



Editorial

Dishonesty Can Kill Patients and End Medical Careers

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Introduction

A one month old baby girl was brought to hospital at 2am unwell with a fever. The child was admitted for observations and a list of investigations were identified, including the collection of a sample of urine for testing including microscopy and culture. The senior hospital specialist responsible reviewed all admissions at 8am the following morning, and he asked the trainee doctor who had been responsible for the child from admission for the results of the investigations. The trainee doctor had forgotten to request urine testing, but instead of admitting his error he lied and said that the urine had been tested and was normal. The fever persisted. A few hours later the baby collapsed and died, and a post-mortem examination showed evidence of an overwhelming urinary infection which had caused the death.

A man in his mid-70's was admitted to hospital at 5am with a severe headache. At an 8am review, the senior hospital specialist responsible for the patient asked the admitting doctor for the patient's blood pressure. The admitting doctor had overlooked the need to measure the blood pressure, but instead of admitting this error he lied and said the blood pressure was normal. The patient's condition rapidly deteriorated and he died a few hours later. A post-mortem examination showed that he had died from a massive cerebral haemorrhage secondary to a markedly elevated blood pressure.

When successfully applying for a post as a surgeon specialising in endoscopic surgery, a doctor supplied on his application form extensive details to demonstrate appropriate training and experience in endoscopic surgery. However, most of the information about his surgical training and ability was false. In fact, his experience in this area had been very limited, and his dishonesty came to light when, a few years later, there was an investigation into the deaths of multiple patients resulting from errors during endoscopic surgery which he had performed.

The UK regulator for all doctors is the General Medical Council (GMC). The function of the GMC, its statutory overarching objective as set out in Section 1 of the Medical Act 1983, is to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession [1,2]. The GMC maintains the

Medical Register, a list of the names of all doctors who are permitted to practice medicine in the UK. In the most serious cases of alleged misconduct, the GMC can refer the case to a Medical Practitioner Service Tribunal fitness to practise hearing, which has the power to erase a doctor's name from the Register, thereby bringing that doctor's medical career to an end.

The GMC, in its core guidance to doctors "Good Medical Practice", emphasises the importance of honesty, usually coupled with "integrity" or being "trustworthy" [3]. The accompanying explanation explains that a doctor's conduct must ensure that their conduct justifies the trust of patients and the public in the medical profession. The UK regulators of the other healthcare professions similarly require honesty. The requirement for honesty also applies to all students of the healthcare professions.

Unfortunately, professional guidance does not spell out the most extreme possible consequences of dishonesty, whether in one's professional or personal life. As far as patients are concerned, as illustrated in the three above examples, when doctors are dishonest the death of a patient may be the result. However, dishonesty is also one of the leading causes of career-ending erasure from the Medical Register. In our own ongoing research of misconduct by doctors and students, the major categories of dishonesty include:

Dishonest applications for jobs and misrepresenting qualifications

- Providing false information in job application regarding GMC registration, qualifications, or clinical experience
- Concealing information about GMC registration, criminal convictions, significant health problems
- Fabricating journal publications or authorship of journal publications
- Providing false information about academic or professional qualifications or scientific publications
- Fabricating supervisors' assessments
- Undertaking research without the necessary ethical approval

Dishonest documentation

- Fabrication of patient feedback questionnaires
- Creating false entries in a patient's medical records after death in order to conceal clinical errors
- Providing false information in medical reports

- Forging signatures of supervisor
- Falsely claiming to have examined the bodies of deceased patients when completing cremation forms

Dishonest prescribing

- Writing a prescription for personal use under the name of a patient
 - Issuing prescriptions despite not having a licence to practice medicine
 - Forging signature of a GP partner for prescription for personal use
 - Forging signature on prescription pad from a hospital or GP practice at which he/she no longer worked
 - Writing prescriptions for individuals (e.g. overseas relatives) who were not eligible for NHS prescriptions

Breach of conditions

- Working as a doctor despite registration having been suspended by the GMC
- Not adhering to conditions imposed by the GMC
- Working as a GP despite suspension from the Performers List

Financial dishonesty

- Fabrication of receipts to falsely claim expenses
- Submitting travel expense claims for journeys that had not occurred
- Being paid full-time salary for a job only worked part time
- Criminal convictions relating to dishonesty such as theft, fraud
 - Case where doctor has falsely earned salary, funding or reimbursement e.g. claiming reimbursement of accommodation costs that were never incurred.
 - While off sick and receiving sick pay from hospital A, working at hospital B.

Concealing information

- Not disclosing information on job applications, such as criminal convictions, ongoing investigations by previous employer or GMC, conditions on practice imposed by GMC.

Final points

It is essential that doctors and medical students are truthful at all times. Lying about a problem will actually make it worse than admitting it and finding a way to deal with it. Being honest means more than telling the truth or simply answering questions truthfully. It would be dishonest to allow someone such as a patient or colleague to gain a false impression of a situation, even if one did not actually lie to do so.

In the UK the legal test for dishonesty underwent an important change on 25 October 2017, as the result of a case

heard in the UK Supreme Court [4,5]. Ivey, a highly successful professional poker player, had been accused of cheating in a game of cards, but he maintained that what he had done was legitimate gamesmanship and not cheating. But the Court decided that it did not matter whether or not he thought he was cheating, his actions (which included having deliberately set out to deceive the croupier into doing something that distorted the odds in what was supposed to be a game of chance) had by ordinary standards been dishonest.

References

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