

Professionalism and Ethics in Surgical Practice

Published by
The College of Surgeons of Sri Lanka



Prepared by
The Professionalism and Ethics Committee
Chairman: Prof A. H. Sheriffdeen
Convenor: Dr Roshan Dassanaieke

Members:

Prof M. D. Lamawansa, Prof R. Fernando
Dr W. Wijenayake, Dr D. Ariyaratne, Dr M. Mallawatantri

Dr Nissanka Jayawardhana
President, The College of Surgeons of Sri Lanka

Edited by kind courtesy of Mrs Nirmali Hettiarachchi

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President's Message

Professionalism and ethical behaviour always go hand in hand; being the live wires of any professional organization. They would be the most important when it comes to the College of Surgeons of Sri Lanka whose members are working in a volatile and sensitive environment daily.

Autonomy, non-maleficence, beneficence, justice and equity, as opposed to equality, play a significant role in ethical practice in today's context. In my opinion, ethical behaviour is a dynamic process and will depend on the socio-cultural and economic environment of the country.

I am indebted to Prof. A. H. Sheriffdeen who spearheaded the sub-committee on Ethics and Professionalism and used his valuable time and energy on producing this little book on basic principles of ethical and professional behaviour expected of a surgeon. In this book, he and the other colleagues in the committee, has plainly described how to gain and maintain professional respect and dignity as a surgeon which would come in handy to not only surgeons but also any medical professional of any age.

I endorse what has been stressed in the book; the seniors should take the lead in good practice which will pave the way for the juniors!

My sincere gratitude goes to all who were involved in making this timely need a reality.

Nissanka Jayawardhana

President,

College of Surgeons of Sri Lanka

1. Professionalism and ethics in surgical practice to suit regional and local cultural needs

Medical professionalism has two components: the first one is that the professional should have an adequate quantum of knowledge, skills and attitudes to deliver a safe and effective standard of care and the second one is that he/she should also practice a self-regulated code of conduct.

Such a code should **primarily** be concerned with patient care. It should also include a) patient autonomy which recognizes the rights of patients and b) social justice, which ensures delivery of healthcare without prejudice of social status, caste, race, religion, personal choice etc. It is meant to inspire patient confidence.

Put together, they would create in the patients a degree of trust when they sign consent forms. Trust that they would be taken care of, trust that their rights to privacy and dignity would be respected, and trust that each patient would be treated as an individual. **Do not betray that trust.** In other words, forget that 0.001 per cent mortality rate, that 0.2 – 0.5 per cent complication rate that is found in the literature about the outcome of a procedure. As far as the individual is concerned, the individual trusts you to deliver a 0 per cent mortality and a 0 percent morbidity rate. Moreover, he/she trusts you to be honest, to act with integrity within limits of the law and to use good judgment. It would be well-nigh impossible to achieve such good results consistently. However every effort must be made to come as close to them as possible. Again, do not betray that trust.

There are some further basic requisites you may have to consider to achieve that degree of excellence in care.

1. Maintaining accurate and comprehensive clinical records: Relevant clinical findings, investigations carried out, decisions made, surgical procedures carried out with outcomes, drugs prescribed with information on medication given to patients and follow up requirements

should be clearly recorded and given to every patient. It is your responsibility to make certain that followup treatment is initiated, be it medication for life, referral to relevant specialist clinics e.g. Diabetes, Chemotherapy or for Rehabilitation therapy such as prosthetic limbs for amputees, etc.

2. Reviews and audits: Have regular meetings on procedures and outcomes, with patient feedback if available. This is ideally held with all categories of staff. Discussions could include concerns and difficulties encountered in carrying out instructions, in caring for patients and how challenges were faced and overcome. This is especially important in “Left Against Medical Advice” (LAMA) patients. Steps to minimize such incidents should be discussed. This is also an opportunity for you to look for areas where you could express your appreciation to those working with you and to do so in the presence of others to inspire them to do better.

3. Risks and safety: Promote a culture that allows all staff to raise concerns openly and without fear if events do not go according to plan. If there are concerns that a colleague/junior or other staff member may be behaving unethically or putting patients at risk, this must be discussed with the officer concerned in private. If this does not help, alert a superior officer or get advice from a colleague or from the Medical Council.

4. Continuous professional development: This is essential for all categories of staff. Short meetings, small group discussions and lectures to include minor staff, nursing and junior staff should be arranged without interrupting their busy work schedules.

Since mobile phones are now used by virtually all categories of staff, creating an “in house” WhatsApp group for updates would be a novel idea.

5. Decision making: After history, investigations and multi-disciplinary team discussions, you could either take the “right action” based on scientific evidence or “good action” based on patients’ preferences,

values and beliefs. It is always good to ask yourself “what **should** be done and not what **must** be done”, based on culture/ religious beliefs, age, gender, disabilities and social background.

