The right stuff (3) What makes a good doctor

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June 2017

Who or what is a good doctor?

- What makes a doctor ‘good’?
- Personal or professional identity?
- Three domains: Knowledge, empathy, virtue

- Thanks to Professor Deborah Bowman and Professor Clare Gerada

Knowledge

How do we get knowledge?

- Training in medicine involves data acquisition: an emphasis on learning large amounts of information and retrieving it under timed conditions.
- First year medical students focus on unusual information, and not on how data systems relate
- By fifth year, they start to ask: what else do I need to know? What am I missing?

The problem with Dr Google

- No quality control over data; often presented uncritically e.g vaccine data
- No way to relate different systems to each other; or to integrate systems of information that are not obviously connected
- No advice on what is not there
- Potential for over-emphasis on scans and tests

P.J O’Rourke 2006:Information is not the same as knowledge

Christy Turlington’s number is not the same as

Knowing Christy Turlington

How to transform information into knowledge

- Groopman (2008): how doctors think
- Development of algorithms and heuristics
- Multi-perspective thinking skills
- Trying to maintain tolerance of uncertainty and the possibility of complexity
- The wisdom of not-acting

The wisdom of Solomon

- Baby G is 9 months old and has a genetic condition that is untreatable; he is going to die
- His doctors want to withhold active treatment; maintain care and pain relief.
- His parents went to court to challenge this view: they wanted to pursue every avenue of treatment including treatment abroad
- The courts refused their challenge

Epistemic injustice?

- Miranda Fricker: those debates where voices and accounts are not heard
- The privilege of medical accounts in the Baby G case?
- BUT medical opinion not just based on one case but many cases: the integration of multiple perspectives and experience
- Courts need this level of knowledge to avoid simplistic adversarial approach

A noble profession

Unknown knowledge

- Emotional knowledge
- Especially painful or challenging emotions about care of others
- Fear, disgust, pain, distress
- Danielle Ofri (2013) What doctors feel
- Isobel Menzies Lyth (1990) What organisations and institutions feel
- The emotional labour of caring

Epistemic injustice (2)

- When knowledge is excluded
- Menzies Lyth: hospital administration did not want to know about suffering in staff
- So put huge responsibility on junior staff; sent senior staff to meetings about clinical work
- Unconscious avoidance of work with patients
- Denigration of those who tried to relate clinically: Mid Staffs Inquiry?

