Patients are at the heart of new medical professionalism

Andrew Cole *London*

A report from the Royal College of Physicians on medical professionalism highlights a “serious failure” in doctors’ leadership and calls for a central forum to give the profession a single united voice.

The report also proposes a new definition of medical professionalism that focuses on partnership with patients and with other disciplines and discards the concepts of autonomy, privilege, and self regulation.

The wide ranging working party report, *Doctors in Society: Medical Professionalism in a Changing World*, comes at a time when the profession is under unprecedented scrutiny as a result of medical controversies, changing working practices, and

increased public expectations.

The report says that medical professionalism lies at the heart of being a good doctor. But today’s healthcare environment, which focuses on setting targets and regulation, puts this at risk.

The working party redefines medical professionalism as “a set of values, behaviours and relationships that underpins the trust the public has in doctors” and lists the qualities doctors should strive for as integrity, compassion, altruism, continuous improvement, excellence, and multidisciplinary working.

The definition retains the idea of medicine as a vocation but abandons concepts such as clinical autonomy that “might suggest that a doctor has the

authority to act independently of the wishes of the patient and the preponderance of medical evidence.”

The report says that serious failures in leadership mean that the profession is underselling itself. “While there are many leaders within medicine, there is little leadership of medicine as a whole.” As a result, doctors are too often seen as “negative, defensive, and self serving.”

The college calls for a common forum that “would speak with authority on behalf of UK medicine on issues of common interest without suppressing legitimate other voices.” The college also wants medical bodies to examine ways of developing a cadre of clinical leaders.

Other proposals include a national mentoring programme to help embed professional values, improved management of medical careers, and an induction for new students similar to the US “white coat ceremony.”

Professionalism was “the most precious commodity that doctors have to offer,” insisted the report’s author, Richard Horton, editor of the *Lancet*. He denied that the report represented doctors’ “desperate last stand.” The working party wanted to produce “an inspiring and compelling view” of the profession’s future.

Doctors in Society: Medical Professionalism in a Changing World is available at www.rcplondon.ac.uk/pubs/books/docinsoc.

Sally Clark pathologist removed from Home Office list

Clare Dyer *legal correspondent, BMJ*

Alan Williams, the forensic pathologist who failed to disclose the results of microbiology tests about Sally Clark’s second son at her murder trial, was last week struck off the list of home office accredited pathologists.

A pathology disciplinary tribunal for the Home Office ruled that Dr Williams “fell short of the standards required of a Home Office accredited forensic pathologist in failing to refer in his postmortem report to the microbiological tests which he had commissioned.”

Mrs Clark’s conviction for killing her two baby sons, Christopher and Harry, was quashed on a second appeal in 2003 after she spent three and a half years in jail for murder. Dr Williams’ failure to disclose test results which showed the presence of *Staphylococcus aureus* in tissue samples from

Harry’s body, raising the possibility that he had died from natural causes, was the main ground for allowing her appeal. Flawed statistical evidence from the paediatrician Roy Meadow was only a secondary ground.

Last June, Dr Williams was barred for three years by the General Medical Council from working for the Home Office or coroners, although he was allowed to continue as a consultant histopathologist at Macclesfield General Hospital. He is appealing against the ban.

The three man home office tribunal—a QC, a pathologist, and a senior police officer—said that its ruling would not preclude Dr Williams permanently from reapplying for accreditation. “If he were to make such an application then it should be considered by the appropriate authority on its

Dr Alan Williams did not think that the microbiological tests in the case of Harry Clark were relevant to the postmortem

merits, giving such weight as is considered appropriate to the findings of this tribunal and Dr Williams’s response to them,” the panel said.

The tribunal found that Dr Williams had not intended to mislead, but held that his action in not disclosing the microbiology results was “deliberate and not the result of an oversight.”

Nor was it an isolated lapse, the tribunal said, because on several occasions before and during the trial he should have disclosed the results but failed to do so.

Dr Williams told the tribunal that he thought the results were irrelevant at the time and still thought so, though he now accepts that he should have disclosed them.