Chapter VI

Doctor as a Professional

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Goode, 1960, defined Profession as a high-status occupation, usually originated toward providing a service that is characterised by prolonged training in a body of specialised knowledge including both theory and practice[1] . Attributes of profession:

(a) has professional organization and culture.

(b) has a specialized body of knowledge.

(c) has an ethical code and a sense of altruism.

(d) requires intellectual (university) training.

(e) is service oriented.

(f) has autonomy

(g) has a system of self-regulation

(h) develops specialized techniques[2]

Medical profession is one of the important occupational groups, the contribution of which to development is obviously more direct than that of others. According to Parson the role of medical practitioner belongs to the general class of "professional" roles, a sub-class of the larger group of occupational roles. As an occupational role it is institutionalized about the technical content of the function which is given a high degree of primacy relative to other status determinants. It is thus inevitable both that incumbency of the role should be achieved and that

performance criteria by standards of technical competence should be prominent. Unlike the role of the businessman, however, it is collectivity-oriented not self-oriented. The "ideology" of the profession lays great emphasis on the obligation of the physician to put the "welfare of the patient" above his personal interests, and regards "commercialism" as the most serious and insidious evil with which it has to contend. The "profit motive" is supposed to be drastically excluded from the medical world[3]. Doctors occupy a higher social status in the society not only because of high professionalization but also because they deal with health and life of human beings. The patients have to depend entirely on them for their recovery. The risk of the patient's life forces him to do as the doctors say. This, therefore, becomes a necessity that the doctors possess high moral character and maintain high professional ethics. If the social system gives way for the fulfilment of individual self-interests of the professionals the patients are likely to suffer more[4]. Professionalization grants physicians a monopoly on the definition of health and illness, and they use this power over diagnosis to extend their control. This control extends beyond the claim to technical proficiency in medicine, to claim of authority over the organization and financing of health care, areas which have little to do with their training[5]

When a patient-physician relationship is established, the physician has an ethical and legal duty to continue care and not abandon the patient. A summary of court cases relating to abandonment posits that, in general, abandonment occurs when the relationship between physician and patient is terminated either (1) at an unreasonable time or (2) without affording the patient time to find a qualified replacement. "Doctor knows or should know that a condition exists that require

further medical attention to prevent injurious consequences, the doctor must render attention or must see to it that some other component person does so". A physician must notify the patient and give him or her time to seek care elsewhere. A physician who does not do so can be ethically and legally responsible for abandoning the patient[6]. Physicians have a long-recognised duty to ease suffering, relieve pain, keep confidences, and avoid harm to their patients. The 20th century has seen new values such as patient autonomy, truth telling, informed consent, and the right to refuse care added to the traditional Hippocratic values of beneficence, non-malfeasances and justice. It is crucial that physicians tell the truth, but it is important to understand what the patient wants to know and when and how to tell the patient about a disease. In order for the patient to make necessary decisions, the physician must educate the patient by providing a full and clear disclosure as to the nature of the illness, its probable course, and alternative treatment options (including possible consequences both good and bad). No doubt, physicians have obligations to society as well as to individual patients, but at times these duties may conflict. It is helpful to follow certain ethical guidelines. The rights of patients and their legal surrogates should be honoured. When harm may be caused to another person, the obligation of confidentiality is overridden by the duty to inform and protect potential victims[7].

Minocha Aneeta states that with increasing emphasis on the doctrine of informed consent, the individual's right to die is being upheld as a human right. Besides the greater intervention of medicine and technology in health and illness attitudinal and ideological outcomes of modernism that uphold individualism together with the inability of the family to support vegetative members are all forces that are conducive to the trend. A terminally ill person is not in a state to take an

appropriate decision with respect to life and death. More importantly, the individual is also a member of a family, a community and the society at large, and therefore the decision to end one's life cannot be absolutely personal. Euthanasia has to be contextualised with reference to religion, and moral and cultural traditions[8].

Good medical practice was the first national code of practice for medical practice in the world. Medical councils had a vital role to play in teaching of ethics and communication and management skills, encouraging medical education, regulating relationships between pharmaceutical and equipment manufacturing companies and doctors, and giving incentives and rewards to doctors who performed well and ethically. Medical councils should also put in place a mechanism for punishing those doctors who indulged in unethical and unprofessional behavior[9] .

