Chapter 1.1.5: How do I become a good doctor

Intended Learning Outcomes:

- Explain the main principles of professional practice
- Describe the responsibilities and character of a good doctor.
- To be aware of the available resources related to rules and regulations according to the law of the land.
- Justify the selection of appropriate investigations for common clinical cases.

Learning Questions:

1. What are the characters of a good doctor?
2. What are the rules and regulations applicable to the medical doctors?
3. What is the approach of the doctor in dealing with cases?

Classically, doctors have been educated to be clinicians, i.e., doctors in a clinical specialty who manage patients in hospitals. In addition, traditional medical education has produced medical doctors who think that they are the most important component in the health care system. This is inflated by the fact that it is the doctors who give instructions and lead the health care team in clinical settings. This is not necessarily a bad thing. However, it is crucial to remember that a doctor is a member of a team. He or she needs to be an effective team member and leader in order to have an effective team. As doctors, we should give patient-centered care. This means that the main focus and priority is what is in the best interest of the patient, at the physical, sociocultural, and psychological levels. A doctor manages other humans, who need his or her help to restore their lives to the best possible quality, not just to treat their sick bodies. This should be reflected in respectful attitudes and behavior towards oneself, our colleagues, our patients, the profession, and the whole community. This module will help you expand your understanding of your profession as a doctor in its broader sense. It also aims to help you to be a more effective health care team member, which will be reflected in less problematic relationships with your non-doctor colleagues and more focus on the patient.

“... The physician should be modest, virtuous and merciful... He should wear clean clothes, be dignified, and have well-groomed hair and beard. He should select his company to be persons of good reputation. He should be careful of what he says and should not hesitate to ask forgiveness if he has made an error...
He should be punctual and reliable. He should not wrangle about his fees. He should not give drugs to a pregnant woman for an abortion unless necessary for the mother’s health. He should be decent towards women and should not divulge the secrets of his patients. He should speak well of his colleagues. He should not honour himself by shaming others.”

Code of ethics of Saudi Commission for Health Specialties.
Although Islam teaches its believers to adhere to the best of manners, dedication, and excellence; such commitment is even more emphasized and ascertained upon those who belong to the medical profession. For the last few decades, the Kingdom of Saudi Arabia has been welcoming hundreds of thousands of healthcare practitioners from all over the globe, regardless of their country of origin or religion. As any other civilized country, it has its own regulations along with deeply-rooted social customs that are largely based on Islam as a cornerstone. The Kingdom has been adopting the Islamic Sharia as the main regulations and legislations reference, as clearly stated in the Basic System, which is more or less the constitution of the country. The healthcare system is not an exception.

The purpose of Islamic laws and rulings
Like other ethical theories, Islam sets certain purposes or standards that human actions should meet or fulfil to be considered ethically acceptable. These purposes are known as the “Purposes of the Islamic Law,” or Maqasid Al-Sharia. There are five purposes that human actions are judged.

Ethically speaking, all those with whom you have contact in your practicing career have rights. This includes not only your patients and their families but also your colleagues in all the other disciplines at all learning levels (junior and senior) as well as your community in general. You too have rights, but it is the public’s expectation that doctors should be asked (rather than themselves asking) for rights. This attitude is usually referred to as “altruism”.

As a Muslim doctor, you have additional responsibilities, or more precisely, other intentions with your responsibilities. By acting in an Islamic moral manner, you are fulfilling many objectives and duties at the same time. You will be fulfilling the requirement of excellence that was clearly stated by The Prophet Mohamed (Peace Be Upon Him), “Allah loves that whenever any of you does something, he should excel in it” (reported by Al-Bayhaqi). The intentions of the Muslim doctor should always be devoted and clarified to Allah, as He Subhanahu WaTa’ala mentioned in
The Quran say: “Truly, my prayer and my service of sacrifice, my life and my death are (all) for Allah, the Cherisher of the Worlds: (162) No partner hath He: this am I commanded, and I am the first of those who bow to His Will (163)” (Surat Al-Anaam:162-163).

As Muslim practitioners, Islam provides us with clear guidance on how to treat each other with fairness and altruism. It is essential for us to understand the morals of Islam and learn how to apply them in practice. Nowadays, most of our Saudi residents may spend a lot of their training years in non-Muslim countries, particularly in the regions of North America and Western Europe.

The mind-set, the culture, the way of thinking about right and wrong and how all of these apply in practice differs from how they are set here in Saudi Arabia. It is true that Western approaches to health care are not solely guided by the philosophical approaches that we mentioned earlier. There are many other historical, demographical, and economical factors that come into play when we try to understand how Western doctors or patients see things related to their health care.

Fortunately, Western approaches generally match the Islamic teachings, apart from some controversial issues, such as abortion. For example, the four principles of autonomy, beneficence, non-maleficence, and justice are well established in the Islamic morals. It is important to know that these issues are also controversial among Western people themselves, depending on their personal or religious standpoints. As a Muslim doctor, you should be confident in what you receive and what you provide.

