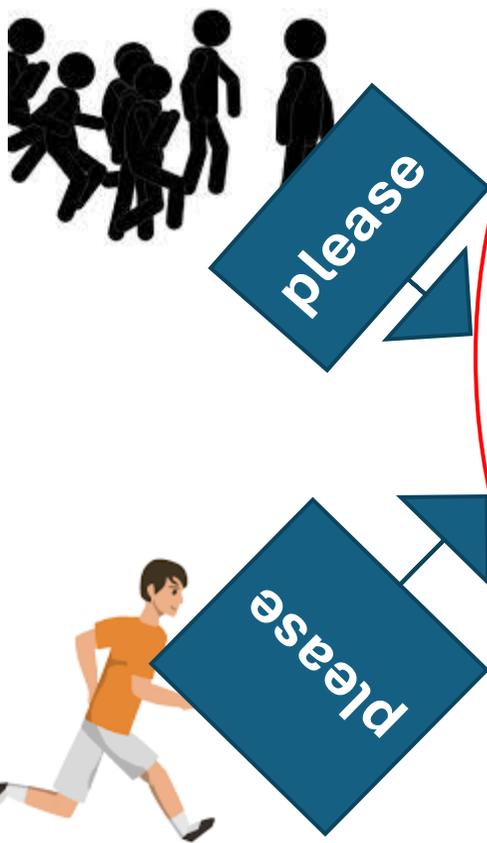
# Case scenario

On his round, the well-known surgeon Mr. XX was always keen to have all the residents and interns on his unit in attendance, in addition to other health care team members (dietician, physiotherapist, nurses, and others) to whom he always referred as the “paramedics.” During the round, he asked one of his unit’s female interns to examine a 65-year-old male patient who had had his prostate removed two days before. He asked her in a loud voice. Both the intern and the patient felt embarrassed. The surgeon stopped her when she tried to pull the curtains, as there were few other patients next to this patient who would see him being examined if the curtains were not pulled. He said, “Nothing to be ashamed of. He is a patient in a teaching hospital so he expects that you will all examine him,” then, “isn’t that right Mr. X?” talking to the patient. The intern asked the patient’s permission then examined him, and the operation site. The surgeon then asked her and the other “doctors” some questions. As usual in his round, the wrong answers were ridiculed, and the “paramedics” were never given a chance to answer. “Paramedics are to take the instructions doctors give them,” he would always say.

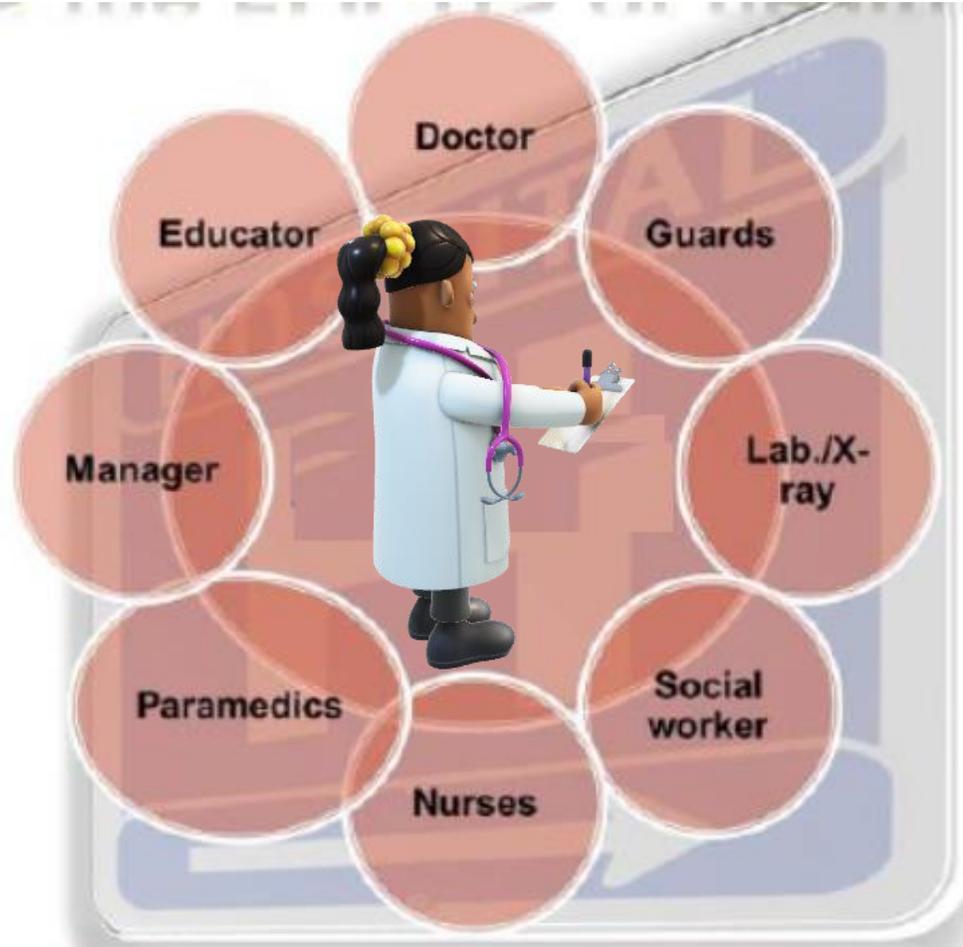
# Why important to know?