Every registered medical practitioner has to perform some medico legal duty during discharge of his/her duty.

- In the emergency room, they have to make injury report in all unnatural cases.

- In the ward, the doctor is to examine the case very carefully and treat the patient with a reasonable degree of skill, care and knowledge to avoid charge of negligence.

- In the operation theatre, the doctor in charge of the operation should be very careful before going to operation proper. He should note that all the formalities have been completed. The written consent of the patient and the guardian should be taken before going for operation.

- Duty to take consent in medical practice: Consent means voluntary agreement, compliance or permission when a patient is coming to a doctor for treatment, the consent is implied. There is no need of taking written consent. But in some special cases written consent is required. In case of emergency, no consent is required to save the life of the patient in good faith.

- Suspected Poisoning. In case of homicidal poisoning, the doctor is duty bound to inform the police officer or the Magistrate. But the doctor should confirm his suspicion before expressing an opinion.

- In a case of criminal abortion: A criminal abortion is the induced destruction and expulsion of the foetus from the womb of the mother unlawfully when there is no therapeutic indication for the operation.

- The civil and criminal negligence. Professional negligence is absence of reasonable degree of care and skill or wilful negligence of a medical practitioner, in the statement of a patient so as to lead bodily injury of death of the patient. The question of civil negligence will come, when a patient in case of death, any relative bring suit in a civil court for realization of compensation from his doctor, if he has suffered injury due to negligence. Similarly the doctor can bring a civil suit for realization of his fees from the patient or his relatives who refused to pay the same on the ground of professional negligence. Criminal negligence occurs when the physician exhibits gross lack of competency, gross inattention, criminal indifference to the patient's safety or gross negligence in the secretion and application of remedies.

- Lastly, another very important medico legal duty of the doctors is to hold medico legal post-mortem examination and to examine the victim girl and the accused person. Every doctor who has permanent registration number of State Medical Council is entitled to do this job[10].

Duties and obligations of doctors are enlisted in ordinary laws of the land and various Codes of Medical Ethics and Declarations - Indian and International. Medical practice in Manipur is working under national as well as state regulatory bodies. In the present study, only some of them are highlighted such as Medical Council of India (MCI) and Manipur Medical Council (MMC) looking after various aspects of medical practice including, conduct of the medical professional and ethics. Apart from the control that statutory bodies may exercise over them, the professional themselves look after the activities and interests of individual professional workers through voluntary professional associations, such as the Indian Medical Association, 1928.

The Medical Council of India, 2009, amendment to the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulation 2002, has brought out the code of conduct for doctors and professional association of doctors in their relationship with pharmaceutical and allied health sector industry which prohibits them from accepting any gift, travel facility or the health care industry. A medical graduate is not allowed to practice medicine in India without registering with either the Indian or State Medical Council. After registering his/her name, the Registered Medical Practitioner is allocated a distinctive registration number. The State Medical Councils are also entrusted with disciplinary control over the registered doctors working in their state[11]. The MCI regulations give eight important chapters. Chapter

1 is about Code of Medical Ethics with sub chapter A. Declaration and B. Duties and responsibilities of the physician in general. Chapter 2 gives duties of physicians to their patients. Chapter 3 notifies about duties of physician in consultation. Chapter 4 talks about responsibilities of physicians to each other. Chapter 5 encloses duties of physician to the public and to the paramedical profession. Chapter 6 comprises unethical Act with reference to Advertising, Patent and Copy rights, running an open shop, rebates and commission, secret remedies, human rights, euthanasia. Chapter 7 is about Misconduct and Chapter 8 contains punishment and disciplinary action[12].