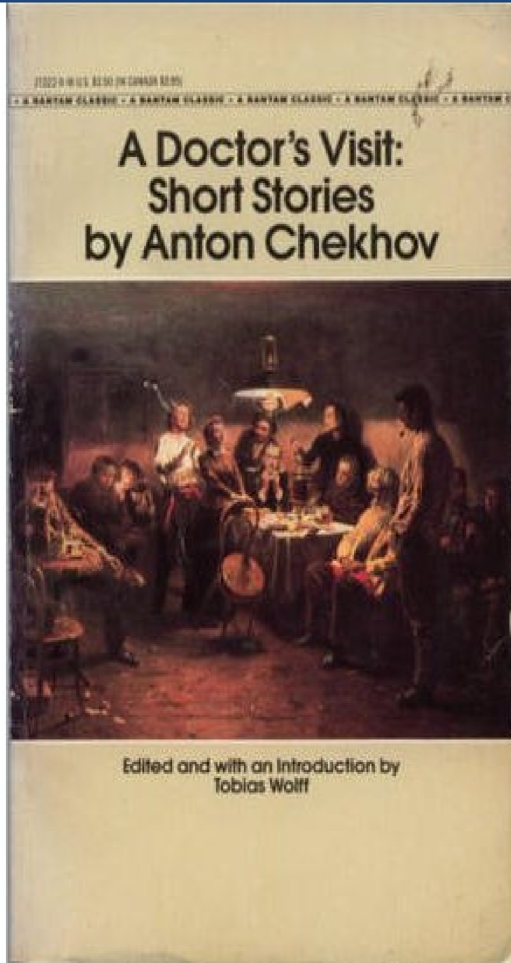
The antisocial personality

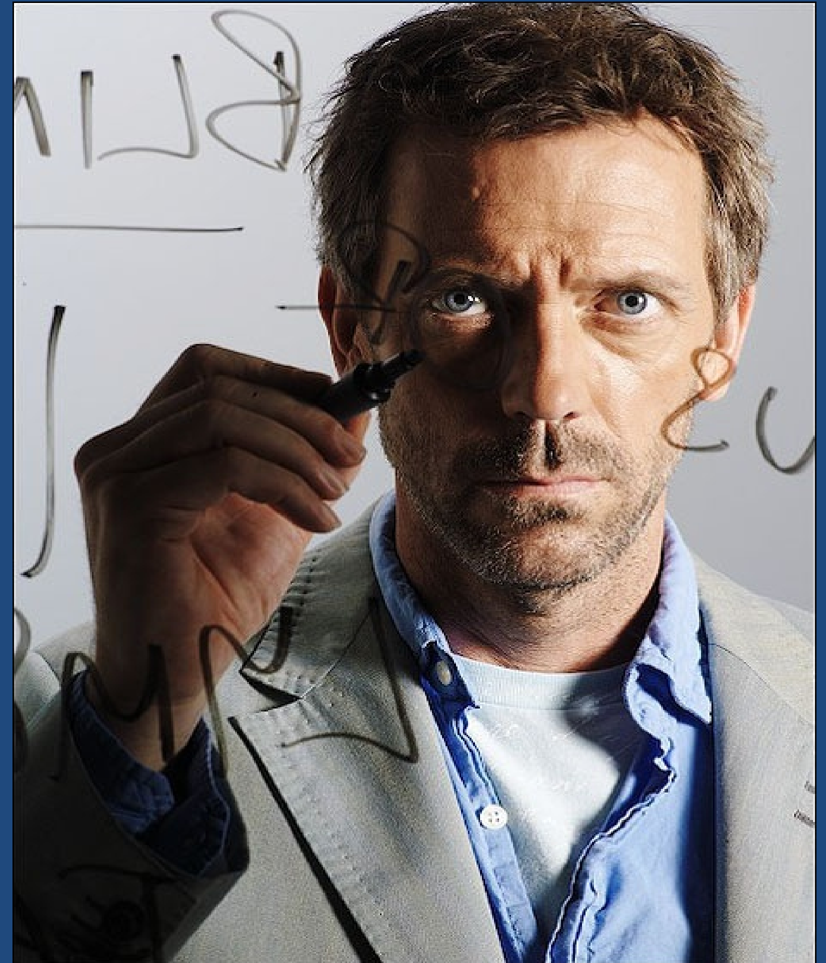
* Restless, dissatisfied and irritable
* While at school, considered requests from their teachers and parents as impositions
* Continually set themselves apart from others
* Want to live life of excitement, at any cost
* Are habitually angry
* Are lacking empathy
* Feel under no obligation to anyone or anything except their own interests
* Are poor at responsible decision-making, having pre-judged situations.

Medical Humanities

- Teaching moral imagination in medicine
- The arts: painting, novels, drama, film and television
- The values of other perspectives in medical choice making
- Journals, research and courses

Ways to learn about medicine





Empathy

- The recognition of other people's states of mind as (a) real and (b) different from our own
- The work of Professor Jean Decety
- Empathy has two elements: cognitive and affective
- Has a neuroarchitectural system close to self-awareness
- Disturbances of empathy seen in many psychiatric disorders (Decety & Moriguchi, 2007)

Empathy as a moral value

- Empathy is good in itself; and those who lack it lack virtue
- Baron Cohen (2012) compared people with autism and antisocial offenders
- People with autism lack affective empathy not cognitive empathy : but criminal offenders lack both
- People with autism have a neurobiological deficit that they cannot help

But…

- Not much evidence that offenders lack empathy: counter-intuitive but true
- Offenders may have more empathy not less; especially in relational violence
- Offenders who lack empathy may have similar deficits to people with ASD
- Offenders who don’t get caught may have most empathy

Is empathy evidence of goodness?

- Depends on definition
- If it means feeling distress with other people, then may be neither good (as virtue) or good (as function)
- Buffone et al 2017: too much personal investment in other people's distress may be damaging
- How to measure it meaningfully without confusing it with agreement or sympathy?

Empathy in doctors

- Thought to be key aspect of care in clinical practice (Ofri, 2013)
- Examined in training by observation
- BUT medical students tend to have lower scores on empathy at end of training than beginning
- A worry? Or a necessary defence in the formation of resilience and compassion?

Compassion not empathy

- Rather than ‘feeling another’s pain’; it may be better to develop compassionate attitudes towards suffering and helplessness
- May need to start with self-compassion
- A complex relationship between empathy and burn-out in physicians (Gleichgerrcht & Decety, 2011, 2013)
- Understanding difference in a complex way

Virtue and the virtues

The importance of virtue in medicine

- A key aspect of medical ethics: based on Aristotelian ideas of character
- The virtuous actor practises virtue; and by doing so acquires the habits of virtue
- Virtue important in doctors because people seeking care are vulnerable
- Radden & Sadler (2010)

Who-ness and What-ness

Personal and professional identities are elided: you need to be a good person to be a good doctor

