The Spirit of Medicine

Website address now changed from www.theijs.com to www.journal-surgery.com)

The spirit of medicine is dying – or – to express it more accurately – is being killed off. It is said (but I don’t know whether this is ‘evidence-based’) that hearing is the last thing to die when a person is on their deathbed. The cynical may say that relatives should therefore be careful not to voice uncharitable or avaricious thoughts until they are out of earshot. Many voices - not sotto voce, either – are raising their voices, before this particular patient, medical professionalism, is not even in extremis, in order to be in at the (attempted) killing. Showing their hand has jolted the complacency of those who had been just standing around, watching, and redoubled the efforts of those who had been warning everyone for some time or attempting to galvanise onlookers into action.

There is plenty of evidence (or is it anecdote, based on ‘belief’?) that medical professionalism is under threat. How are we to form our opinions about this? For my part, I have been gathering anecdotal evidence over several years by critically scrutinising what leaders and respected visionaries have had to say on the subject.¹,²,³,⁴,⁵,⁶,⁷,⁸,⁹,¹⁰,¹¹,¹²,¹³ I have also incorporated warnings into my writing and speaking whenever opportunity arose. My belief is that the time is ripe, and propitious, to emphasise those warnings, take action, and seek support.

The autumnal equinox this year occurred on September 23rd at 04.02 hours GMT. Mankind has followed the cycles of the sun for millennia. Stone circles, such as Stonehenge, are aligned to the solstices and the equinoxes. http://www.glyphweb.com/esky/default.htm?http://www.glyphweb.com/esky/concepts/autumnalequinox.html This example illustrates well just why the ring, and circles, and cycles, and the wheel (roulette wheel; wheel of fortune¹⁴), are all such powerful symbols so meaningful to man, even today.

This belief in the significance of the ring as a powerful symbol is apparently alive and well today, even amongst the most sceptical, with respect to one of the most common usages of a ring – the wedding ring. I am advised that Professor Bruce Hood, in a lecture this month at the University of East Anglia, described a series of experiments to demonstrate that scientists’ efforts to combat ‘irrational’ beliefs were ultimately futile. Apparently, even the most sceptical scientists would not swap their wedding ring for identical replicas. (Chambers dictionary definition: identical – the very same; not different; exactly alike; expressing or resulting in identity.) It was opined “attaching sentimental significance to inanimate objects is little different to belief in the supernatural”. It is my opinion that sentimental attachment to one’s own wedding ring is not ‘belief in the ring’ or in the supernatural: it represents and signifies a range of finer feelings and attitudes and is very different from “belief in the supernatural”. Mine has been continuously in place for nearly 50 years: the embossed pattern is nearly worn away

¹,²,³,⁴,⁵,⁶,⁷,⁸,⁹,¹⁰,¹¹,¹²,¹³
and scarcely discernible, except to my inner eye. I would resent and fiercely resist the
impertinence of any scientific experiment asking me to remove it for attempted
replication – of the current ring, of course, not as it was then! That would be a gross
intrusion and interruption on a whole other dimension encompassing deeper, but private
meaning of my existence.

`The Ring` has been used in great stories and dramas for a long time. JRR Tolkein`s
classic trilogy The Lord of the Rings recent stage and screen productions caught the
public imagination to such an extent that it also spawned all manner of games and spin-
offs. Richard Wagner`s Ring Cycle of four operas, Das Rheingold, Die Valkyrie,
Siegfried and Götterdämmerung provoke extreme reactions in people, from reverence to
hatred. For devotees, the BBC devoted Easter Monday 2006 to broadcasting the whole
cycle on Radio 3. The Reith Lecture 2006, `In the beginning was sound` was given by the
conductor of that Bayreuth recording, Daniel Barenboim.