The Manipur Medical Council Act, 2009, was enacted by the Government of Manipur Secretariat: Law and Legislative Affairs Department in Manipuri Gazette by notification dated 28th May, 2012 to provide for constitution of the Manipur Medical Council and the registration of Medical Practitioners in Manipur and matters connected therewith. Under the provisions of this Act, the powers, duties and functions of the State Council shall be-

(a) To maintain the live State Medical Register, and to provide for the registration of medical practitioners;
(b) Inspection, to hear and decide appeals against any decision of the Registrar;
(c) To prescribe a code of ethics for regulating the professional conduct of practitioners;
(d) To reprimand a practitioner, or to suspend or remove his name from the State Medical Register, or to take such other disciplinary action against him as may, in the opinion of the State Council be necessary or expedient;
(e) To exercise such other powers, perform such other duties and discharge such other functions as are laid down in this Act, or as may be prescribed;

(f) To receive complaints from public (including patients and their relatives) against misconduct or negligence by medical practitioners, to proceed for inquest, take decision on the merits of the case and to initiate disciplinary action or award compensation and similarly to take action against frivolous complaints;

(g) To provide protection to its members in discharging professional duties;

(h) To ensure that no unqualified person practices modern Scientific System of Medicine in the State of Manipur[13].

By the Notification of Health Department, Government of Manipur dated 1st Feb, 2014, Manipur Medical Council Rule 2013 was passed. The Manipur Medical Council (MMC) became functional after two years of approval by the President of India. The MMC Act (2014) empowers the council with a wide ranging power and functions. Much like MCI, MMC's primary business is to set standard Medical practice in the state including maintenance of live register of medical practitioners. MMC has constituted four committees – Public Relation Committee, Prevention of Quackery Committee, Accreditation of Continuing Medical Education Committee and Medical Ethics Committee[14] .

The present research was conducted in 3 government hospitals of Manipur. Altogether 32 doctors participated in the study. Among them maximum, twelve (37.5 percent) doctors is in the age range of 25-34 years, nine (28 p.c.) are in the age range of 45-54 years and only five (15.5 p.c.) are in the age range of 55-64 years. More than two third of the respondents were male with sex ratio 281:1000. It is worth mentioning that the sex ratio of Manipur (978:1000), according to 2001 Census.

Table 6.1: Faculty positions/designation of doctors

Faculty posit00ion	Number of doctors	Percentage
JR (Junior Resident)	4	12.5
SR (Senior Resident)	6	18.7
MO (Medical Officer)	13	40.6
SMO (Senior Medical Officer)	2	6.3
AP (Associate Professor)	5	15.6
Prof. (Professor)	2	6.3
Total	32	100.0

The above table shows the positions/designations of the 32 doctors who participated in the study. Among them, 4 doctors are Junior Resident; 6 are Senior Resident. Medical Officer comprises 13 doctors, Senior Medical Officer, 2; Associate Professor, 5; and Professor 2.

Table 6.2: Year of service of the doctors

Year of service	**No. of Doctors**	**Percent**
30 & above	4	12.50
20-30	9	28.10
10-20	5	15.60
Below 10	14	43.80
Total	32	100.00

Most of the doctors (43.8 percent) had less than 10 years of service followed by 20-30 years of experience (by 28.1 percent) in the hospitals.

Table 6.3: Education and occupation of parents; N=32

Education/ Occupation of parents		Father		Mother	
Education	Illiterate	1	(3.1)	6	(18.7)
	Primary			3	(9.4)
	Middle	1	(3.1)	4	(12.5)
	High Middle	5	(15.5)	4	(12.5)
	Secondary			1	(3.1)
	Graduate	18	(56.3)	9	(28.1)
	Post-Graduate	3	(9.4)	2	(6.3)
	Professional	2	(6.3)	1	(3.1)
	Non-response	2	(6.3)	2	(6.3)
Occupation	Unemployed	1	(3.1)	12	(37.5)
	Teacher	4	(12.5)	1	(3.1)
	Govt Employee	6	(18.8)	3	(9.4)
	Farmer	3	(9.4)	1	(3.1)
	Business	1	(3.1)		
	Private employee	1	(3.1)		
	Medical profession	1	(3.1)	1	(3.1)
	Others	2	(6.3)		
	Non-response	13	(40.6)	14	(43.8)

Training for medical career includes financial backings, investment, academic support and also the influence in shaping attitude and choice of one's career. Therefore, the educational and occupational status of parents plays a major role. Majority (56.3 per cent) of the fathers of the respondents were Graduate by education. Interestingly, it was found that even majority (28.1 per cent) of mothers had also attained education level up to Graduate. Only (1) one father and (6) six mothers were found to be illiterate. Regarding the occupation of the parents, majority (18.8 per cent) of the fathers were government employees and 12.5 per cent of them were teachers. Among them, 9.4 per cent were farmers who were directly involved in cultivation. Among the mothers, majority (37.5 per cent) of them were unemployed. Surprisingly, only one father and one mother were among the parents in medical profession. This finding may not be accurate since 40.6 per cent and 43.8

per cent of the respondents did not give any response on the father's and mother's occupation respectively.