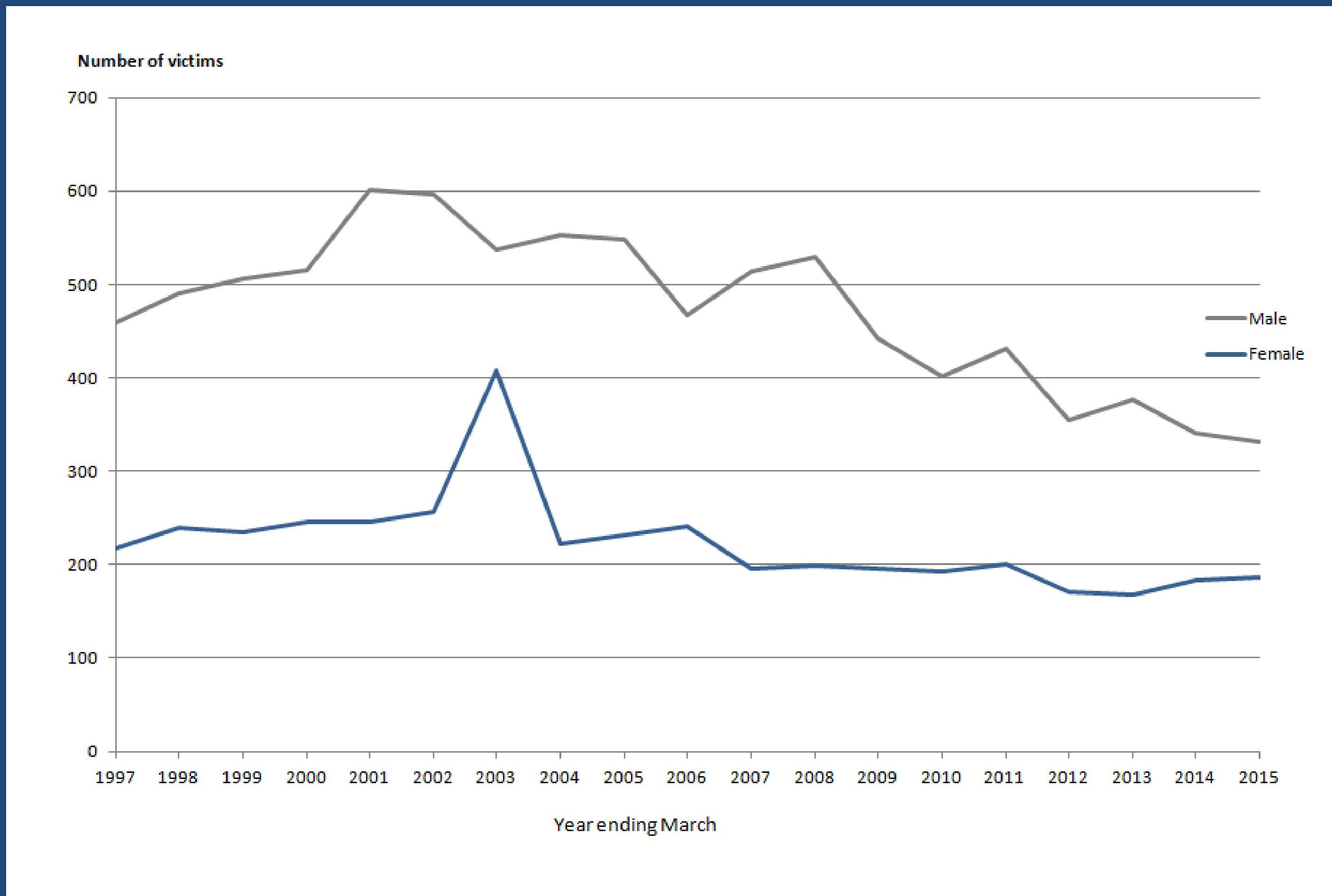
Ergo: you cannot be a good doctor and a bad man

Holding doctors to a higher moral standard than other people

Up holding the reputation of the profession

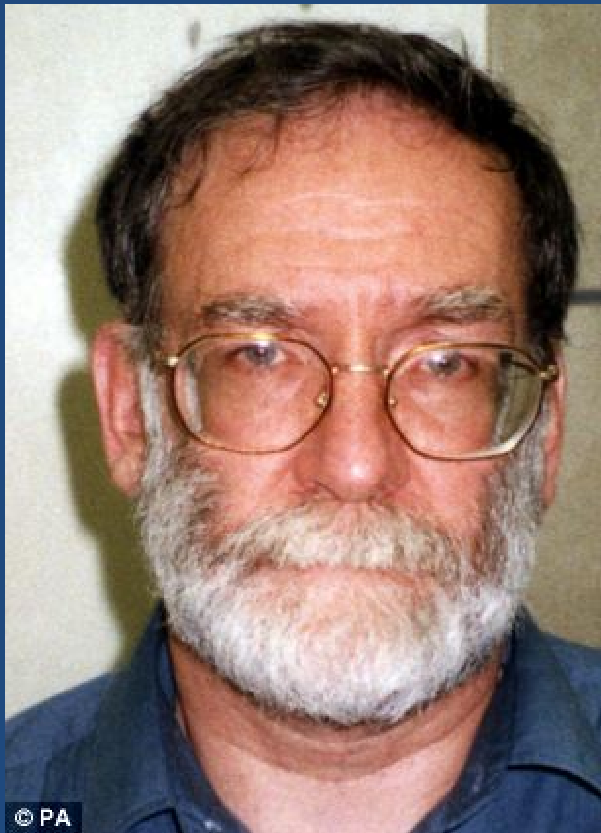
Good doctors: altruism, sacrifice, courage

Bad doctors.....



