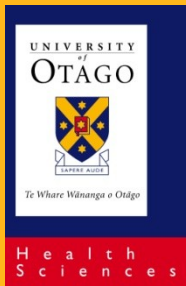


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The Disclosure Debate

Dr John Adams

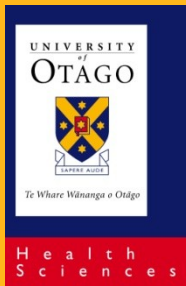
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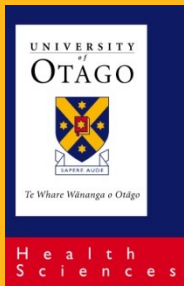
- There are gradations to misdemeanours.
- The background to a complaint might be a competence issue, but it might also be a health issue.
- At both ends of the scale there is less argument about the public naming of doctors who transgress.
- This debate is around the grey area in the middle.



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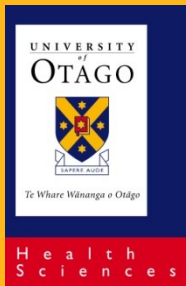
- Leaving aside questions of individual privacy and the effect on individual careers, what about the effect of disclosure on the relationships of other patients with that or other doctors?



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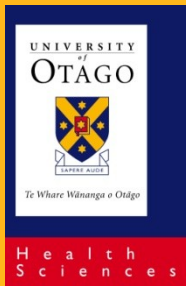
- Reporting of doctors transgressions in the media are often not balanced or limited to presentations of the facts.
- That is not surprising, and this is not being critical, because that is how it has to be for the media to make money which they have to do - the question is whether that context is the appropriate one for the naming of doctors and the discussion of such issues ie the effect (good or bad) depends a great deal on how the information is treated. Stories about doctors are treated sensationally in the media - that is unavoidable.



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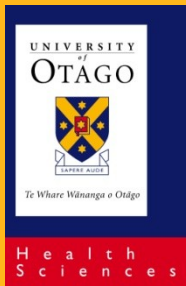
1. The larger issue in terms of the safety of the public is the issue of trust.
2. All of us in medical practice are capable of doing something wrongly, of making a mistake, or being part of a mistake.
3. If the mistake is a 'one off' what effect does publicity have on the treatment of other people who go to that doctor? Do they get suspicious and does that compromise their treatment and their relationship with that doctor, when there may be no practical impact on the quality of their treatment from the mistake that was made?



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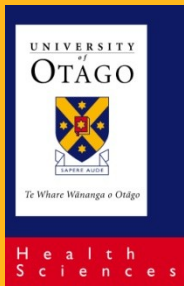
- Moreover, does it compromise trust by other patients in other doctors?



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Do doctors start to practice defensively and become worried about contributing to learning from mistakes if they know that their names are going to be published? In other words does disclosing names begin to affect the whole societal trust in the profession and the treatment environment in a bad way?

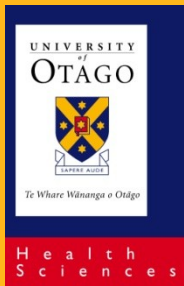


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"Trust has been widely criticised and rejected on the assumption that it is intrinsically immature, if not blind: a form of deference that could make sense only on the simplistic assumption that others have goodwill towards us. It is not, I think, surprising that if we start with an intrinsically unintelligent conception of trust we can find good reasons to reject it. Unfortunately, the most widely recommended successor to this unintelligent conception of trust has been an equally unintelligent conception of accountability, usually reinforced with specific requirements for *openness* or *transparency*."

Onora O'Neill Clin Med 2004;4:269-76

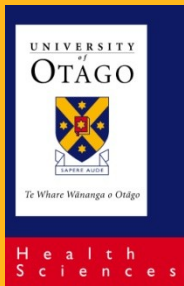


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- Demands for greater transparency are linked to notions of informed consent. Shouldn't people know that the doctor that they are attending has been disciplined?
- "Disclosure does not guarantee comprehension, uptake or assimilation: what is disclosed may be not be understood and may be disregarded. Informed consent is surely important, but its purposes are both exaggerated and obscured by attempts to justify it as the key to respecting patient autonomy."

Onora O'Neill Clin Med 2004;4:269-76

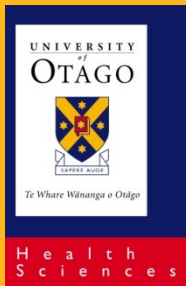


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"The serious question is how we can support well-judged trust that enables people to gain enough evidence - never, and necessarily never, total evidence - to judge whether to place or refuse trust."

Onora O'Neill Clin Med 2004;4:269-76



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- We are in the situation in New Zealand where those with a mandate to protect public health and safety can be relied on through legislation to deal with poorly performing practitioners, and to let the public know what is needed, without undermining trust in the profession.
- Why should we change it?