In question no. 5 of the questionnaire, the type of schools the respondents matriculated has been included. Matriculation of doctors from government school almost equals to the schooling from private ones with 15 of them had matriculated from government school while 17 of them from the private school. Hence, type of school, government or private does not seem to be a contributing factor in shaping a career in medicine.

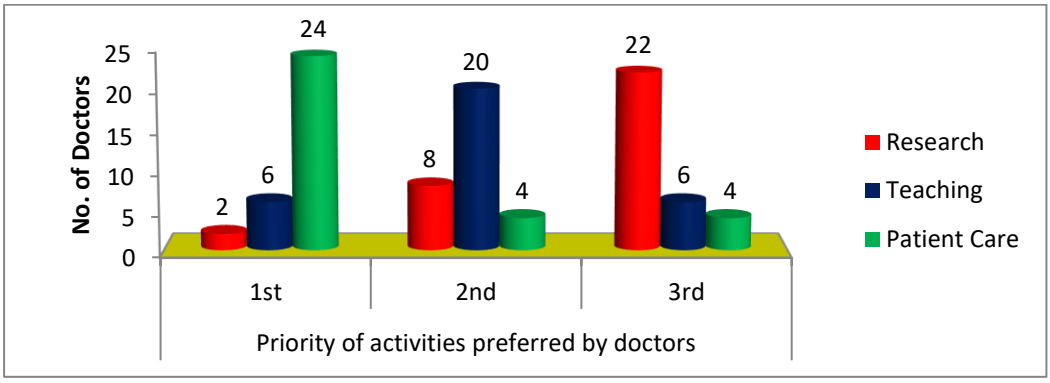

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Figure 6.1: Bar diagram showing priority services of doctors; N=32

Professional attitude of doctors plays a vital role in maintaining good relationship with their patients. As indicated in fig. 6.1, 75% of doctors had given first priority on patient care, 18.7 percent on teaching and 6.3 percent on research activities. In the second priority, teaching had maximum response with 62.5 percent and followed by research with 25 percent and patient care with 12.5 percent. The third priority given by doctors had maximum in research activities with 68.8 percent and next was teaching with 18.7 percent and patient care with 12.5 percent. Thus, a maximum effort was likely given on patient care in their service as a doctor. The

findings have some limitation to the fact that only one hospital attached to a medical college was involved, the other two being general hospital where research and training did not have much relevance.

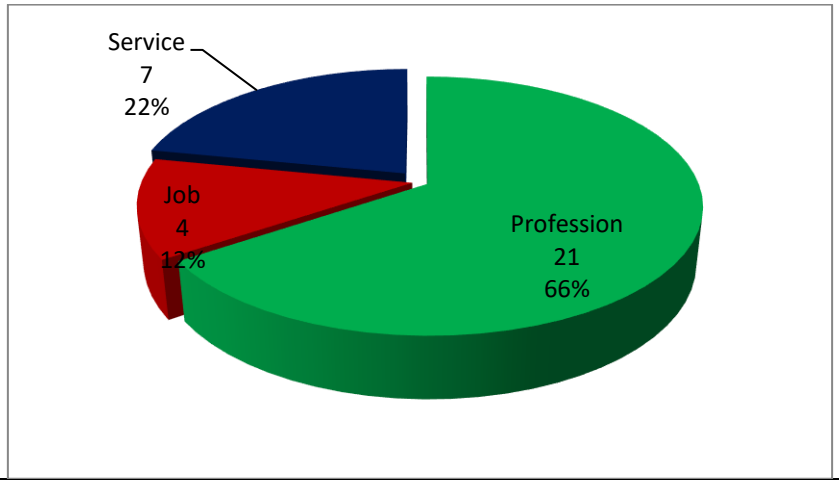

Figure 6.2: Pie chart showing opinion of doctors about the practice of medicine in Govt. hospital; N=32