So, it seemed to me, at this propitious 2006 autumnal equinoctial time of exceptionally
high tides, that the tide in the affairs of men was gathering momentum and should be
taken at the flood. Was it rational thought, or belief, or the force of the moon and stars
that brought on this very strong urge in me to do something about it again in September
2006? Or was it all three influences – and more – and my and others` empathy for the
spirit of Medicine; the urge to preserve the unique doctor-patient relationship in the
practice of Medicine? The particularly strong alignment of the sun and the moon and
other planets in September 2006 has caused this phenomenon of high tides. Feel free to
conjecture whether it was instinct, belief, reason, good judgment or astronomy that led
me to believe the time was right for action to launch with colleagues, on Friday, 22nd
September 2006, a petition seeking signatories of those who identified why a critical
moment in the life of medical professionalism was upon us. We were not alone: Fiona
Godlee, in her Editor`s choice`: “While Rome burns”, in the British Medical Journal
(BMJ) of 23rd September voices the same dire predictions, drawing attention to articles in
that issue. Ian Greener`s was entitled: “Where are the medical voices raised in protest?”
[See: bmj.com – (current) issue. 23rd September 2006.] Where are they indeed? If you are
one of those bystanders who would like to act now, you could add your name to our
petition! http://www.gopetition.com/online/9679.html

This afternoon, Sunday, 24th September 2006, as I did a fortnight ago when the barrier on
the River Colne was closed, I shall take the little Wivenhoe Ferryboat (maximum number
of passengers 10, plus bicycles and dogs at the discretion of the skipper) from my
riverbank here at the bottom of the road, across to the other side, to seek the evidence of
my eyes. I check the river out almost daily, to make sure the tides are going up and down
as they should…..! (Obsessive compulsive disorder, I hear you diagnose? No, I happen to
love the changing daily beauty of the marshes here.) It is (nearly) the same river that the
Romans sailed up to Camulodunum in search of our oysters; that same river where
William Tyndale`s translation of Luther`s New Testament from Greek into English in
1526 was brought to England at dead of night with muffled oars (only 2 copies of the
original 3,000 copies survive); the same river that I enjoy rowing on today. It is possible
these days to walk downstream on the `other` side to view the 20th century barrier and, at
high tide, to view the full expanse of water in all its powerful majesty, rising above the salt-marshes to the very edge of the sea-walls. The causes of these exceptional equinoctial tidal phenomena are better understood today, but one can imagine the belief systems that grew up around this astonishing sight in ages past. Did they think that they, like Venice, were in danger of sinking beneath the waters? It is an interesting observation on twentieth century technical prowess, that the first time the barrier was closed, it caused Wivenhoe to be flooded, rather than protected, because of human failure to take account of timing and the amount of water draining downstream! How we laughed! We Rowhedge riparian dwellers were used to it. The Anchor pub in Rowhedge was accustomed to calling the fire brigade to pump out their cellars – and to drying out the carpets from their bar. The latest owners, now we have the Colne barrier, have no carpets – perversely or wisely? They just have polished floorboards and tiles!

What then, is medical professionalism?

It has been defined in this way by the Royal College of Physicians in their publication: Doctors in society: medical professionalism in a changing world. Report of a Working Party of the Royal College of Physicians. London: RCP, 2005:

“Medical professionalism signifies a set of values, behaviours and relationships that underpins the trust the public has in doctors.”

What then, is the threat to medical professionalism?

The following letter, that we are sending to colleagues inviting them to sign our petition, describes our concerns and beliefs, and also outlines what action we propose to take:

Dear Colleague,

As you will see from the letter at the weblink below, we are very concerned about threats to medical professionalism in the U.K. posed by the Chief Medical Officer’s (CMO) report “Good Doctors, Safer Patients”. He is seeking people’s views about his proposals for this new professional regulation of doctors in the U.K. Furthermore, Sir Donald Irvine, ex-President of the General Medical Council (GMC), has endorsed Sir Liam’s report and thinks that the current GMC should be disbanded and a successor re-formed. We are very concerned about the impact that this report, and Sir Donald’s ideas, if implemented, would have on the way Medicine is practised, and on the doctor-patient relationship particularly.

We believe that doctors should be accountable to patients and to the GMC, not Government. We also believe that plans to appraise doctors annually with examinations and 360 degree assessments are not only time consuming, but also lack evidence to show that they would improve either patient safety or detect bad clinical practice. They would merely be an expensive and time-consuming exercise in bureaucracy. Mistrust between doctors and patients would increase, whilst morale amongst doctors would fall. We believe that self-regulation,
independent of Government and in partnership with laypeople, is the most open, fair and accountable system for both doctors and patients. A re-vitalised and re-constituted GMC would provide this.

The time to act and make objections known is NOW. We ask you to sign this open letter/go to http://www.gopetition.com/online/9679.html to sign the letter, which will then be forwarded to the Press, the CMO, The Royal Colleges, and the GMC. We are keen to obtain as much support as possible amongst laypeople and doctors: please therefore forward this to all your friends and colleagues whom you think would support it. We know that there is a rising groundswell of opposition. Time is of the essence: we aim to send this letter by 13th October 2006.