6. Altruism vs reality: Ideally a professional should be committed to the following attributes:

a) competence, b) total honesty with patients, respect for patient confidentiality and an appropriate relationship with patients, c) improving quality of care, improving access to care, d) equitable and moral or just distribution of finite resources, e) trust, managing conflict of interest and being aware of one’s professional responsibilities.

Most surgeons are probably aware and familiar with the above requisites. But sadly it is found that it is **not so in practice** always. Studies from the West and East have found that almost every medical student enters a Medical School with altruistic ideals, i.e. to contribute to the betterment of human beings’ lives. However, somewhere after the third year in Medical School, this ideal thought process snaps. Exposure to negative role models whose agenda is the pursuit of a “hidden curriculum” consisting of self-interest, cynicism, detachment from patients, and lack of empathy probably contribute to this deviation from professionalism.

With time, a Specialist may attend only to what he is supposed to do, may devote minimum time for patient care, may hurry with his consultations, may delegate even complex surgical operations to juniors. He/She may attend to his specialty area only and shove the responsibility of total patient care onto the patient making him go looking for further specialists e.g. “Go and see a Cardiologist”.

Awareness of this trend in your career is the first step to correction.

7. Do not feel insecure: Valuable suggestions made during surgical operations, or at other times, by your team members may make you feel insecure and stubborn and prompt you to not heed such advice or suggestions, however good they may be. This could result in detrimental outcomes to the patient. **Pay attention** and discuss the pros and cons of

such suggestions. You may be proved right. Whatever the outcome you will earn the respect of the team.

8. Honesty: Be honest with the patient and with your team members. Errors could occur in your practice, never try to lie your way out of them. Communicate with the patient and relatives at all times, more so when problems/complications occur.

These are the attributes which differentiate a person who has values from one who displays inappropriate behavior. Most complaints to the General Medical Council, UK are to do with doctors' behavior/poor communication and are often not connected to a lack of knowledge or skills.

Professionalism is a part of a doctor's contract with society. Value it, guard it well and fight the temptation to deviate from it.

2. Total patient care

A good Consultant will constantly look at areas of improvement in total patient care, especially for those under his/her care. These areas include:

- a. **Computerization** of admission notes and summary of in-patient stay. This would help you to have written protocols for care of in-patients, pre-conditions for discharge and follow up care / instructions.
- b. **Uniformity of care** to minimize omissions. This would be possible by the introduction of care packages or care bundles with tick boxes to be ticked off after completion of care or a procedure at various levels of patient care. This could be carried out by individual Consultants in their respective units with regard to common procedures or conditions frequently treated in the unit.
- c. **Better supervision of junior doctors**, especially surgeries carried out by them. Training of junior doctors has to be guided by the Consultant by means of discussing theory, knowledge and by training them to carry out each step of any surgery they would be entrusted with. And also by assisting junior doctors at one or two such operations e.g Hernia repair, before allowing them to operate by themselves.
- d. **Regular ward rounds by Consultants** are necessary if one is to be in control of what is going on in the wards. You would also have control on how your patients are being cared for and also on how they are faring. Cultivate the concept of "every patient to be seen by or notified to the Consultant before discharge" within reasonable limits.
- e. **The Consultant is to be notified** when second or third operations are to be carried out by juniors in the patient for the same problem e.g. on patients with Diabetic wounds, recurrent fistula in ano.
- f. **Computerization of summaries** – issue of a formatted discharge summary for every patient e.g: *"The patient was made aware of the surgical problem. Moreover the patient was counseled regarding diet, life style modification, avoiding smoking and alcohol consumption, exercise, self-monitoring of Blood Glucose, Insulin injection technique and site rotation, hypoglycemia prevention and management of foot care, footwear and regular checkups. Patient's blood sugar levels and general condition are satisfactory at time of discharge. Appointment date and time given for next clinic visit."*

- g. **Patient counseling:** As mentioned above, every patient should be counseled on life style change including dietary habits, regular exercise, consumption of alcohol, smoking, the importance of compliance with medication and regular investigations if indicated.
- h. **“LAMA”:** Discourage or minimize the use of the term “LAMA” (Left Against Medical Advice) in your unit by having a “LAMA register” and by conducting a weekly confidential enquiry of such discharges to determine any correctable features which may help to minimize such an outcome. Most patients leave due to non-availability of a hospital bed. However other patient perceptions like inadequate care, poor communication, problems and issues not being clearly discussed or rude behavior by any member of the staff are reasons for concern.
- i. **Clinic follow up:** Ensure a system to follow up patients in outpatient clinics by requiring that dates are given for their next appointment and that clear entries are made in the discharge summary whether biopsy reports have to be read and acted upon. The Sri Lanka Medical Council will look at instances where a patient has not turned up at the clinic and where a Consultant has not used every possible method of tracking down a patient with a biopsy report of malignancy, as an act of negligence – **the onus is on the treating Doctor**, not on the patient.

