

EDITORIAL

PROFESSIONAL AILMENTS AMONGST DOCTORS

The professional attributes of doctors are defined in GMC's "Tomorrow's doctor", WHO's "Five Star doctor", CANMED's competency framework, ACGME's competency framework and many other frameworks defined by different regulatory bodies around the world^{1,2,3,4}. All these competencies revolve around knowledge, skills and attitudes. The curricula prepared by these bodies highlight these competencies. The competencies achieved by the exiting medical professionals are exhibited at their workplace. Lack of these competencies so far will result in lack of cognitive abilities on part of medical professional, lack of appropriate technical and professional skills and lack of attitudes while dealing with patients, caregivers, colleagues, seniors, peers and junior colleagues. These ailments can be termed as Hypocognitivism, Hyposkillia and Hypoaffectivity respectively. Collectively, these can be called Hypoprofessionalism.

I will call a medical professional suffering from Hypocognitivism when he is exhibiting lack or inappropriate knowledge about a condition, poor critical thinking abilities, poor clinical decision making abilities and poor clinical judgements during clinical encounters. Examples of these include wrong diagnosis, delayed diagnosis, missed diagnosis, inappropriate or wrong investigations prescribing and poor treatment decisions, to say a few. Hyposkillia or poor psychomotor, technical and professional skills is presented in the form of poor technical / surgical skills, and communication skills resulting in poor patient outcomes and poor relation building with patients, caregivers, colleagues and departments. Hypoaffectivity (lack of attitudes) results in many presentations like lack of empathy, honesty, respect, integrity, confidence, self-care, self-control and commitment.

The term hyposkillia was first coined by American internist Dr. Herbert L. Fred as an isolated entity but to my knowledge the other two terms have never been used previously in this context. He has used Hyposkillia as a combined entity involving both the cognitive and psychomotor skills⁵. In my mind, to further dissect the main condition (i.e. Hypoprofessionalism), we should use these entities separately. It will help the clinician him / herself to recognize the disease and the even the organization will be able to recognize it. Now, let's analyse the aetiology of these ailments; In my opinion, organizational, personal, and societal factors are responsible for the above-mentioned ailments amongst medical community^{6, 7}. The first and the foremost, amongst organizational factors is lack of a curriculum

of professionalism, ethics and attitudes at the undergraduate medical schools especially in the developing countries. Other factors include less trained / untrained faculty, lack of social support systems in medical schools, lack of skills and simulation trainings, poor role modelling in front of students, poor facilities for medical students and interns at workplace, short hospital stays of patients and many others. Personal factors include burnouts, lack of interest, greed, psychological factors, and poor personal training. Deteriorating norms in society, commercialization of health, terrorism, wars, and poverty may lead to lack of exhibition of professional conduct by doctors.

How to treat these illnesses? Again, individual, organizational and societal efforts are necessary. Self-reflection and self-regulation are important strategies to overcome these habits⁸. Medical schools and hospitals should develop strategies to improve their curricula and clinical governance respectively. Professionalism curriculum should be implemented in medical schools; both undergraduate and postgraduate. Institutions must ensure to hire, train and regulate faculty to enhance the effectiveness of teaching and training. The respective governments and regulating bodies should develop mechanisms to regulate the medical schools and hospitals to ensure implementations of reforms like curriculum, clinical governance, social accountability, and other initiatives.

Preventive strategies of these ailments include; curricular reforms like converting the traditional curricula into integrated one where there should be more focus on professionalism and ethics teaching, and inclusion of trained teachers who can work as good role models also. Trained management and leadership at hospitals is required to manage burnouts, provide social support and conducive working environment. The regulating agencies and respective governments should ensure the implementation of these reforms to help the organizations in implementing and streamlining these initiatives.

Time has come to address these ailments related to 3 domains (i.e., knowledge, skills and attitudes) in medical professionals to avoid issues like diagnostic and therapeutic errors, personal and legal conflicts, mismanagements, and lack of trust by the society over doctors. If not prevented, these diseases may continue to spread amongst the doctors and infect the future undergraduate medical students even, which will complicate the matter and produce more mistrust and will ultimately continue to damage the society.

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