Unprofessional behaviours have no place in the future of medicine

Steven Kelly

In 1982, Henry Silver published a paper that for the first time suggested a “medical student abuse syndrome”. It was noted that when medical students first started medical school they were enthusiastic and eager. Over time a majority would become cynical, dejected, frustrated and depressed. Dr Silver had seen the same symptoms in abused children and wondered whether what was occurring in medical students was the same as abused children from impoverished environments.

In 1990, a survey of third-year medical student abuse was undertaken. The students reported that mistreatment was pervasive and that unprofessional behaviours by doctors were very common. Three quarters of students had become cynical of the medical profession since entry because of the mistreatment. More than a third had considered dropping out of medical school.

I trained in medicine 25 years ago and can personally attest to having witnessed over the subsequent years some disgraceful unprofessional behaviours. One would be hopeful that these unprofessional behaviours have improved over this time. However, as well described by Althea Gamble Blakey and colleagues in this edition of New Zealand Medical Journal, medical student bullying remains a significant problem and is regarded as an “unspoken emergency”.

Workplace bullying is a substantial whole-of-society problem in many developed countries. It is estimated to cost the Australian economy over AUD$6 billion annually. In 2012, the Australian Government established a parliamentary inquiry into workplace bullying. The government’s response to this problem was the creation of a specific bullying jurisdiction within the Fair Work Commission.

In the recent New Zealand media, there has been much publicity of unprofessional behaviour in the legal profession. The focus was on sexual harassment perpetrated by senior lawyers against junior lawyers at Russell McVeagh. This is similar to the abuse of medical students by senior doctors where a power and seniority differential are exploited.

Medicine has a culture of tolerating and therefore perpetuating unprofessional behaviours. Colleagues of individuals with these behaviours have found it too hard to confront them. They fear retaliatory attacks for what is considered an insolvent problem. However, the continuation of unprofessional behaviours is bad for medical students, hospital staff, patients, hospitals and societies. The future of medicine needs the elimination of unprofessional behaviours. The solution will require an institutional and collective individual commitment to the same goal. It must be made very clear what defines unprofessional behaviour. All individuals should be held to the same standard no matter what the seniority or importance to the organisation the individual is.

All healthcare providers should have compulsory training in the identification and management of bullying, sexual harassment and discrimination. Currently the Royal Australasian College of Surgeons is the only organisation that comprehensively provides this in New Zealand. This training includes giving healthcare workers the ability to give feedback and also tools for conflict resolution. There needs to be local and national resources available for victims to contact and have effective resolution.

The perpetrator needs to have ongoing monitoring of their behaviour. If unprofessional behaviour continues then an
escalation of intervention should occur. This may ultimately lead to an employment dismissal. There must be a zero tolerance for retaliatory behaviour from the perpetrator. With these comprehensive procedures in place there will over a period of time be an institutional culture change where medical students will remain happy, enthusiastic and eager for their entire careers in medicine.

Competing interests:
Nil.

Author information:
Steven Kelly, General Surgeon, Christchurch Hospital, Christchurch.

Corresponding author:
Steven Kelly, General Surgeon, Christchurch Hospital, Riccarton Ave, Christchurch 4710. steven.kelly@cdhb.health.nz

URL:

REFERENCES:

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Nil.

Author information:
Steven Kelly, General Surgeon, Christchurch Hospital, Christchurch.

Corresponding author:
Steven Kelly, General Surgeon, Christchurch Hospital, Riccarton Ave, Christchurch 4710. steven.kelly@cdhb.health.nz

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