Discourage **juniors** from asking patients to see “a Diabetic specialist/ Hypertension specialist/Dermatologist/Rheumatologist/Oncologist” etc. Encourage **writing specific letters of referral** with directions to the patients as to clinic days, room number etc.

- j. It is the duty of the Consultant to treat the patient as a whole without isolating and managing only a “surgical/medical condition”. Organize relevant specialist referrals from your outpatient clinic whenever possible for co-morbid illnesses and for follow up treatment.
- k. Be mindful of the fact that **you are treating an individual, not reports**. In the interest of the patient and considering the expenses involved one should try to limit further tests that should be carried out, unless they are essential.

3. Social Justice

Social Justice is a concept which holds that all people should have equal access to wealth, **health**, well-being and freedom. This means equal opportunities to progress in life. Sri Lanka is a welfare state in theory, with free education, free healthcare, an independent judiciary and a free market economy. This country should be a showpiece of social justice to the rest of the world. However this is far from the truth. There are social barriers that complicate what appears to be a simple concept to follow. Prejudices abound at every level, interfering with the mindset of the populace, creating barriers to the practice of Social Justice. Every professional has knowledge in abundance. He/she must learn to use it intelligently and show wisdom when applying it. It is this quality of **wisdom** in the professional that helps him/her to overcome prejudice. Knowledge, intelligence but more so, broadmindedness and **wisdom** are the hallmarks of the true professional.

The world is divided into nations. Nationalism, rooting for your country and its people, is an accepted norm. However within the nation itself there are people of different countries of origin, colour, religions, religious beliefs, races, languages, castes, habits, sexual preferences and dress codes. There are also ex-prisoners, migrants, the disabled (physically or mentally) and those with special needs, and addicts (to alcohol, smoking, drugs, food habits etc). These could produce barriers between groups or individuals, denying social justice to a person/ persons from “the other side”.

Discrimination may be overt or more subtly covert, denying the recipient the justice of total health care. This could take the form of delayed treatment, sub optimal treatment/care and the worst scenario of denied treatment or no treatment. The implications are twofold – the recipient may suffer in the short term but the caregiver may suffer in the long term as one prejudice could escalate to add on many others. Eventually he/she could further suffer from the guilt feelings of denying another human being the concept of total healthcare.

Who is this recipient of prejudice? Although he/she is from a different country, colour, caste, race, religion, community, belief etc. that person is **also a human being** with the same expectations from life as the caregiver. The domino effect created by the neglect of this patient could adversely affect others closely or remotely connected with the patient, economically or socially. It is not coincidental that it is the poor and marginalized who are the usual recipients of such discrimination.

To deliver Social Justice one needs critical consciousness and cultural humility. One needs to be conscious of one's prejudices. Such prejudices often come due to a lack of communication or understanding of cultural diversity. Medical professionals become more and more insular due to the burden of delivery of healthcare, teaching and training and continuing professional development. Hence the media, social media, popular gossip and hearsay may create impressions and prejudices which could induce the professional to deviate from analyzing, studying critically or communicating with such diverse groups. This could lead to a lack of understanding of social/cultural diversity. Gossip then becomes the truth. "Critical consciousness is being aware of one's own biases, assumptions and beliefs and then pushing beyond that understanding in order to take action toward creating justice" – *Kanangai and Lypson*.

Hence one has to first be aware and then make a conscious effort to overcome this prejudice. And develop the concept of **tolerance**. This is possible. Fight it, reason with yourself about it. A reasonable, cultured and educated person usually overcomes prejudices.

4. Abuse / The “Me Too” Movement /sexual abuse

Abuse is usually directed at those who are helpless. In the medical profession this means at staff; from junior doctors, nurses downwards, but it also includes a special category – patients. Abuse is a betrayal of trust, whilst sexual abuse is a serious violation of trust. The “Me Too” Movement has revealed that what has in the past been passed off as a joke, a crude or vulgar remark, inappropriate touching or groping have had long-term negative effects on women. This has been shown to affect the way she takes care of her health, both mental and physical, during her lifetime. Overt sexual abuse is even more devastating. You certainly would not want this to happen to your wife, sister or child, would you?

In 2016 it was reported in the USA that 2400 doctors had been sanctioned for sexually abusing their patients. The misdemeanors included unwanted genital examination in young girls, groping, vulgar comments, to closed door sex including masturbation, sexual intercourse and even sodomy. Sexual abuse has also been reported on vulnerable males.