- You are educated to be **clinician**. What does it mean?
- Traditional medical education and social perspectives has produced medical doctors who think that they are the **most important component** in the health care system.
- You need to be an effective **team member** and leader to have an effective team.
- This means that the focus and priority is what is in the **best interest of the patient**, at the physical, sociocultural, and psychological levels.
- Treat **the patient** not the disease.





# Who is the focus of health care system



**Doctors Are NOT the focus of the healthcare**

# Where may the physician work?



## Hospital

- Healer
- Manager
- Researcher



## Medical college

- Educator
- Researcher
- Manager



## Ministry of health

- Healer
- Manager
- Planner
- Researcher



## Community

- Healer
- Health educator
- Manger
- Researcher

# Al-Tabari, 970 A.D., Fardous Al Hikma

- “... The physician should be modest, virtuous and merciful... He should wear clean clothes, be dignified, and have well-groomed hair and beard. He should select his company to be persons of good reputation. He should be careful of what he says and should not hesitate to ask forgiveness if he has made an error...
- He should be **punctual** and **reliable**. He should not **wrangle** about his fees. He should not give drugs to a pregnant woman for an abortion unless necessary for the mother's health. He should be **decent towards women** and should not divulge the secrets of his patients. He should speak well of his colleagues. He should not honor himself by shaming others.”



# Duties of a doctor and his/her profession

- **Respect the honor of the profession**
  - Look good, neat, and tidy
  - Avoid wild haircuts and weird fashion
- **Develop him/herself to develop the profession**
  - Attend continuous medical education (CME) activities, conduct research, and publish results
  - Do not sign the attendance sheet, take the certificate, and leave without attending the activity
- **Adhere to the standards of practice**
  - Follow the clinical guidelines
  - Do not do whatever comes to mind assuming the patient will not know
- **Abstain from any behavior that would question credibility or establish dishonest affairs with patients or their families**
  - Examine patients of a different gender with a chaperone after receiving permission
  - Do not use patients' information to add them to Facebook friends
- **Avoid requests for fame at the expense of professional ethics and standards**
  - Use proper professional titles (e.g., "Dr. Surgeon, MD,.....")
  - Avoid exaggerated or misleading titles

# Duties of a doctor and his/her profession

- **Provide a role model for colleagues and patients**
  - Greet patients and ask for help from other disciplines when needed
  - Do not shout at or insult juniors as a sign of authority and “knowledge”
- **Reflect sincere devotion and dedication to the medical profession**
  - Help patients outside duty hours when possible
  - Do not hide information in records or avoid responsibility
- **Avoid any action that could lead to disrespect of the medical profession and maintain its standards**
  - Avoid unnecessary eye/physical contact with patients of the opposite gender
  - Do not use patients’ phone numbers from records for non-treatment-related reasons
- **Do not take advantage of the professional position for personal or material gain**
  - Provide services fairly to those who need them
  - Do not favor friends and family for better service regardless of their condition

