

## Book review

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### Problems with doctors

P. Lens and G. van der Wal, eds, *Problem Doctors – A Conspiracy of Silence*, IOS Press, Amsterdam, 1997, ISBN 90 5199 287 4, \$76, 274 pp.

What is a problem doctor? Several of the authors in this volume, as well as the Editors themselves, wrestle with the difficulty of providing an adequate definition. They need not be so concerned: it is clear that the thirty contributors understand very well what is meant; whether the problems with a doctor are associated with indolence, mental-ill health, drugs, fraudulent practices or any other factor, the ultimate victim is the patient. The book looks at the many causes of the problem as they have been experienced in a range of countries, the manner in which they have been tackled, and the lessons which can be drawn. All this the book contrives to do lucidly and constructively, with sufficient examples to enliven the text without becoming merely anecdotal.

On the evidence to date, some 5% of doctors do not function properly. Providing a figure is an achievement in itself, since the book's subtitle rightly identifies a conspiracy of silence around the issue. In part that is a traditional means by which the medical profession defends itself; but the myth that every doctor is both competent and honest is also one which many a patient needs if he or she is to have faith in medical care; and if in course of time the fear arises that a doctor is not entirely to be trusted, the patient will only with very great reluctance admit to that conclusion and act upon it. A proper bedside manner is a great virtue, but it can also mask a multitude of shortcomings and engender a degree of trust which is not deserved.

The silence around the problem has meant that it is commonly tackled too late or not at all. As Richard Smith, Editor of the British Medical Journal, reminds us in his introduction, Britain's medical profession has been regulated by the General Medical Council for over a century, but the Council is only now introducing a system for dealing with poorly performing doctors, and its existing scheme for dealing with sick doctors does not seem to engage most of the sick doctors in the country. Even the effectiveness of Canada's legislative model, designed to deal with cases in which physicians have experienced problems in the areas of competence, ethical conduct, resource utilization or personal illness, has been questioned; historically, as this volume points out, that system has revolved around a complaint-driven process which may not ideally serve either the public or the profession; new approaches are now being sought to ensure that problems are resolved quickly, correctly, inexpensively, and with a high level of public accountability.

A particular difficulty arises where the malfunctioning of a physician is identified by his colleagues, or by other hospital staff, e.g., observant nurses; instances are cited from various countries in which the "conspiracy of silence" ensured that a whistleblower was effectively silenced or at least discouraged from taking action which might prove painful or embarrassing. A Swedish case relates to a patient who was incompetently operated upon, with serious consequences from which he fortunately recovered; seven years later, when the patient himself was working in the administration of the hospital concerned,

he was informed that the physician in question had been a drug addict who had injured a number of patients because of lack of concentration and skill. His failings had been known to his colleagues, but he had not been helped and ultimately had committed suicide.

One can devise measures to render the problem doctor innocuous, to help him in solving his own problems, and to ensure that patients who have been injured are compensated. More basic is the attempt to ensure that individuals who are likely to function poorly in the medical profession to not enter it at all. The effects of selecting future medical students (or physicians seeking to specialize) to this end seem however to be limited; more promising is the creation of a system in which the performance of the student and the physician can be kept under surveillance and supplementary training and support provided wherever necessary. Medical schools have moved away from a situation in which academic ability was the sole criteria for entry and success but they still often fall short in teaching decision-making, communication and inter-personal skills and the ability to audit one's own performance and that of others.

This is altogether a splendid and stimulating book which also contrives to be readable; it is full of experiences and ideas which may help individuals and institutions in dealing with the problem doctor. If one may venture a tiny criticism: one feels the lack of an index, since in some situations it could be a valuable work of reference. And looking to the future, one may hope that these authors and like-minded colleagues elsewhere will expand this study to deal with a wider range of countries; there clearly are problem doctors in the former socialist countries, in Japan and in the developing world as well as in the West, and experience in dealing with them needs to be examined. Particularly in countries where the medical profession has remained highly authoritarian, or where physicians work under particularly trying conditions one can only guess at the degree to which individuals fail and patients in consequence suffer.