More disturbing was the finding that among those found to have sexually abused their patients were some of the most accomplished and admired – even revered doctors in the country. This is so even with priests who share one issue in common with doctors – that of shared confidences/ secrecy.

Even though the Sri Lanka Medical Council has zero tolerance for doctors who sexually abuse patients, the nature and composition of an enquiry into such a misdemeanor is loaded more in favour of the doctor than in favour of the patient. As a result, “getting away with it” once or twice is a dangerous precedent as the perpetrator becomes emboldened to continue or even go further up in the abuse ladder.

Self-discipline, discussing with peers, guidance from religious teachers and even counseling may have to be considered if the habit persists.

Precautions that the doctor could take to safeguard himself/herself and the patient include:

- Doctors should not watch patients dress or undress
- Doctors should use drapes to avoid unnecessary exposure of the patient's body
- When a doctor conducts an intimate examination the patient should be told of the need for this
- A chaperone should always be present – nurse, attendant or relative of the patient
- Doctors should not touch or examine genital areas without gloves
- Doctors should not conduct intimate examinations without medical justification or perform them in unusual ways such as ordering patients to assume positions to expose genital or rectal areas without justification
- Doctor should not make sexualized or demeaning comments to a patient or request details of sexual history/likes/dislikes that are not appropriate
- Doctors should not institute a conversation about their own sexual problems, preferences or fantasies, with patients
- There is a difference between medical examination and fondling. Patients can easily sense this, be aware.

It is the responsibility of the surgeon to ensure that colleagues, junior doctors, nurses, minor staff or medical students do not abuse his/her patients. As civil society and patients' rights groups get more active, it is important that these guidelines be followed to protect yourself and the profession. Regardless, the responsibility above all is to protect the patient.

5. Patient autonomy

This refers to the rights of patients to make decisions about their medical/surgical care without their health care provider trying to influence such decisions. Patient autonomy does allow for health care providers to educate the patient but does not allow the health care provider to force the decision on the patient. This has become the key concern of an emerging medical topic – **bioethics**. As a surgeon, one may immediately note that there are positive as well as negative implications for surgical decision making when one takes into consideration an individual's autonomy or right to decide. In today's world, most people believe that it is preferable to be their own person, and shape their own lives rather than live under the control of others. A surgeon has had many years of education and training and may believe on the other hand that he/ she is the person best equipped to make this decision.

Principal respect for autonomy also includes a discussion on confidentiality, privacy, truth telling and trust. A patient should then be given that information to enable him/her and family to make decisions about their health options with understanding, and with freedom from controlling influences. The patient should be offered options and be allowed to make voluntary choices about potentially life changing interventions e.g. declining surgery for coronary artery disease. This refusal for surgery usually arises due to a lack of communication, lack of briefing on informed consent or a lack of confidence on the caregiver.

The key to the problem is communication. Good communication skills are necessary to explain the procedure and protocols to the patient. Moreover showing empathy would inspire confidence in the patient and usually helps him/her to agree to the best option available.

It is imperative to keep in mind that there are two aspects to communication; talking as well as listening. As surgeons, we are trained to explain things to patients but often lack the patience to listen to their concerns as to how a particular surgical operation would impact

on the patient, the family, and the patient's occupation, etc. The most negative approach is a "I am the boss, I know what I am doing, you can either take it or leave it" attitude.

Patient autonomy is further strengthened if the patient or relatives are permitted to obtain a second opinion, if this does not cause delay or compromise the patient's illness. It also protects both parties in case of an unfavorable outcome. The practice of having a previous patient already treated for the same illness with a favorable outcome (support group) and with both patients' consent, present at the consultation usually contributes to getting a positive response from the patient.

Most surgeons do come across "difficult patients" at some point in their career. A surgeon may need to exercise a lot of patience in discussing the procedure, the expected benefits and outcomes from each management option he gives the patient. Even though one should not make decisions for patients, there are exceptions in life saving emergencies. The patient or the relatives should be provided with all information and an explanation on the surgical or medical management which is necessary to save the patient's life.

The best scenario is when, at the end of the discussion, the patient and relatives say "Doctor, thank you. Please make the decision you think is best for the patient. We will agree".

6. Communication skills

Good team leaders are good communicators. Effective communication involves both listening to, and then responding accurately and effectively to the satisfaction of the listener. He should cultivate the habit of being able to articulate clearly and effectively with the patient, relatives, junior staff, nurses, minor staff, administrators, colleagues both in the same specialty and in other specialties, as well as with the public and media.

Moreover a team leader should be aware of what is going on most of the time.

Patients: Listen to patients with minimal interruptions and respond honestly to their questions. Relatives often request you not to divulge a serious illness like cancer to the patient. Tact is required to break the news in a gentle manner initially, and the patient will eventually come to know the real status later. Respect the individual's dignity, privacy/confidentiality and beliefs.