# Duties of a doctor and his/her profession

Please:

- Do not to **use agents** to get more patients.
- Do **not sell** any medical samples.
- *A physician is advised to use great caution in **divulging (announcing) discoveries or new techniques of treatment. He has to use the scientific procedures and should follow the normal legal channels to advertise the results of his medical research. The research should be accepted by a respectable medical periodical journal and accepted by the authorities***

- ***The label on the clinic should be of a reasonable size without decoration and including the exact qualification and post of the physician. Any addition e.g. unreal specialty mentioned in it is considered forgery by law.***

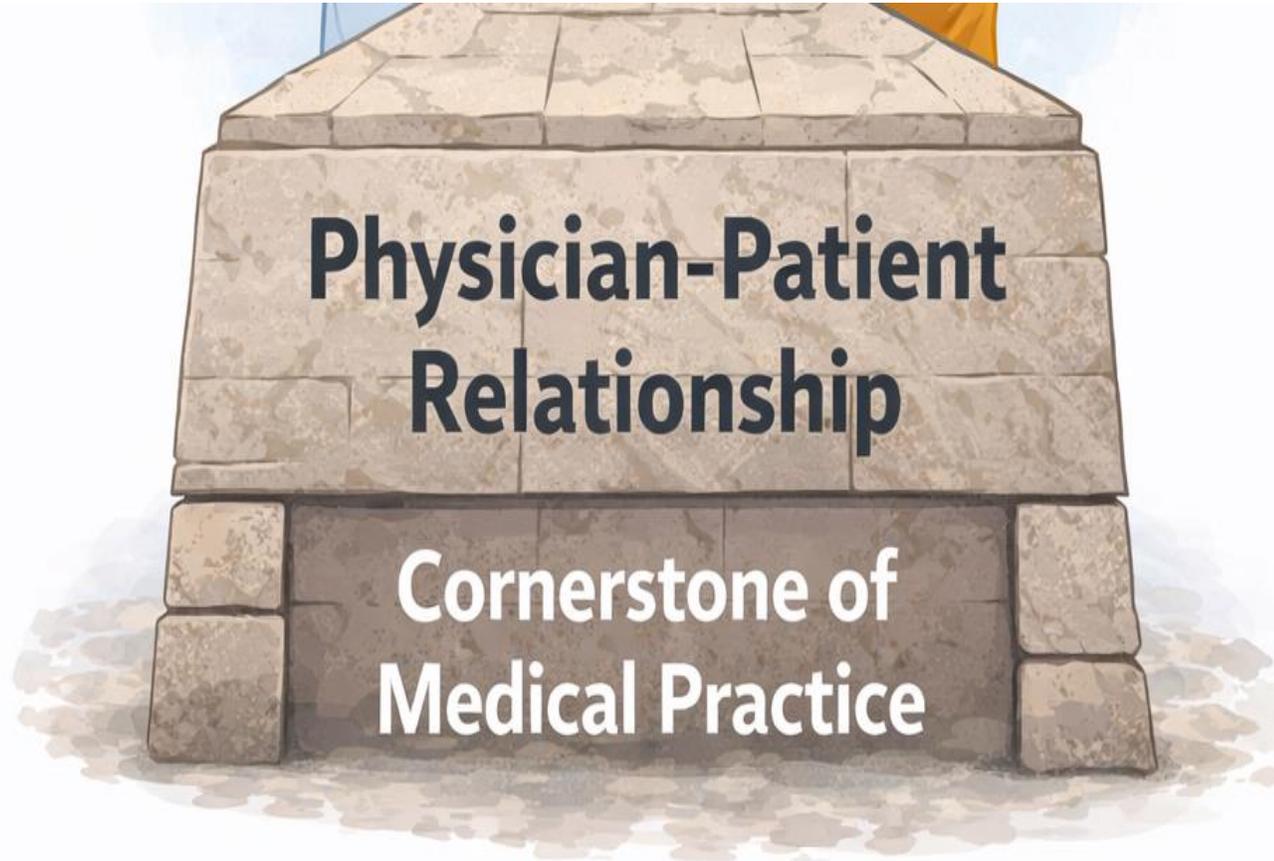
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"Dr. Surgeon, MD, FRCS"