In a Western setting, there is the duty to follow policies that were not developed on a religious basis—at least not an Islamic one. Then what should one do?

1. **Do your duty to care.**
   A doctor has a duty of care to their patients and a duty to explain his/her standpoint to their colleagues and consultant(s). This does not mean that you should provide a medical intervention against her beliefs.

2. **Refer. Be honest.**
   Generally, the doctor has the right and sometimes the duty to refer his/her patients to another provider who can deliver a better and more specialized service, if he/she feels incompetent to manage the case. This does not apply to emergency situations, or when there is no provider available that the patient can have access to. In addition, he/she has to be honest to his/her patient in case the patient wants to know why he/she can”t provide such a service directly, i.e., why he/she needs to refer the patient to another provider.

3. **Explain Islam, but don”t advocate.**
Using the brief summary mentioned in this module, as well as other resources, try to explain to your patients and colleagues why you as a Muslim cannot, for example, help in abortion. Tell them that Islam has a set of certain goals that include preservation of life, and that there are some guiding principles that you follow. Use the principles that are relevant.

Generally, be precise and do not elaborate on what Islam states about other issues, unless you are directly asked. It is good to call for Islam, but the casual doctor-patient setting is not the best place to do so. If you are interested in calling people (including your colleagues) you can invite them to some activity in the nearest mosque or Islamic center.

4. Know the system, and follow it.

It is crucial that you are aware of how your health institution works and what the policies in place are. Most of the time, you will find them clear and consistent with your roles as a Muslim doctor. If this is not the case, consult other Muslim colleagues, or ask your consultant on how to manage situations in which the health care service asked by the patient is not permissible in Islam. Please refer to the module on “Doctors' roles and duties” to obtain a clearer view of the concept of “conscientious objection.”

Ethics of Dealing with the Developments in Healthcare Practices:

Medicine is characterised, in our contemporary time, with rapid developments which are sometimes undisciplined in its technologies and practices that have led to a number of recent health issues, which are news worthy, and incidents in general health practices that have no known previous religious rulings in the Islamic jurisprudence (Fiqh) that require Ijtihad [refer to introduction] from the contemporary scholars (like organ transplantation, assisted reproduction, genetic therapy, use of stem cells, and other recent developments). The healthcare practitioner should commit him/herself to them with respect to all the religious, ethical, and regulatory standards, of which the most important are:

1. The healthcare practitioner should make sure of the permissiveness from a health practice standpoint, the religious view, and if the issue has not been studied religiously yet. Then, the healthcare practitioner should wait until authentic rulings (Fatwas) are issued in this regard, or seek to get them decided (i.e. the fatwas).

2. To observe the regulations and directions issued in regards to recent health developments.
3. The probable likelihood that the health practice will benefit the patient should be established by the healthcare practitioner, regardless of any personal interests of the treating doctor, and ensure its safety the patient.

4. Consult other experienced consultants in the field of the recent development under consideration.

5. Inform the patient or his/her guardian, if the patient is a minor, about this new development, especially if it is done for the first time.

6. Inform the responsible authorities in the health institution he/she works for.

Finally

1. Keep your professional knowledge and skills up to date
   - Recognize and work within the limits of your competence
   - Work with colleagues in the ways that best serve patients' interests
2. Treat patients as individuals and respect their dignity
   - Treat patients politely and considerately
   - Respect patients' right to confidentiality
3. Work in partnership with patients
   - Listen to patients and respond to their concerns and preferences
   - Give patients the information they want or need in a way they can understand
   - Respect patients' right to reach decisions with you about their treatment and care
4. Be honest and open and act with integrity
   - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
   - Never discriminate unfairly against patients or colleagues
   - Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Conclusion

One of the most unique features of being human is the ability to choose among alternatives. This is referred to in philosophy as being a “moral agent,” and is what is known in Islam as “Amana - the Trust, as mentioned in the Quran. إِنَّا عَرَضْنَا إِلَيْهِمْ غُلُبًا وَحَمَّمْنِي وَأَشْفِقْنِي أَنْ فَاتَنِيَ بِالْجِبَالِ وَالْمَرْضَمَاتِ عَلَيْنِإِلَيْهِمْ مَا كُانَ
“We did indeed offer the Trust to the Heavens and the Earth and the Mountains; but they refused to undertake it, being afraid thereof: but man undertook it; - he was indeed unjust and ignorant” (Quran 33:72)

In making decisions, different people refer to different sets of guidance to decide which action to take or not. In this module, we have tried to summarize how the Western schools of thoughts (philosophies) tried to provide some guidance on how to make decisions on what is ethically acceptable.

1. Islam provides us with robust guidance on how to make decisions about what is ethically acceptable, based on the preservation of the five main goals of Sharia (شريعة; religion, soul/body, wealth, mind, and progeny/lineage).

2. The guidance on how to achieve these goals are either found in the main sources of legislation (The Quran and Sunnah), or deducted from the secondary sources collectively known as “Ijtihad.”