You must not allow a complaint by a patient regarding your staff to adversely influence the care and treatment you provide this patient. This should also not influence your professional relationships and the treatment you provide such patients. A "difficult patient" is often ignored or dealt with harshly. On most occasions their complaints are real.

You must not express personal beliefs (political, religious, moral) to patients in a way that it exploits their vulnerability or causes distress.

Colleagues and Hospital staff: You should be accessible and amenable for discussions with colleagues and staff. Maintain cordial relationships and respect what they say. Rude, sarcastic or harsh remarks are counterproductive and may force junior and other ward staff not to communicate with you when really necessary. This could be to the detriment of patient welfare.

Be interested in the welfare of the staff under you – they are also human. Greeting everyone with a smile or friendly gesture goes a long way in maintaining good relationships and a good work ethic in the unit. Kindness and courtesy bring respect, whereas arrogance does not! Never pull up, scold or ridicule a member of your staff in front of others. If you need to admonish them, do it in private – advice and counseling is always more productive than ridiculing. If you have differences of opinion, settle it with a friendly discussion and do not sulk or harbor grudges over it. Forget it as soon as possible.

Hospital Directors, Administrative Staff and Matrons: They too are working under difficult conditions, battling with poor funding, and shortage of staff, equipment and drugs. Hospital Directors are, in addition, compelled to show allegiance to politicians! Be respectful of the position Administrators hold. Be reasonable with your demands and maintain a healthy dialogue to see how the problems could be overcome. Do not use harsh words especially at meetings and in front of an audience. Be prepared for a compromise at every discussion.

Be aware of the phrase “morality of equity in public spending”. Every specialty and unit is entitled to a share of the pie of allocated funds. Do not demand that it should all be spent on expensive surgical equipment alone.

7. Relationships with colleagues

Why do conflicts occur between peers and colleagues or for that matter, persons in general? Basically they arise from a lack of control over four emotions: anger, jealousy, arrogance and pride. We expect Consultants to have a certain degree of control over these emotions, so much so that they should be role models to their juniors. Unfortunately this is not what we often see in reality.

Anger:

Anger is the commonest human emotion that is universally displayed. It often ends in conflict. Uncontrolled anger, whether at work, on the road (road rage) or at home causes conflicts which extend from minor spats, arguments, to assault or even to murder.

Here are some anger management tips; Think before you speak. Never articulate expletives or swear words. Collect your thoughts before saying anything. Once you are calm you can express your feelings in a non-confrontational way. Do not hold a grudge, try to forgive however much you may feel you are right and entitled to be angry. A joke or light statement correctly placed could diffuse tensions. However, a bad joke could aggravate the situation. Remember, mental pain lasts much longer than physical pain. Be ready to say "sorry".

Jealousy:

This emotion is awakened when one hears that a colleague is having a greater share in one or more of the following: his/her surgical practice with better outcomes, a larger private practice, more publications and more exposure in the media, in short more "success". One hears of Consultants arguing over private patients in the corridors of Private Hospitals in the presence of patients and other hospital staff. One of them maybe correct. These emotions arise out of a feeling of inadequacy. The truth is that such actions may contribute further to your feelings of inferiority/inadequacy. Negative emotions could be controlled by a process of self-analysis, talking to a close friend or relative, or meditation. If these do not help, professional help from counselors

may be sought. Though one may think that one would be looked on as being "inferior" for seeking the help of a counselor, one would, in reality, be admired for having the courage to do so.

Such conflicts are also better resolved by having one to one chats in a private room, if possible with the presence of an arbiter or ombudsman. Remember that in conflict resolution discussions, compromise is vital. One should be prepared to agree to a little bit of give and take so that both parties would leave satisfied that each one has got something out of the discussion.

Arrogance:

Arrogance is usually an outcome of ignorance, or a feeling of inadequacy. This arouses the emotion of wanting to assert oneself. This is why the recipients of such arrogant behavior are usually minor employees or those in the lower ranks of the employment chain viz. labourers, attendants, nurses, and junior medical staff. In Sri Lanka they usually accept such behavior from a senior as part of their fate. However major problems could arise if such behavior is practiced in the developed world. It is amusing to hear that doctors who were the most arrogant, roaring and bellowing away in hospitals in Sri Lanka become the most docile kittens when practicing in the UK! This indicates that one could change one's practices if one really wants to.