Yours sincerely,

Mr. Guidubaldo Querci della Rovere, Consultant Surgeon.
Dr. Margaret McCartney, GP and medical journalist.
Mrs. Hazel Thornton, Independent Advocate for Quality in Research and Healthcare.

And this is the Open Letter that we have invited our colleagues to sign up to in our petition:

“Medical professionalism* is threatened with extinction. Immediate action is needed to avert this danger. The undersigned doctors and patients believe that trust in the unique doctor-patient relationship is the bedrock of medical practice. We oppose the proposals for regulation of the profession presented by the Chief Medical Officer, (CMO) Sir Liam Donaldson. [1] He proposes regulation of doctors including 360 degree assessment, and standardised audit and appraisal assessments. The latter have never been shown able to objectively improve patient care and are estimated to cost a thousand hours of staff time per large hospital. The proposed revalidation by yearly exam is impracticable, of unproven efficacy and therefore unacceptable. Certainly it would not have prevented any of the strongly publicized cases of medical misconduct of the past years. Sir Liam’s proposals have been publicly endorsed (with caveats) by the former President of the General Medical Council (GMC), Sir Donald Irvine. [2] Sir Donald is calling for the council of the regulatory body (GMC) to be disbanded. Kamran Abbasi, Editor of the Journal of the Royal Society of Medicine (JRSM) [3] has called for all those who have views about this contentious proposal to make them known to the CMO and to the JRSM. Tardiness in taking the action to reverse the decline called for by Dr. Richard Horton, Editor-in-Chief of The Lancet, in February 2002 [4] has cost us dear: it must be rectified now without delay.

The oppressive proposals would translate into doctors practicing medicine in a climate of mistrust and fear. We believe that Medicine in the 21st century should be practiced in partnership with patients: it is to patients that good doctors wish to be primarily accountable - not to the Government of the day. The GMC must
remain an independent body, transparent and accountable to Parliament; it should not become an instrument of the DoH; its members should not be appointed but elected by medical professionals.

We must not allow the CMO’s proposals for regulation that followed on from Dame Janet Smith’s Report [5] on the Shipman affair to go ahead: they would alter the dynamic of the relationship between all patients and doctors forever. Crime should not go unpunished, but neither should we turn doctors into practitioners whose purpose is mere satisfaction of Government standards. To this end, it is vital that the independent GMC is retained: it must be restored, not destroyed. It must be revitalized and reconstituted to include lay and other representation so that it can provide, through transparent processes, balanced but independent Council decisions.

We must not remain silent in the face of the constant erosion of professional status and morale that threatens the very heart of medicine: the relationship of doctor with patient.

(signed)
Mr. Guidubaldo Querci della Rovere, Consultant Surgeon.
Dr. Margaret McCartney, GP and medical journalist.
Mrs. Hazel Thornton, Independent Advocate for Quality in Research and Healthcare.

* “Medical professionalism signifies a set of values, behaviours and relationships that underpins the trust the public has in doctors.” [6]


There are those who have expressed concern about the ability of the General Medical Council to reconstitute and revitalise themselves sufficiently quickly and thoroughly. But we are optimistic that it can, judging from current activities and initiatives. A Report entitled “Doctors` disciplinary body seeks new regime” [15] in the Financial Times of 23rd September 2000, page 4, by Nicholas Timmins, Public Policy Editor, might provide some reassurance. Timmins, in his piece reports that “The doctors` disciplinary body is to call for an end to almost 150 years of self-regulation by the medical profession by proposing that doctors should no longer have an in-built majority on the General Medical Council.
…..In a ground-breaking move, the council is to propose that it should have a “balanced composition”. There would be representation from patients and the public, from the profession, from the medical schools and royal colleges, and from NHS and independent sector employers who, for the first time, would formally be represented. No one group would have an inbuilt majority. This, as Sir Graeme Catto, the GMC president said in interview with the Financial Times, was a move to genuinely “independent” regulation.

