



## Commentary on "Doctors good and bad"

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Patients' narratives of their experiences with medical professionals and hospitals almost always have a very powerful impact on readers. The narrative titled 'Doctors good and bad' is one such experiential account;<sup>[1]</sup> however, it is different from the usual narrative. First, it is written by a doctor, who shares what happened to her and to her husband during interactions with doctors in the setting of private hospitals. Two, it is not merely a story of happenings, but it also integrates the doctor-author's ethical reflection on the situation at every step. I must commend the author for a reflection that gives readers an idea about how ethics plays out in doctor-patient interactions.

I hope that this commentary, along with an analysis of the ethical issues identified

in the narrative, will be regarded not so much as a critique but as a conversation that explores what is ethical, particularly the contradictions that we run into along the way.

As I read this narrative, I was struck by a number of things:

### We need to talk about 'good' and 'bad' doctors

It was instructive to learn from the doctor-author that we must never take for granted the ideal of nobility of doctors or of the medical profession. Our profession has a strong culture of "brotherhood" in India – breaking rank is often treated as blasphemy, inviting measures akin to the ones taken by khap panchayats. When we started our work on ethics in Mumbai in

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the later part of the 1980s, we had experienced hostility from the medical profession. Some of my classmates from medical college call me, even now, an “enemy of doctors” for talking about ethics. The narrative and, hopefully also this commentary, signifies an emerging change in that culture. Reflection with a mind that is open to learning, critical thinking to get to the root of the problem, fearlessness in articulating concerns, and identifying the corrective measures needed, can only help strengthen the professional and ethical core of the profession.[2]

### The thin line between 'good' and 'bad' and the problem of extremes

Confusion and doubt lead to curiosity that encourages one to seek evidence - this process inculcates rationality and promotes scientific thinking. In the case of ethics and professionalism as portrayed in this narrative, we need to strive for evidence to show whether we are dealing with a few bad apples only. Or is it that the systems of medical practice and health care are organised such that even good apples consciously or unconsciously do what bad apples do? Indeed, the junior doctor in the narrative was apparently a good apple, but the pressures of the system tipped him over to the other side.

One major pitfall in ethics is to paint everything in terms of extremes – good vs bad. We tend to adopt a simplistic formula which says that good people always do good deeds, and bad ones always do bad deeds. This excludes the possibility of good people doing bad things in certain contexts, and bad people sometimes doing good things. Let me share a real-life example here to illustrate this concept. Since the time I entered medical college in 1973 I have

increasingly heard both patients and doctors telling me about physicians who are deficient in the ethical standard of conduct in a public hospital, but behave respectfully and “professionally” in their private clinics.

Interestingly – and unfortunately – as the narrative ‘Doctors good and bad’ shows, this split of the doctor’s conduct in two different contexts seems to be unifying in a negative direction. Thus, the doctor’s conduct, instead of improving in the context where it was perceived as unprofessional, seems now to be becoming negative in the context in which it was hitherto positive. Clearly, as is being stressed more and more in the last many years, there is a need to proactively address this phenomenon.

### Where is the good doctor in the narrative?

I struggled to find a good doctor in the story, although the doctor-author claims that some of them were good. Is a doctor good because he is known to you (as your student or fellow professional) and, thus, favors you? Is he good because he wields top administrative powers in the hospital (CEO) and goes out of his way to do something for you (sending his personal car to fetch medicines for you)? If this is being done only for you as a special case to do you a favour, and is not being done for other patients, then it doesn’t make him a good person. He may, in fact, be a bad administrator, perhaps also hated by other patients for allowing the system to remain inefficient and unaccountable.

If all the CEO did was to go out of the way to help in a personalised manner only to win goodwill and public relations points, then it doesn’t make him a good administrator; however, if he also created systems of accountability from which all

patients could get benefits, then he is to be commended. In the narrative, he appears to be benevolent and “relatively good” - there is a possibility that our expectations of ‘good’ have become minimalistic, or that the meaning of ‘good’ is now based on the benefits derived from privileges and undue favouritism.

### Exploitation of the public health system and disillusionment

I am from that generation of doctors who have seen a gradual deterioration of public health services. The people responsible for the downward spiral include doctors, patients, administrators, and governments. Barring an important minority of medical professionals – brave, committed and honourable – the rest have contributed to the deterioration by exploiting the public system to boost their entrepreneurship outside. They use the public health system to make a name for themselves, then sell their expertise to the highest private bidder.

When they visit as patients, most doctors and their relatives do not struggle while seeking health care in the public sector because they are instinctively favoured and given privileges.