Arrogance becomes problematical when conflicts arise with Consultants from other specialties, especially anesthetists. Surgeons and anesthetists need to work closely as a team for the welfare of the patient. When conflicts arise between them, it is usually due to two strong personalities, one trying to assert himself/herself over the other. The surgeon wants to operate, the anesthetist finds some excuse to cancel or postpone the operation. Arguing in the operating theatre or in the hospital in front of others is usually counterproductive, especially when harsh words are used. The surgeon should first try to establish where the problem could be, and whether it could be in the personality and the behavior of the surgeon himself. These problems could include: not discussing problematic patients with the anesthetists, not arriving in the operating theatre on time, not finishing on time, etc. The surgeon should also come down one step and pamper the other's weak personality or immaturity. Understanding this is very important. Sorting

it out privately on a one to one basis or with a senior in attendance is a possible way out. Continue to greet the person you had the difference of opinion, with a 'good morning' and a 'thank you' when appropriate. Maintain a dialogue or conversation with such a person rather than silence.

Other areas of conflict could arise with Consultant physicians for maintaining that a patient is not ready for surgery or for not referring patients to you; Consultant Radiologists and Pathologists for not accommodating your patients for early dates, or for not sending reports in time. These could stir up emotions of anger or arrogance, especially if you care more for your patients! Any major conflicts are best settled by inviting the other party to have a discussion over a cup of tea either on a one to one basis or with a mutual friend in attendance. It should never be in the presence of juniors and other staff or patients as any "victory" you may achieve on that occasion could produce a grievous mental injury to the other. He/she could carry this grudge for life. Patients would be the ones who could be affected. Getting an arbiter or ombudsman where a give and take discussion is conducted in a friendly manner in a private setting is the best way, even though this could be difficult. The best outcome from negotiations is when, by giving into a few unimportant concessions, you come out feeling that you have won the day whilst the other party feels that he/she has won a major victory. Remember that you must continue to maintain a dialogue with the persons concerned.

Humility vs. Pride:

Every religion preaches that most problems in this world arise from people acting with a sense of pride and therefore not with humility. Surgeons are showmen who talk of "my patients", "my operation", "my success". Patients puff up this emotion in surgeons by saying "God first you second, doctor". Anyone who believes this is only fooling himself. Most patients probably say this to every doctor they go to in the mistaken belief that they would get "special treatment" by saying it. Do not be fooled. The more one succumbs to this feeling of pride, the more the quantum of jealousy that is stirred up against one's colleagues. As a

result, one has to boost up one's ego by running down the reputation of colleagues. This is called "back-biting" (talking ill of others when they are not around to defend themselves). The first step in overcoming this emotion is awareness.

"In today's world humankind is veering recklessly in two destructive directions. One is a path of violent struggle and confrontation, the other that of frivolous self-indulgence. Beneath their apparent contrasts, what unites these two extremes is a shared disregard for human dignity: the former violates the dignity of other people, the latter undermines one's own dignity." – *Bhikkhu Bodhi*

Awareness and mindfulness are emotions created by being self-critical, contemplative and through discussion or meditation. This would help one to overcome, to some extent, the emotion of pride and cultivate to a greater extent the practice of humility.

8. Private practice

Private practice appears to bring out the best and also the worst in terms of Doctor/ Specialist behavior. The majority of complaints against doctors in the media follow bad experiences patients have had at Consultation rooms in Private Hospitals.

Punctuality: Late arrival for consultations usually occurs if the Consultant visits several hospitals in one evening. Either limit the visit to each hospital to particular days of the week or space your appointments at the next hospital giving you adequate time to arrive considering traffic congestion, etc. A call to tell the relevant Channeling Center that you are running late and will arrive in “X” hours’ is polite and usually satisfies even the most restless of patients.

Time: Another common complaint is that the consultation was hurried and barely lasted a few minutes. There is no mandatory rule to say how long one should spend on a patient as this would differ from patient to patient. Not appearing rushed is important. Furthermore, time spent on questions regarding history, past diagnoses, progress up to now, review of co-morbid illnesses and medications too will be helpful. More importantly, giving a patient the opportunity to ask questions, discuss medications and possible important side effects would be considered optimum.

Cultivate the habit of relaxing and smiling, it would contribute towards your good health too.

Fees:

Consultation and surgical: Although there are no limits, avarice is counter-productive as the message spreads in the community. Start with reasonable rates, do not copy what your colleague is doing. Most patients would be categorized as poor patients desperate for your help, patients from the middle class who may have to borrow or even mortgage /sell property to meet the bills, or patients who are insured, and foreigners. Rates for each category could differ. Discuss this with the patient/ relatives. Do not fleece those who are insured or patients who are foreigners. Even insurance firms have a tab on what a doctor

charges and may discourage their clients from going to a doctor who charges excessively. One should at the very least, inform the patient and relatives what your fees would be so that they could figure out the financial implications in advance.

If **you** do not regulate this, it is almost certain that **others** would do it for you.

