

# ERRANT DOCTORS

– Time To Move Beyond The Name, Blame, Shame And Fine  
To Understanding The Problems In The Performance Of Doctors.

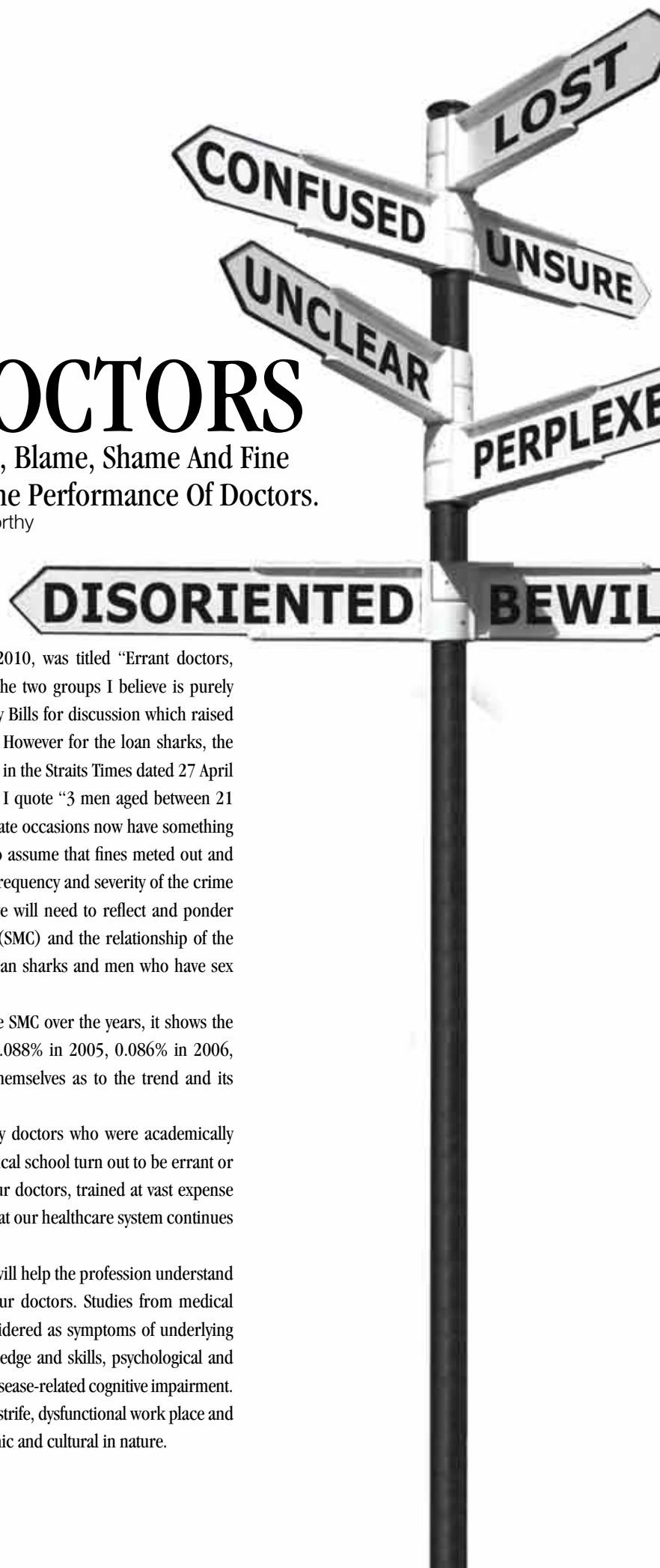
By Dr T. Thirumoorthy

An article in the Straits Times on Saturday, 9 January 2010, was titled “Errant doctors, loan sharks under scrutiny”. The association between the two groups I believe is purely coincidental. The article referred to the upcoming parliamentary Bills for discussion which raised the cap on fines for errant doctors from \$10,000 to \$100,000. However for the loan sharks, the fine range was moved up from \$30,000 to \$ 300,000. In a report in the Straits Times dated 27 April 2009, filed by Esther Tan titled “Men fined for underaged sex”, I quote “3 men aged between 21 and 24 who each had sex with the same underaged girl on separate occasions now have something else in common – a fine of \$3,000”. It would be appropriate to assume that fines meted out and the need to increase them would be reflective of the increasing frequency and severity of the crime as assessed by negative effect on the public. As a profession, we will need to reflect and ponder on this increase of the fines by the Singapore Medical Council (SMC) and the relationship of the proportionality of the crimes and fines of the errant doctors, loan sharks and men who have sex with underaged girls.

