MAKING It *Easier* for DOCTORS to DO the *Right Thing*

By A/Prof Chin Jing Jih

Promotion of ethical principles within the profession

In the last dozen of years, medical ethics and professionalism have been given due emphasis and inclusion in both undergraduate and postgraduate training curricula. All three local medical schools have curriculum time dedicated to equipping students with a basic working knowledge on the fundamental tenets of the profession's ethical framework. At the postgraduate level, each residency programme has its own scheme to provide trainees with exposure to medical ethics. Besides that, the Ministry of Health has, since 2006, tasked SMA's Centre for Medical Ethics & Professionalism (CMEP) with conducting a mandatory course on medical ethics, professionalism and health law for specialists and family physicians. To add to this, the professional bodies have, from time to time, conducted continuing medical education courses to upgrade and update doctors in these areas, so that their conduct and practice can be better aligned with the standards prescribed by the Singapore Medical Council's (SMC) Ethical Code and Ethical Guidelines.

There has therefore been a definite growth in education opportunities for medical ethics. Doctors today are likely to have better awareness and knowledge of ethical standards stipulated in the SMC Ethical Code and Ethical Guidelines. Intuitively, this should lead to desirable strengthening of doctor-patient relationships and an overt rise in the level of medical ethics and professionalism among doctors in Singapore. However, most of these sessions focus primarily on imparting knowledge and information, and at best, raising awareness of relevant professional issues. They were not intended nor designed to guarantee significant and positive changes in doctors' professional attitudes and daily practice behaviour.

Can mere knowledge of the ethical code and guidelines, or theoretical knowledge of ethical principles alone bring about the desired outcome?

Evidence suggests that positive changes in attitudes and behaviour can only happen when the knowledge acquired is internalised and, in the context of this discussion, used to motivate and shape the everyday conduct of doctors. Codes and guidelines, and doctors' familiarity with them, are necessary precursors for they draw the boundaries and define the standards. But these guidelines, by themselves, are unlikely to bring about the desirable impact if doctors are not supported by a conducive practice environment.

The need for an effective system

The medical profession, however, does not live in isolation with its codes and principles. Doctors will, in their professional lives, inevitably interact with business and corporate personnel within and beyond healthcare facilities and organisations. It should be no surprise that professional decisions and conduct of doctors may be potentially influenced by organisational policies and practices. Even self-employed doctors in solo or small group practices will have to interact with business entities such as pharmaceutical suppliers, medical device vendors, laboratory managers, managed care companies and even their landlords. Medicine, despite its admirable ideals, will have to engage external parties whose practices and decisions need not subscribe to the same principles and fiduciary duties towards patients. Doctors sometimes find themselves in a difficult position of having to abide by their ethical and professional standards, while managing the demands and inducements that are presented to them. I would therefore argue that setting a high standard of ethics and professionalism without facilitating a supportive or conducive practice environment can create moral distress and cynicism among physicians.

At an ethics conference many years ago, a doctor from another country lamented to me that his society faces an almost insurmountable task of trying to tackle the ills of

conflicts of interest. The main reason, he elaborated, was because bribery is rampant and almost institutionalised in his homeland, making it effectively a social norm. There was also no clear legal framework in his nation that would prohibit these acts of corruption. In such a dire environment, it would be extremely difficult to single out the medical profession and expect their doctors to censure questionable practices such as accepting expensive gifts and splitting fees. The minority who tried to do the right thing were simply not supported, but were in fact isolated.

As I reflected on his sad account, it dawned upon me that effecting a high standard of medical ethics and professionalism that can manifest in the attitudes and conduct of our doctors, requires more than just a set of codes and principles. There should also be a system and an environment that cover institutional policies, legal frameworks and business ethics to work in tandem with the medical profession, to facilitate doctors in fulfilling their ethical and professional obligations. In the very least, doctors should not have to work in an environment that provides perverse incentives to act against their professional conscience.

While we admit that the imperative for doctors to serve our patients is not the sole imperative for society, and should be moderated with other relevant but competing considerations, there is a need to find an appropriate and reasonable framework for engagement so that fundamental principles of professional ethics are given due respect and expression.