Doctors, Parents of Doctors, Teachers and Clergy: It is important that you make a policy decision early in life that you are not going to charge members of the above categories. Let us look at it this way. By charging them you will not be richer, and by refunding the fee you will not be poorer either. But by charging them you may harbor feelings of regret and doubts about your ethical behavior, maybe for the rest of your life. After a refund you will almost certainly be richer for the experience. Teachers, especially medical teachers are in our culture treated with the same reverence as parents. Do not ever charge them. Charging medical students is debatable but if one does not charge, it may serve as an important lesson to the student when he/she becomes a doctor.

Kickbacks: Pharmaceutical firms have various methods of inducing doctors to use or recommend their products. A particular form of “bribe” given by hospitals and laboratories is what is called a “referral fee” – fee for sending patients to them for investigations, be it hematological, radiological/ scans etc. or even for surgical operations. This is tantamount to a bribe and should be condemned. It is also an offence. Remember it is the patient who has to pay this “hidden fee”.

Touting: Paying a fee to others to send you patients is also tantamount to bribery. It is a sign of professional and moral bankruptcy. Private practice needs no advertising – your best advertisers would be your satisfied patients.

“Pinching” patients: If you come to know that another surgeon has operated on a patient you had seen and got ready for surgery, you should ask yourself what is it that made the patient leave you and go to another surgeon. The patient may have found something deficient in your care

which he did not find in your colleague. Find out what that was and correct it. It is totally unethical to confront the other surgeon and accuse him of “stealing” your patient, and worse still to argue or fight over this, especially in the presence of others. You will only develop more arrogance and more intolerance and a sense of frustration and regret which will affect all other aspects of your life. You will also lower yourself in esteem in the eyes of all who witness this behavior. Humility, introspection and the ability to correct yourself can be very rewarding.

Turf wars: Ever since “finer or sub specialties” started branching off from General Surgery there has been debate as to which group could operate on which areas. Conflicts have developed when surgeons from these specialties have operated on areas traditionally looked after by General Surgeons. e.g. Thyroidectomy: General, ENT or OMF Surgeon, Finger tip injuries: General, Plastic or Orthopedic Surgeon, Parotid surgery: General, OMF or ENT etc. It is often difficult to understand why such conflicts take place (more often in the private sector) as a majority of these operations are designated to junior staff in government hospitals anyway. It is not who did the operation, but how the patient benefitted that matters. If a particular surgeon or group of surgeons produces consistently poor results, reporting such events to the Medical Council is the correct course of action one should resort to. The Medical Council is empowered to take action in cases of medical negligence.

Investigations: Investigations are expensive. Requesting an excessive number of investigations for fear of litigation is a poor reflection of one’s clinical judgement. Even worse are investigations done at the behest of private laboratories or hospitals for a “referral fee” as mentioned earlier. These fees are added to the patient’s bill. Poor patients suffer the most.

Conclusion: Private practice gives you an opportunity to live a comfortable life with the ability to afford commodities considered a luxury by other members of the community. It is earned from patients with the knowledge and skills that you have acquired through hard work and practice. However it must not be done at the expense of your

family life; at the expense of your health; at the expense of your moral standards or **at the expense of patients** who may have to borrow or mortgage property to pay for this. The ideal situation would be where you are comfortably off at the end of the day and all your patients are happy and well off because of your treatment and care.

9. Pharmaceutical and devices manufacturing companies

Pharmaceutical and devices manufacturing companies have their good and bad aspects. Without their contribution to research and development, medicine could not have advanced to the state we are in. They depend on advertising for promotion of their products and employ “Drug reps” to personally interview doctors to make them aware of the products. Give them a hearing, as they are youngsters trying to succeed in life. So far so good.

It is when rivalry takes place between companies promoting the same generic drug, instrument or device that problems occur. These companies use inducements directly or indirectly to influence the Doctor/Consultant to prescribe that particular brand or recommend a particular device or machine. As a result, over prescribing especially with vitamin based medications without evidence, polypharmacy without adequate diagnosis and with a “hit or miss” attitude may creep into one’s practice. Moreover, prescribing expensive brands when cheaper proven alternatives are available or refusing to operate with the provided suture materials or instruments which have been screened and passed by the Devices Committee, could erode ones credibility. Eventually patients are held to ransom when surgeons refuse to operate. It is the patient who suffers.

Gifts and travel sponsorships are hidden costs which patients have to pay for. Pharmaceutical firms simply add the cost of such sponsorship to the drug or device. This may change society’s perception of the profession as not serving the best interests of patients. Moreover, accepting a gift establishes a relationship between the physician and the drug company that obligates a response from the physician. Accepting gifts and the resulting relationship have ethical implications as well. First, the use of patients’ money to pay for gifts can be unjust. Second, the legal/ethical relationship between the physician and patient may be threatened if prescribing practices are affected, as intended by the drug company. Third, the physician’s character may be altered by a practice that encourages self-interest at patients’ expense.