When one looks at the number of doctors disciplined by the SMC over the years, it shows the following trend in terms of percentage of doctors registered: 0.088% in 2005, 0.086% in 2006, 0.12% in 2007 and 0.14% in 2009. The statistics speak for themselves as to the trend and its significance to public safety.

The profession and society need to reflect and explore why doctors who were academically brilliant and positively motivated at the time of admission to medical school turn out to be errant or mediocre. Beyond errant doctors, the bigger issue is whether our doctors, trained at vast expense of time, effort and resources are performing optimally in a way that our healthcare system continues to improve in timeliness, quality, safety and sustainability.

There is no local researched evidence or objective data that will help the profession understand the causes leading to errant behaviours and performance of our doctors. Studies from medical literature suggest that doctors’ performance problems are considered as symptoms of underlying issues. These could include failure to maintain or acquire knowledge and skills, psychological and behavioural problems, substance abuse, physical illness, age and disease-related cognitive impairment. Predisposing factors include financial problems, overwork, family strife, dysfunctional work place and burnout. The causes are not just individual failings but both systemic and cultural in nature.



The profession and society need to reflect and explore why doctors who were academically brilliant and positively motivated at the time of admission to medical school turn out to be errant or mediocre. Beyond errant doctors, the bigger issue is whether our doctors, trained at vast expense of time, effort and resources are performing optimally in a way that our healthcare system continues to improve in timeliness, quality, safety and sustainability.

## DERED

In searching for clues to understand the problem of doctors in Singapore, one could turn to one of the few surveys done on doctors which was reported in the Sunday Times on 21 January 2001. It is reported that in response to the statement: "If I had a chance again I would get into some other type of work", only 47% disagreed, 32% agreed and 21% were neutral. In other words the majority are not sure or unsatisfied about their choice of career. A study in the UK (British Medical Journal, 4 January 2003) showed that the proportion of doctors intending to quit direct patient care rose from 14% in 1988 to 22% in 2001. In another study done among resident physicians in Canada (BMC Medical Education 2005), 22% would pursue another career if they had to do it all over again. It would be safe to say that world-wide studies show a burnout rate varying from 10 to 50% with a median of 30% among medical students and doctors, depending on the instruments and definitions used for the study.

The practice of medicine especially those involved in direct patient care is known to be stressful to many doctors, to an extent of being physically and emotionally overwhelmed by the demands of the job. Doctors' stress, anxiety, fatigue, isolation and psychological distress affect the performance of the healthcare system and doctors. In addition to clinical competence, psychosocial skills and competence in personal professional governance are essential in achieving excellence in doctors' performance.

In the same survey published in 2001, it is worth noting that to the statement, "The government treats doctors fairly when dealing with complaints from the public", only 32% agreed, with 37% neutral and 31% disagreed. In other words 68% were not convinced that they would get a fair hearing. There is no reason to believe that the recent amendments in the Medical Registration Act (MRA) would change these

figures for the better. This wide credibility gap between the profession and regulators does not augur well for the health of the profession, the healthcare system and society.

Professionalism does not grow on trees. Investment in research is necessary to understand the state of professional wellness of our doctors, so that preventive and corrective measures can be instituted. Investment in appropriate professional development and governance will ensure that the regulation of doctors is competent, efficient and equitable.

It is in the public's interest that doctors are educated, nurtured and regulated by a competent and fair system. It serves both the public and professional interest for the errant doctors to be investigated and disciplined, at the same time that competent and conscientious doctors not suffer unnecessary trials and inappropriate punishment. After all, it costs society thousands of dollars to train a doctor and naturally a significant amount as well when he is suspended.

Doctors who are adequately supported and mentored in their professional development will achieve success in the various aspects of professional and personal life, in turn benefitting the healthcare system, patients, public and society as a whole. Professional and public interest are integrally intertwined in the areas of medical professional performance and misconduct. All stakeholders are obligated to invest in the development of effective professional governance among healthcare professionals. **SMA**



Dr T Thirumoorthy  
Associate Professor  
Duke-NUS Graduate Medical School  
gmstt@duke-nus.edu.sg  
thirumoorthy.t@sgh.com.sg