الاستاذ الدكتور ع ا  
دكتوراة في الطب  
علاج الصداع في ثوان  
افضل جراح علي مستوي الشرق  
الاطول

- ***The practitioner must be careful not to do effort to attract patient to himself, such by giving **interviews to the lay press** or by **writing articles** on medical subjects for the lay press. However, it may be quite legal to publish articles or deliver lecture on topics of general medical interest.***

# The physician-patient relationship





# Duties towards patients and their families

- **Treat your patient as a person, not just a body**
  - ✓ Good: Listen carefully to the patient's complaint, sympathizing with him in his suffering, treat him well, and be gentle while examining him
  - ✗ Bad: Interrupt your patient, asking him to do these investigations and have these treatments
- **Respect your patient's autonomy**
  - ✓ Good: Listen to your patient's opinion, but that should not keep you from giving the appropriate instructions
  - ✗ Bad: Tell your patients what you think should be done and leave without listening to them



# Duties towards patients and their families

- **Treat all patients equally, without discrimination**
  - ✓ Good: Disregard (forget) your patients' prestige, social or moral status, your own feelings towards them, their religious or racial background, their political orientation, or their gender, nationality, or color
  - X Bad: VIP patients should receive VIP treatment (fast access to premium service). Simple people should wait
- **Fear God when dealing with your patients; show respect for their beliefs, religions, and traditions**



# Duties towards patients and their families

- **Ask only for the tests needed for the patient**
  - ✓ Good: If the patient says, “Please doctor, check everything you can,” tell her that you will do only what needs to be done
  - ✗ Bad: The self-paying patient asks, “Which of these investigations do I need?” The doctor shouts, “All of them. Do you want to teach me my job?!”
- **Explain honestly to the patient**
  - ✓ Good: Tell the patients what they want to know in simple language about their illness, diagnosis, and treatment
  - ✗ Bad: The patient asks, “What’s wrong with my kidney?” The doctor answers, “I’m the doctor not you.”



# Duties towards patients and their families

- **Do not hesitate to refer the patient**

- ✓ Good: If your patient develops some complications beyond your specialty, don't hesitate to refer him
- ✗ Bad: If your patient develops some complications beyond your specialty, keep him as long as he is paying

- **Continue emergency patient care**

- ✓ Good: A patient enters the Emergency Department at 08.05 a.m. Your shift ends at 08.00, but the new shift doctor didn't show up yet. See the patient and stabilize his/her condition
- ✗ Bad: "I won't see her. My time is over already. If you want to blame someone, blame my colleague who came late"

# Duties towards patients and their families

- **Care for terminally ill patients**

- ✓ Good: See your terminally-ill patients, greet them, and raise their morale with a smile and encouragement
- ✗ Bad: A doctor says to the nurse “Don’t waste my time with such patients. They are dying anyway.”

- **Relieve the patient’s pain**

- ✓ Good: Discuss with your patient the pain-management options
- ✗ Bad: “I’m in pain, Doctor; I couldn’t sleep last night.” The doctor replied coldly, “Sorry, I can’t give you stronger pain killers. You may become addicted to them.”



# Duties towards patients and their families

- **Respect for privacy**

- ✓ Good: Ask for your patient's permission before examining them. Make sure that only those who are needed are attending, and other patients cannot see him/her
- ✗ Bad: The consultant says to his resident, "This is an interesting patient. Make sure all the students I teach examine her."

- **Respect for patient's autonomy (consent)**

- ✓ Good: Take informed consent from your patient whenever a decision about his/her health is needed
- ✗ Bad: "Don't waste my time with ignorant patients. Just let them sign the papers"



# Duties towards patients and their families

- **Inform the patient about his/her condition**
  - ✓ Good: Encourage your patient to ask you about his/her condition. Answer honestly to the best of your knowledge
  - ✗ Bad: The doctor interrupts his patient, “This is what I think is good for you. You have to be compliant with my treatment plan.”
- **Keep the patient’s secrets (confidentiality)**
  - ✓ Good: Keep your patient’s medical records safe (whether on paper or on the computer)
  - ✗ Bad: Hand the record to anyone just because he/she wears a white coat

## Duties towards colleagues

-  To deal with, and act towards his/her colleagues in a good manner and in the same way he/she would prefer to be treated
  - ✓ Good: Acknowledge them, praise them, and thank them
  - ✗ Bad: “Who does she think she is? She has to stop showing up in the round answering all the questions.”
-  To avoid direct criticism to his/her colleague in front of patients
  - ✓ Good: “I think I know another way to do this examination.”
  - ✗ Bad: “What do you think you’re doing? This examination is completely wrong.”