This move will generate controversy. It is reported that Dr. Laurence Buckman, chairman of the GMC committee for the British Medical Association, has said: “We would regard this as the end of professional self-regulation, and that would be completely unacceptable.” Perhaps they should consider whether they might be jumping out of the frying pan and into the fire? It is very necessary to consider whether or not the alternative, as suggested by Sir Donald Irvine16, would not be far, far worse. Change is necessary; change will happen whether we like it or not. As Desmond J. Sheridan so neatly summarized earlier this year:17

"Medicine has never been a static profession. The ancient Greeks took medicine out of the realms of magic and gave it a scientific, ethical, and philosophical foundation, which continued into Roman times, lasting in all for about 500 years. With the death of Galen (199AD) during the decline of the Roman Empire, the curtain came down on medical progress in Europe until the re-awakening of scientific thought almost 1300 years later. Arguably, it was the collapse of the schools of medicine and consequent loss of community intelligence that was most important in this decline. During the past 200 years, the prestige of medicine and doctors has grown steadily, peaking in the latter part of the 20th century. Progress of clinical research during this time based on a two-way interaction between “bench and bedside” has been remarkable with developments in imaging techniques, molecular biology, genetics, and therapeutics. However, over the past 20 years, medicine – academic medicine in particular – entered a period of uncertainty and decline which has begun at last to cause widespread alarm."

As a basis for that meeting, the president of the General Medical Council, Professor Sir Graeme Catto, had issued the following statement on 13th September 2006 (Accessed by HT from GMC website 23.09.06: http://www.gmc-uk.org/news/index.asp)

**The GMC issued the following statement from GMC President Sir Graeme Catto, to the Press Association on 13 September 2006**

"The GMC is keen to make full use of the consultation period following the publication of Good Doctors, Safer Patients, to engage with our partners, including public and patient groups, employers and doctors. We will discuss in a constructive way how Sir Liam’s vision should be delivered in practice to create a framework which assures safe, high-quality care, and which commands the confidence of patients, the public and doctors. "Meeting in Cardiff last week, Council members agreed that in preparing a formal response, the principles underpinning it should be that it:

a. Puts patients first - by enabling the delivery of safe, high-quality, care.
b. Is independent of the Government as the dominant healthcare provider, independent of the dominance of any single constituency, and accountable to Parliament - so that it commands widespread confidence and support.

c. Is efficient and effective - because it embodies the five key principles of better regulation (proportionality, accountability, consistency, transparency and targeting).

d. Fosters the professionalism of doctors for the benefit of patients - because professionalism is at the heart of good medical practice.

e. Is fair - by being objective, transparent and free from discrimination.

"It is essential that the GMC commands the confidence of its four key constituencies - patients and the public, doctors, the NHS and other healthcare providers, the medical schools and Royal Colleges. We also recognise that there is a need for medical regulation to 'move on'. This would require a new, more balanced composition for the GMC that is reflective of the main interest groups. Membership would be based on public interest and competence and the routes to membership must command confidence.

"If we achieve that balance, the GMC will be seen to be independent and able to deliver the forward-looking regulatory framework which the public demands.

"As we work on our response to Sir Liam’s recommendations, these are key components which will underpin our approach."

This, then, is no time to stand on the sidelines hoping that something will happen. Responsibility lies with each and every one of us. As Richard Horton said, back in February 2002 [3]:

"Doctors can no longer remain silent about their work, leaving advocacy to a small group of medical politicians. Doctors cannot assume that they have either the trust of the public or the support of governments unless they are willing to take part in the public debate about what kind of society they want for the sick and impoverished. More doctors, irrespective of their specialty, responsibility, or seniority, need to enter the public arena of dispute."

“Professionalism is the basis of medicine’s contract with society.” [2] Trust in the profession remains high\textsuperscript{18, 19}, higher than in politicians or in civil servants. Trust is the basis of all good relationships, particularly that between doctor and patient. We must all enter the debate, and fight to see that medicine’s contract with society is not broken. A first step might be for you to sign our petition.

Hazel Thornton.
Rowhedge, Colchester. 24\textsuperscript{th} September 2006.

\textsuperscript{3} Richard Horton. The doctor’s role in advocacy. The Lancet 2002; 359:458
4 Harry Cayton. Some thoughts on medical professionalism and regulation. First version of this paper given 12th November 2004 to the Royal College of Physicians Working Party on Medical Professionalism. An expanded version was given to the GMC Seminar on Public Involvement in Medical Regulation on 1 December 2004.


13 Ian Greener. Where are the medical voices raised in protest? BMJ 2006; 333:660


