

Arab doctors, evolving society and corruption : a medical student's perspective

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Abstract

Doctors, especially junior doctors, face immense pressure in their day-to-day work. As a result, the rates of depression and anxiety are particularly high in this demanding profession. The pressure, which is compounded by constantly being under societal scrutiny, can unfortunately drive the doctor to breaking point. However, we can help doctors deal with these pressures in a more meaningful way if we make them aware of their wider environment (within a social paradigm) and the implications of their actions.

Introduction

Doctors have long been portrayed as and considered role models, both by those in their immediate environment (ie medical students and patients) (1), and the wider society (2). Whether they ought to be seen and treated as role models is open to debate. On the one hand, the medical profession revolves around the nobility of caring for patients, is characterised by a great work ethic and allows for contact with the public at many points, all of which contribute to the idealisation of doctors. On the other hand, however, we must consider that doctors (especially junior doctors) are under a great deal of stress. Would the burden of such idealisation and societal pressure be of any help to doctors when it comes to the achievement of their ultimate goal of providing professional and compassionate care to the patient?

Either way, the way society (especially in Arab countries) looks upon doctors can be summarised by the motto "with great social status comes curious scrutiny". On the basis of my personal experience, numerous accounts from my colleagues and a search of the relevant literature, it appears that societal views largely tend to two extremes, which are described in the following sections.

Social over-scrutiny

The first group consists of the "over-scrutinisers", who question doctors about very personal minutiae. Indeed, with the

increasing use of the Internet (3) and commercial online doctor evaluations in the Arab world, it has become easier to "look up" the personal details of almost anyone, including doctors (4). Why is my doctor fat? (5) How come he had a failed marriage? Why does she dress that way? Doctors are constantly reminded not to judge their patients. Should doctors not be treated in a similar way by society? The formulation of a policy that clearly defines the doctor's duties towards his/her patients, as well as the rights of the doctor that should be respected by patients (eg doctor privacy), and making the policy visible is a practical and tailored solution (6).

Social under-scrutiny

Worse still is the other group, which consists of "under-scrutinisers". These people hold doctors in the highest esteem, to the point that in their view, doctors should not be held accountable and are immune to questioning. Unfortunately, this can lead some doctors to abuse the "power" bestowed on them by their colleagues/society. There is an overabundance of such incidents witnessed first-hand, some of them too shameful to list here. A surgeon facilitates preferential entry into a competitive residency programme for his relative, bypassing hundreds of other applicants. An internist forcibly hastens the discharge of an illegal immigrant, who is panhypopituitary, from the emergency department, only for him to return a few days later with a hypoglycaemia-induced myocardial infarction. A residency director demands that foreign doctors waive their right to payment if they want to be accepted into the training programme.

Those who abuse their power in this manner not only break the Hippocratic Oath, but also breach basic human rights. Once such cheating, dishonesty and corruption permeate this noble profession, the care of patients will certainly be jeopardised and doctors shall no longer be worthy of being considered role models. Support and social services for patients should be enforced to deal with this malaise. In addition, medical authority bodies should take disciplinary action against the culprits.

Balancing act

When attempting to take an overall view of doctors, we must realise that it is ultimately a balancing act. On the one hand, it is the right of doctors to have their privacy respected, both in the area of their personal choices and in terms of sharing professional information, eg sharing prescribing practices

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with pharmaceutical companies without the patient's consent (7), an issue that has gained prominence more recently. On the other hand, we need to keep our eyes open and guard against those who try to use their power to breach the norms of professional conduct and ethical codes. On the whole, it is equally important to advocate for the rights of doctors as those of patients. However, this may be impeded by the increasingly excessive sharing of information online, as well as corruption.

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World Association of Medical Editors (WAME) Conference

The World Association of Medical Editors (WAME, pronounced Whammy) came into existence 25 years ago. One of the key features of this organisation was its virtual nature with communication and interaction mainly by email. However, once in four years, the members attending the Peer Review Congress would participate in a WAME business meeting on the sidelines of the Congress. At the last WAME strategy meeting (the third since its inception), it was felt that the organisation having grown, an international conference for its members should be organised in 2015. This meeting will be held from October 2 to 4, 2015, at New Delhi. For further information please write to: india.editors@gmail.com or visit the website: <http://www.wame.org/>