3. The Islamic approach is more robust. It has priority in application over the Western approach when the conclusions of Western approaches to ethical analysis are contradictory to the Islamic teachings and rulings (Fatwas).

1- The GMC, the medical schools, the NHS, doctors and students all have different and complementary roles in medical education.

2- The GMC is responsible for:

(a) Protecting, promoting and maintaining the health and safety of the public.

(b) Promoting high standards of medical education.

(c) Deciding on the knowledge, skills and behaviours required of graduates.

(d) Setting the standard of expertise that students need to achieve at qualifying examinations or assessments.

(e) Making sure that:
   i. the teaching and learning opportunities provided allow students to meet our requirements
   ii. the standard of expertise we have set is maintained by medical schools at qualifying examinations.

(f) Appointing inspectors of qualifying examinations and assessments to report on the standard of examinations and assessments, and on the quality of teaching and learning.

(g) Appointing visitors to medical schools and proposed medical schools, to report on the quality of teaching and learning.
(h) Recognising, continuing to recognise or no longer recognising individual UK Primary Medical Qualifications (PMQs), in the light of the outcome of quality assurance activities.

(i) Maintaining a list of bodies that, having satisfactorily demonstrated that they meet our requirements, are entitled to award PMQs.

(j) Removing bodies which have failed to meet our requirements from the list of those that are entitled to award PMQs.

(k) Considering applications under Section 10A(2)(f) of the Medical Act 1983 for arrangements for a person with a disability not to be disadvantaged unfairly by the disability when participating in a programme for provisionally registered doctors.

(l) From the introduction of the licence to practise, granting graduates provisional registration with a licence to practise, subject to their fitness to practice not being impaired.

3- Medical schools are responsible for:

(a) Protecting patients and taking appropriate steps to minimise any risk of harm to anyone as a result of the training of their medical students.

(b) Managing and enhancing the quality of their medical education programmes.

(c) Delivering medical education in accordance with principles of equality.

(d) Selecting students for admission.

(e) Providing a curriculum and associated assessments that meet:
   i. the standards and outcomes in Tomorrow’s Doctors
   ii. the requirements of the EU Medical Directive.

(f) Providing academic and general support to students.

(g) Providing support and training to people who teach and supervise students.

(h) Providing appropriate student fitness to practice arrangements.

(i) Ensuring that only students who demonstrate the outcomes set out in Tomorrow’s Doctors are permitted to graduate.

(j) Managing the curriculum and ensuring that appropriate education facilities are provided in the medical school and by other education providers.

4- NHS organisations are responsible for:

(a) Making available the facilities, staff and practical support needed to deliver the clinical parts of the curriculum.

(b) Ensuring that performance of teaching responsibilities is subject to appraisal.

(c) Including, when appropriate, a contractual requirement for doctors to carry out teaching.

(d) Releasing doctors and other staff to complete the training needed to be teachers, and to take part in professional development and quality assurance activities.
(e) Taking part in the management and development of the clinical education they carry out.
(f) Supporting medical schools in complying with
(g) Providing quality-control information to the medical school about their education provision.

5- Doctors are responsible for:
(a) Following the principles of professional practice that are set out in Good Medical Practice, including being willing to contribute to the education of students.
(b) Developing the skills and practices of a competent teacher if they are involved in teaching.
(c) Supervising the students for whom they are responsible, to support their learning and ensure patient safety.
(d) Providing objective, honest and timely assessments of the students they are asked to appraise or assess.
(e) Providing feedback on students’ performance.
(f) Meeting contractual requirements, including any that relate to teaching.

6- Students are responsible for:
(a) Their own learning, including achieving all the outcomes set out in Tomorrow’s Doctors, whatever their personal preferences or religious beliefs.
(b) Ensuring patient safety by working within the limits of their competence, training and status as medical students.
(c) Raising any concerns about patient safety, or any aspect of the conduct of others which is inconsistent with good professional practice.
(d) Providing evaluations of their education for quality management purposes.
(e) Keeping to the guidance Medical students: professional values and fitness to practise developed by the GMC and the Medical Schools Council.

Raising concerns about patient safety and Medical Schools Council, Medical students: professional values and fitness to practice
Overarching outcome for graduates

7- Medical students are tomorrow’s doctors. In accordance with Good Medical Practice, graduates will make the care of patients their first concern, applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership and to analyse complex and uncertain situations.

Outcomes 1 – The doctor as a scholar and a scientist

8- The graduate will be able to apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology,
genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology. The graduate will be able to:

(a) Explain normal human structure and functions.
(b) Explain the scientific bases for common disease presentations.
(c) Justify the selection of appropriate investigations for common clinical cases.
(d) Explain the fundamental principles underlying such investigative techniques.
(e) Select appropriate forms of management for common diseases, and ways of preventing common diseases, and explain their modes of action and their risks from first principles.

References and Further Reading

3. Tomorrow's Doctors (Outcomes and standards for undergraduate medical education) GMC UK / 2009