

## Trouble shooting my problem PC

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Doctors have been deified in India since ages. But of late the demigod status has been blown away by daily news items which show doctors in bad light. Although generally the respect still remains, the society has put the profession under scanner. It is true that many complaints against doctors are frivolous but all the smoke is not without fire. We must agree that, the unbridled and unregulated churning of large number of doctors has led to this situation. In this large community some are likely to go insane, become corrupt, develop criminal tendency or hit the bottle. To believe that all doctors are good is a utopian thought. We must overcome this 'conspiracy of silence' regarding a problem professional colleague (PC) [1]. We should not stand like an ostrich in the sand. It is better to talk to a problem colleague rather than make him a talk of the tea club grapevine.

The topic can be discussed under the following headings:

1. Who is a problem professional colleague (PC) ?
2. What are the consequences ?
3. How can we deal with the problem ?

It is difficult to define a problem PC but often diagnosis is not difficult. These cases come to the fore because of acts of negligence, dereliction of duty or poor outcomes due to impaired decision making. We come across news where an orthopedician has administered anaesthesia for a minor procedure, resulting in death of the patient [2]. Another example of going beyond ones domain is of an anaesthetist circumcising a baby leading to penile amputation [3]. These are indefensible cases. What pains is a news item regarding a complaint of a post graduate student

against a head of the department regarding objectionable behaviour with students leading to his removal from the post [4]. Even worse can be the news of a dean caught with liquor bottle whilst downing it in his chamber by none other than a state minister [5].

These are cases where prima facie enquiries have proved the accused to be guilty. Thankfully such obvious cases are not many. However a worrisome fact is that there are many colleagues who are professionally not up to the mark but they continue to hold positions of responsibility or are involved in clinical management of patients. This results in higher complication rates, higher morbidity and mortality rates on the clinical front. The damage in cases involving recalcitrant medical college staff is immeasurable. All this finally leads to society losing faith and confidence in the medical profession.

One method of dealing with the problem is to follow norms of good clinical practices. This includes auditing of clinical work. Such clinical or surgical audit should be compulsory. A patient who wants to know the complication rates of a surgeon should be provided the relevant figures. This also brings transparency to the whole process of clinical practice. In India, where norms are not followed in a stringent manner, there is no standardisation of treatment. This can be hazardous in many instances. This freedom leads to use of experimental methods of treatment with some anecdotal success. A suitable example would be controversies surrounding stem cell therapy in India [6]. Clinical practice should go through all the stringent norms.

Re-registration every five years is also a good way of keeping oneself updated in a fast changing field. There is evidence to suggest that continuing medical education (CME) programs are effective in improving physician application of knowledge [7]. For those who have been found to be guilty of dereliction of duty a disciplinary tribunal should decide the course of action. The approach should be therapeutic rather than punitive.

In summary, we should acknowledge that we have colleagues who have problems with regards to competence, communication and inter-personal relationships. These need to be identified and helped initially by informal methods and later by formal action. The causes of problem behaviour may be related to alcohol and drug abuse or may be due to psychiatric illness. Identification is essential because patient well-being may be at

stake, and untreated impairment may result in loss of license, health problems, and even death. Fortunately, once identified and treated, physicians often do better in recovery than others and typically can return to a productive career and a satisfying personal and family life [8].

Preventive aspects need to be stressed as today's 'good doctor' can become a 'bad doctor' tomorrow if effective measures are not taken. Steps can be taken to incorporate these issues in the undergraduate curriculum. Identifying problem students can be the first step in this direction. Proper self-regulation and transparency by the medical community will go a long way in restoring the lost faith of the society.

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