Previously seen as good doctors

Dr Shipman



Mr Paterson

Boundary violations and misconduct by doctors

Few of the known risk factors for criminality: older males, substance misuse?

Crimes & conduct related to work: dishonesty, assaults, improper relationships

Crimes & conduct unrelated to work: all occur but very rare

Role of insecure attachment; relational disturbance; migration trauma?

GMC investigations 2015

- 273 767 doctors on the register
- 9418 complaints annually; 3.4% of doctors
- 6547 from members of the public i.e. 66%
- The remainder from employers or other public bodies
- Only 2306 of complaints (24.5%) went forward to an investigation: the majority closed after initial discussion and/or referred to other bodies

Fitness to practise hearings

- Of the 2306 early investigations, only 239 went to a Fitness to practise panel
- 72 erased, 95 suspended
- 24 had conditions on practise; 38 were not found unfit to practise
- Allegations of health (sic), criminal behaviour, dishonesty, competence, fair treatment, professional competence

Are these bad people?

- Atypical in terms of crime: Assaults and violence are rare but not unknown
- Exploitation of the vulnerable is the real concern
- Response is to name and shame: a culture of deterrence
- Rehabilitation and treatment are hard to access for doctors who offend

But…an adversarial process

- Excuses and justifications: like other offenders
- Lack of insight: reluctant to use language of offending or admit to planning
- Patients may be seen as culpable in some way
- It was a minor harm
- Alcohol and drugs were to blame
- I have emotional problems/I'm a nice guy really

Rule breaking and mentalising

- Mentalising: perceiving and appraising the intentions of others
- Keeping mind in mind
- Deficits in mentalising in those who commit antisocial actions:
  - *What I think is reality and the only reality*
  - *Only physical behaviours and actions are real*
  - *Intellectualisation*

Attitudes towards the vulnerable

- Failure to mentalise feelings of neediness and vulnerability when these are stimulated
- Projection of vulnerability onto others
- Denigration and derogation of weakness and need in others
- Entitlement and grandiosity: hubris
- Identification with toxic masculinity

Gauleiter
Dr. Meyer

Reichsamtsleiter
Dr. Leibbrandt

Staatssekretär
Dr. Stuckart

Staatssekretär
Neumann

Staatssekretär
Dr. Freisler

Staatssekretär
Dr. Bühler

Unterstaatssekretär
Luther

SS-Oberführer
Klopfer

Ministerialdirektor
Kritzinger

SS-Gruppenführer
Hofmann

SS-Gruppenführer
Müller

SS-Obersturmbannführer
Eichmann

SS-Oberführer
Dr. Schöngarth

SS-Sturmbannführer
Dr. Lange

SS-Obergruppenführer
Heydrich

urce: Haus der Wannsee-Konferenz

The role of idealisation

- Idealisation and denigration are closely related attitudes: Where one is present, the other is not far away
- Where medicine and medical practise is idolised
- Treating doctors as ‘gods’ invites doctors to ‘play god’
- Denial of painful realities of suffering and death

How to hold doctors to a higher moral standard

- Selection of doctors at 17/18 when moral identity is still being formed
- Development of moral identity during training: how?
- How will employers develop doctors' moral identity as opposed to work identity?
- Professionals work for themselves within a framework of values that give identity

A serious tension

- The moral identity of the professional person involves a commitment to values
- ‘in support of a faith’ in altruism, compassion, the best quality care
- ‘Simple’ and ‘final’ profession: core personal identity
- Employees provide a service or carry out tasks assigned
- A pay-check does not buy faith

There should be public anxiety

- Trusts who provide medical services claim to offer high quality care
- But struggle to do this within budgets
- Clinical services are cut; but this is not publicly named as such
- Doctors who complain may be sacked; and public money wasted on legal action
- E.g Dr Raj Mattu: suspended for 7 years, then unfairly sacked in 2010; eventually awarded £1.2M in compensation

Conclusion

- Training of doctors needs to attend to:
- The development of knowledge and wisdom
- The development of compassion for self and others and intelligent kindness
- A capacity for self reflection and mentalising about mistakes and difficult emotions
- The potential for real tension between corporate and professional values