# Duties towards colleagues

-  **Not to indulge in defaming the honor of his/her colleagues**
  - ✓ Good: A patient was referred to you from another doctor. You don't agree with his/her diagnosis/treatment. Tell the patient that there are different ways of investigating and treating his case, and then call the first doctor to discuss.
  - ✗ Bad: A doctor tells his patient, "How on earth did such an ignorant doctor give you such treatment? You are lucky you didn't continue with him."
-  **To exert every possible effort to educate colleagues**
  - ✓ Good: Read an interesting article? Bought an important book? Share it with them
  - ✗ Bad: Hiding the important notes or questions that your senior colleagues gave you

## Duties towards colleagues

-  Respect the differences among colleagues (gender, culture, belief...)
  - ✓ Good: Your colleague is from a peripheral part of the country; tell him “It’s amazing that you could have gained all these achievements being from there.”
  - ✗ Bad: Telling jokes about your colleague’s nationality or tribe in front of everyone
-  The physician should respect other non-physician medical professional colleagues, and appreciate their roles in the health care of the patient
  - ✓ Good: You learned something from a nurse or midwife? “Thanks. I’m so grateful you showed me that.”
  - ✗ Bad: A doctor says to a midwife, “This is a doctor’s job. Please give way!”

## Duties towards colleagues

-  He/she must report incidents in which a colleague's actions would be dangerous to the authority concerned
  - ✓ Good: Your surgery consultant made a mistake during surgery; write it down in the surgery sheet.
  - ✗ Bad: “Why should I cause myself trouble? Nobody was hurt anyway.”

# Duties towards community

-  **Positive interaction with the community's affairs**
  - ✓ Good: Volunteer for an NGO in case of disaster
  - ✗ Bad: “It’s the government’s work, why should I care?”
-  **Protect the community by reporting reportable/epidemic diseases**
  - ✓ Good: Familiarize yourself with the reporting system and forms
  - ✗ Bad: “I won’t report. Someone else will. It’ll cause me a headache later.”

# Duties towards community

-  **Improve health** in the community through support and health education, and involvement in community health activities
  - ✓ Good: Prepare advocacy material; Give a public talk about a health issue
  - ✗ Bad: An NGO invited you to their camp for a disaster. “How much will you compensate me for my time?”
-  **Rational use of the health care institution’s resources**
  - ✓ Good: Use hi-tech expensive investigations only when needed
  - ✗ Bad: Request MRI or CT scan for every patient. “The machines are already there. It could be something serious anyway.”

## Duties towards community

-  **Effective contribution to the development of policies and health systems that respond to community needs and facilitate easier access to health care**
  - ✓ **Good: Respond to quality control questionnaires; Join committees of interest**
  - ✗ **Bad: Doing what everybody else does, and constantly complaining about the failure of the system**
-  **As far as possible, to be an ideal example in his attitude and religion**
  - ✓ **Good: Make sure there is another qualified person looking after your patient while you go to pray**
  - ✗ **Bad: “Why should I care? No one would dare to blame me. I was praying.”**



# Duties towards community

-  **Promotion of health equity among the society's members**
  - ✓ Good: Your patient is diabetic or hypertensive? Discuss lifestyle options and refer them to other departments, as needed
  - X Bad: Writing a prescription without giving any more advice
-  **Use his/her skills, knowledge, and expertise to improve the standards and quality of health services rendered to the society**
  - ✓ Good: Have an idea to improve the work? Do it if you can, or share it with your colleagues and department
  - X Bad: "Who cares? The whole situation is hopeless. Let me keep my ideas to myself."