Despite that, in last three decades, the middle class, to which many of us doctors belong, have abandoned public systems when we or our relatives need medical care.[3] We prefer to go to big, modern, hi-tech, private corporate hospitals, even where we are no longer provided privileges in receiving medical care. Indeed, there are people richer and more powerful who are respected more and given more favours in such hospitals. Such favouritism, whether in the public or in the private setting, does nothing to improve medical care for patients in general and, thus, cannot be considered ethical.

### Virtues, role models and hierarchy

The narrative introduces us to another good doctor, a “young consultant” who first meets the patient in the casualty of the hospital. He is competent and sincere, but he falls from grace because, prompted by his senior, he changes his opinion on palliative care and it adversely affects his conduct towards the patient. Unfortunately, our profession, like our caste system, is extremely hierarchical. Rather than teaching students to be independent-learners – independent from their superiors - we praise and advocate the guru-shishya relationship. To train them in ethical behavior, we often advise learners to follow role models rather than encouraging them to hone their own consciences or to learn how to make evidence-based judgments.

The young consultant in this narrative seems to be a very good doctor – both in clinical work as well as in ethical conduct – but the role he has to play within the hierarchy, and the demands made by the private hospital setting, forces him to present differently and to act contrarily at a critical time when the patient needs his support and sympathy. He is a good apple giving out a foul smell - not quite rotten yet - due to the barrel in which he is enclosed.

### The villains in healthcare

The rotten apple, the villain of the piece – like in a typical Bollywood film – is the senior consultant who is arrogant, opinionated and uncaring. He does not “believe” in palliative care, as though what we do in medical care flows from our belief system rather than from science and the needs and best interests of the patient. He seems wedded to hierarchy so does not care for the opinion of a junior; however, it is likely that he would bend over backwards if it was the opinion of a senior. The culture is one where you

provide unquestioned obedience if you are the junior and receive it if you are the senior.

From this narrative it is impossible to tell why the senior consultant is behaving like a villain. Is he doing it because that's the kind of person he is? Or is it that the hospital demands that he bring in more and more revenue by resorting to the over-use of diagnostic and therapeutic options?[3] Failure to bring such revenue could result in him losing his position as consultant in that hospital - not a pleasant option as there are numerous other such specialists waiting to replace him for the lucrative post. Do we then sympathise with him and be his apologists or do we - as we often do for Bollywood villains - hate him? A dilemma if ever there was one - and one that demands conversation around it.

We can be guided by the Health Professions Council of South Africa which - in the 'Doctor Death' case involving Dr Basson, reiterates the universal principle that ethics and human rights do not vary with the context, and cannot be applicable in some instances but not in others.[4] Doctors are to be held responsible for their conduct and must give primacy to ethics at all times, even at the cost of disobedience to authority.

### Ethics of clinical care and healthcare / hospital or institutional ethics

The author's reflections on her experiences in the last 5-6 paras were endearing. Interestingly, she brings up many things that are often overlooked in discussions on ethics. She reflects on the conduct of doctors during the performance of clinical care - both in terms of the virtues and dis-virtues they exhibit and also in terms of their adherence to science - as well as on the

setting, the hospitals, and the way they are organised. She reflects on her experience of "patriarchy and secrecy" and how systems are not patient-friendly.

Clinical ethics have often focused exclusively on the doctor and the doctor-patient relationship. Consequently, the role of the institution in shaping a doctor's conduct and his relationship with the patient is under-emphasised. It is important to talk about and deliberate upon the ethical responsibilities of healthcare institutions. Bioethics, being a multi-disciplinary discipline, does not limit itself to 'doctors' or 'medical' but encompasses the entire cast of actors and the whole gamut of concerns and settings at the institutional level. Although the author of the reflective narrative writes mainly about the clinical ethics framework as it applies to the individual encounter (micro-ethics), she does also mention other issues that have a broader significance. In the discipline of bioethics there is a vast scope, and indeed, a significant amount of literature that explores meso-ethics (the ethics of the systems that are in place in institutions) and macro-ethics (pertaining to the health services provided).[5] Administrators are ethically accountable for ensuring that micro, meso, and macro-ethics are followed in their institutions.

This reflective narrative is a beginning in the right direction - the author has intuitively provided a conceptual bridge between clinical ethics and institutional ethics. At the present stage of development of healthcare in our country, especially with the increasing dominance of corporate private hospitals - which impinge on doctors' clinical independence and which privilege business over the best interests of patients and ethics - there is a need for more discussion on institutional / hospital ethics.

## References

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