But more often than not, a doctor who is responsible for an ethical act or decision is portrayed by his colleagues as a rare species, an extraordinary hero of unusual moral courage. His behaviour is perceived as an act of aspiration, rather than a standard conduct expected of all doctors. This is incompatible with what is intended in a culture of ethical practice and professionalism, which should regard such "heroic acts" as part of good day-to-day medical practice by the average physician. Clearly, a shift in expectations for doctors does not require extraordinary displays of moral courage, but a healthcare system and a practice environment that is aligned and respectful of the profession's ethical and professional standards.

The healthcare quality and patient safety movement has, in the past decade or so, successfully shifted the focus and emphasis of addressing medical errors from solely blaming the individual to looking into systems and processes design issues. It is now widely understood that the quality of healthcare delivery depends not only on the performance of individuals, but also on the design of the systems in which those individuals work. While we should always consider a proportionate degree of individual accountability, we must also similarly consider the link to systems and practice environments when dealing with issues related to doctors' professional attitude and practice behaviour.

An example of such a holistic approach towards building a culture of medical ethics is the IntegratedEthics (IE) model developed by the National Center for Ethics in Health Care under the US government's Department of Veterans Affairs, for the nearly six million patients served by the Veterans Health Administration. IE adopts a quality approach towards what is termed "ethics quality in healthcare", to ensure that practices throughout an organisation are consistent with widely accepted ethical standards, norms, or expectations for the organisation and its staff. IE also focuses on systems and processes, as well as factors related to the practice environment and culture that guide ethical behaviour. It aims to achieve excellence in ethical standards in healthcare via an effective culture and programme that continuously improve ethical healthcare practices, address related issues on a systems level, and foster an environment that is conducive for ethical practice.

Ways to ensure doctors do the right thing

It is my belief that we have a fairly well-developed framework of professional ethics, which is constantly taught and refreshed among local doctors. However, I believe that we can do better in terms of ensuring a better practice system and environment through closer conversation between medical ethics, business ethics and institutional policies. We need a more comprehensive system that makes it easier for doctors to do the right thing, and addresses elements that serve as temptations or create moral potholes, which would in turn put doctors at risk of violating their professional code and standards of care.

For example, in the issue of managed care, having a comprehensive set of ethical guidelines to warn doctors of the dos and don'ts can be effective only if supported by a parallel set of regulations for managed care companies, ensuring that their business practices are aligned with the fiduciary duties of doctors putting patients first. Without mandatory requirements for the injection of business ethics into some of these contracts, doctors are at risk of shouldering both legal and professional liabilities from the questionable agreements offered by some managed care companies.

Another suggestion would be for a greater degree of rationalisation and mapping between the Private Hospitals and Medical Clinics (PHMC) Act, which regulates the licensing standards of medical hospitals and clinics, as well as the SMC Ethical Code and Ethical Guidelines, so that there can be consistency in the expected practices and accountability towards patients. The PHMC Act and its subsidiary regulations should be used to ensure and empower healthcare facilities, organisations and institutions to put in place robust policies and processes that address issues such as conflicts of interests, organisational ethics, evidence-based medical practice, and enhanced processes for doctor-patient communication. They should at least ensure that existing practices do not entice or pressurise doctors into compromising their clinical judgements and neglecting ethical duties towards patients.

Within healthcare institutions, decisions on care delivery

model and systems, purchase of medical devices and drugs used in patient care, and service contracts and agreements should not hinder doctors from doing the right thing for their patients. They should take into consideration perspectives from the medical ethics and professionalism standpoints, to ensure that care can be delivered in an effective, safe, timely and respectful manner.

And finally, this discussion would not be complete if we did not mention the role played by patients in promoting medical professionalism via maintaining trusting relationships with their physicians. Patients' failure to trust their doctors will result in a practice environment wrought with defensive Medicine as the latter would react negatively to perceived legal threats by ordering tests and more tests, as well as instituting interventions and more interventions – all of which do not benefit patients and will in turn damage the profession's trustworthiness. We also need patients to refrain from pressurising their doctors to offer unproven interventions by trusting the latter's good judgement and technical expertise.

Beyond mere promulgation of codes and enforcement of regulations, there is a role for every stakeholder in healthcare to try and make it easier for doctors to do the right thing. Ultimately, when doctors do the right thing, our patients and the society at large will benefit. ■

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