Commentary: The characteristics of physicians disciplined by professional colleges in Canada

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Medicine has been organized as a profession across the developed world for almost two centuries [1]. As part of being a profession, physicians have developed and agreed to adhere to codes of ethics and/or standards of conduct. The use of professionalism to organize and deliver medical services is based on the understanding that medicine demands an expertise "not easily comprehensible to the average citizen", [2] and that becoming a physician requires significant periods of education and training and service of the common good. Professional status confers significant privileges on physicians including autonomy of practice and the right to self-regulate, or set and enforce the standards of practice. The right to self-regulate is also a fundamental obligation for the profession as a whole. The professional licensing bodies, which in Canada are the provincial colleges of physicians and surgeons and equivalent territorial bodies, are an important part of this right and obligation. Ultimately, the disciplinary action carried out by these bodies is the final enforcement of the profession's standards.

Disciplinary action by medicine's licensing organizations involving practicing physicians receives relatively little attention in the medical literature. However there is a growing body of publications supporting the need to teach and evaluate professionalism in physician trainees. The article by Alam et al. describes the frequency and type of, as well as the specialty involved in disciplinary actions against physicians in Canada over almost a decade. While the authors found that only one in one thousand or less physicians in Canada were involved in disciplinary action, it is important for the profession to understand the causes of disciplinary actions and actively seek ways to reduce behaviours leading to disciplinary actions in order to protect patients.

Alam et al. report two particularly interesting findings on the characteristics of physicians involved in disciplinary action. Most of the current medical literature on efforts to teach, promote, and evaluate professionalism focuses on medical students and trainees. Indeed, Alam et al. suggest a need for greater inclusion of education on sexual misconduct in medical training curricula. On average, the physicians were in practice for approximately 29 years prior to conviction, which suggests that strategies for continuing medical education for physicians in practice are also critically important. However, there is a paucity of literature on teaching and enforcing professional standards for practicing physicians [3].

The task of promoting and upholding the standards of conduct and perhaps decreasing the incidences of actions requiring discipline must be shared by the body of physicians in practice,

not just the licensing bodies. While discussions about professionalism are not easy and can elicit defensive reactions, "[p]romoting accountability for the behavior of our colleagues as well as ourselves deepens the investment we all share in our profession. This is the essence of self-regulation in medicine." [3, p. 616] Our provincial colleges are increasingly seeking to support practicing physicians in managing disruptive behaviour among colleagues and decreasing behaviours requiring disciplinary action. Useful resources like the College of Physician and Surgeons of Ontario's Guidebook for Managing Disruptive Physician Behaviour [4] are available not just to educators but to all members of the profession to support our obligation for self-regulation.

Alam et al. also report that the predominant specialties involved in disciplinary action are Family Medicine, Psychiatry and Surgery. Health care organizations such as hospitals are increasingly mandated to develop codes of conduct and procedures for enforcing them. Many practitioners in Family Medicine and Psychiatry, however, practice independently, outside of larger organizations and more often without regular teams or partners than other specialties. Thus, organizational policies and strengthened cultures of self-regulation may not impact the incidence of actions requiring disciplinary action among independent and solo practitioners.

Ensuring an effective, transparent and fair system within our professional colleges to enforce the standards of conduct of medicine is essential to fulfilling our obligations for self-regulation. The right and obligation of self-regulation is designed to serve and protect patients. It is a privilege and a burden shared by all physicians and must be supported by all members of the profession.

References

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