Research grants from pharmaceutical companies: Evidence is strong that sponsored research tends to produce “favourable” results. Leading academic institutions are currently debating the rules governing relations between researchers and sponsors. Always declare your conflict of interest when publishing research sponsored by pharmaceutical firms.

There are guidelines for prescriptions viz. the generic name followed by the preferred brand name within brackets. Public Health Inspectors are empowered to report noncompliance for action/prosecution.

Eventually striking a balance between rational prescribing, patient affordability and evidence based practices may be the best way forward.

10. The surgeon as a role model for other medical professionals

A role model is someone who is admired by another person who then tries to be like the former. He or she is also someone whose behavior, example or success can be emulated by others. This means that your lead is being **watched, judged and then maybe imitated** by others, especially juniors.

Surgeons are team leaders by necessity as a consequence of the lead role they take in the operating theatre. Without in anyway undermining the importance of those from other specialties, surgeons are looked upon by others to set good examples, to behave ethically and morally and to lead by example. We must not let them down.

Therefore, among the attributes one must cultivate are:

- The passion to inspire others by showing unselfish dedication and showing willingness to empower others. *"If I have seen further it is by standing on the shoulders of Giants."* Isaac Newton. Be a giant, teach all that you know to others, let them start with the knowledge and skills which you have at present. Get them to see further.
- To display a clear set of values and to live by these values/ not have double standards. It is easy to preach good behavior to others whilst not practicing what you preach.
- To give freely of time and talents to benefit people and show a commitment to the community. Community service in supporting non-governmental organizations which are involved in the care of the disabled, the environment, the disempowered, promoting community harmony and tolerance and social service are some areas one could get involved with.
- To show the ability to overcome obstacles and initiate action in emergency situations. To innovate and to keep calm. Become a problem solver even for minor issues that arise during work so that everyone looks up to you. Never humiliate the person who brought up the problem, they may not come to you again.

- To have selflessness, to serve than to receive, not “what is in it for me” but “how can I contribute?” Consider yourself a privileged person in society. Charging higher fees, demanding more benefits and emoluments from the employing authority, or demanding more privileges must be within reason and not at the expense of others.
- To be happy but not boastful about achievements, and to strive for bigger and better objectives.
- To communicate and interact, which means listening as well as talking; being patient and repeating instructions until everyone understands. Too often one gives several instructions and expects everyone to remember them all. Achieve one task at a time.
- To show respect and genuine concern for others. Don’t take people for granted. Do not reap your happiness on another person’s unhappiness. When such situations arise be ready for a dialogue with a “give and take” attitude.
- To fight the natural tendency to secretly delight in other people’s misfortunes. There is a German term for this “*schadenfreude*” (pleasure derived by someone from another person’s misfortune). Fight this emotion by being aware and by developing empathy towards such unfortunate persons.
- Not vilify others to make yourself look good, especially when someone requests a second opinion from you. Do not be afraid to offer your help in case a colleague needs a second opinion or assistance at an operation.
- Making yourself knowledgeable and motivated, teachers whilst also being constant learners. Continuous professional development is not only for juniors. Journal clubs and update lectures should be part of your practice.
- Showing humility, and awareness of the ability to admit mistakes. Nobody is perfect – apologize, accept accountability. Have the courage to declare an unexpected death of a patient yourself to relatives, rather than leaving it to juniors.

- Dedicating time for mentoring. Don't assign tasks to overstretch the mentee. Don't set performance bars too high.
- Not acting, speaking or behaving contrary to the standards you have set as a leader.
- Treating others as you would want to be treated, respected and honoured.
- Having goals and objectives. Communicate with the team to execute these.
- Trying to be innovative and creative. Research is the hallmark of professionalism
- Not dumping tasks as if you were in a hurry. Plan, discuss, delegate. Compliment good work and don't be offended or overcritical when achievements are not up to expectations.
- Keeping your word. Do apologize if you change your mind. Be consistent in your activities not contradictory.
- Not cheating, lying or stealing, nor condoning unethical behavior. Don't intentionally misrepresent information, especially in research papers and publications.

Moreover:

- Beware of remarks on social media! There are "spin doctors" ever ready to interpret any remark in an evil sort of way; they are capable of twisting an innocent well-meaning statement into a sinister, vile and degrading remark. This can only hurt you.
- Be careful of how you behave at parties and functions. Face book, WhatsApp and other social media fiends are ever ready to take photos of anyone in an embarrassing situation, and have no compunction in posting them.
- Dress and behave like a professional, carry yourself with dignity and decorum.

Be a role model, walk erect and tall and enjoy the experience of being a consistently ethical, moral, good human being and doctor.