Fig. 6.2 shows the distribution of doctors according to their opinions about the practice of medicine in government hospitals. The majority of doctors (65.6 per cent) considered that the practice of medicine in government hospital was a profession indicating that they were confident enough to perform and take responsibility to do special kind of job by virtue of their knowledge and training. Among them, 21.9 percent of doctors thought it as service which could be viewed that they were carrying routine task without thinking too much about their professional expectation though they emphasised on their personal sacrifice and preferences. And 12.5 percent of doctors thought it as job, no different from any other type of occupation. Another finding worth mentioning is that, no doctor considered the practice of medicine as a vocation. Doctor's role is more than just

treating the disease. Sacrifice, dedication, compassion and empathy are important attributes of being a healer. It is more of a vacation than just a profession.

In question no. 13 in the questionnaire, doctors were asked about the best like features of a doctor. In response to this, 20 (62.5 per cent) doctors answered 'service to humanity' indicating that their role as a physician was centered on their responsibility for the welfare of the patients above their personal interests. Another 6 (18.8 percent) doctors had the opinion as 'satisfaction from patients'. To support this opinion, a quote can be cited from the interview of doctors, such as, 'our wish is that every patient who come for treatment return without any complication. We never expect any patient to be dissatisfied with our service". Some other best features of a doctor as revealed by the respondents are 'sincerity and dedication in the service of the patients', 'respect from public', opportunity to help patients from low socio-economic background' and 'being a universal profession'.

A question was included in the questionnaire where doctors were also asked about their least like features of the profession of a doctor. Out of the 32 doctors, 13 (40.7 per cent) of them equally voiced that 'workload, odd duty hours and disrespect by society' as the least like feature of a doctor. Due to the lack of manpower doctors could not focus and dedicate to one patient exclusively like it is done in private hospitals. When there is only one doctor on night duty, they would not even receive their phone calls. Considering the odd duty hours, one of the interviewees, among the 15 doctors interviewed, commented that,

"Even if patient comes at odd hours, we should attend to them as soon as possible. Doctors should always be calm and have patience. If we stay calm, most of the conflicts would be solved. Even if the patient dies, if you do what you are supposed to do, they used to thank the doctors".

Table 6.4: Principal aim of a doctor; N=32

Principal aim of a doctor	No. of Doctors	Percent
Quality care in achieving health for all	13	40.7
Sincerity and dedication in service to mankind	14	43.8
To serve and earn ethically	1	3.1
To encourage specialist courses	1	3.1
To follow rules and regulations of MCI	1	3.1
Providing information, education and counseling (IEC) to patients	1	3.1
No comment	1	3.1
Total	32	100.0

As highlighted in Table 6.4, six different comments were obtained on the 'principal aim of a doctor' with maximum 14 of them (43.8%) saying 'sincerity and dedication in service to mankind'. Closely followed is the answer given by 13 doctors (40.7%) who opined that 'quality care in achieving health for all' as their principal aim. 1 doctor each (3.1%) has the opinion as 'to serve and earn ethically', 'to encourage specialist course', ' to follow rules and regulations of MCI', and 'providing information, education and counselling to patients'. One doctor did not comment on this.

Doctors were aware of medical ethics, understood the importance of appreciation and specialised help from work group and colleagues. They respected colleagues and patients but were low in problem solving skills and mechanism.

Table 6.5: Preference of treating patients

		No. of doctors	Percentage
Preference of treating patients	Young	7	21.9
	Elderly	6	18.7
	No preference	19	59.4
	Total	32	100.0
Reason for young	More chances of recovery	1	14.3
	Elderly patients require special care	2	28.5
	Heals better & faster	3	42.9
	Elderly patients are more complicated and vulnerable	1	14.3
Reason for elderly	Receive more appreciation	1	16.7
	More co-operative and sincere	1	16.7
	No comment	4	66.6

Affective neutrality is supposed to be involved in the physician's role as an applied scientist. In order to assess this aspect, a question was included in the questionnaire on the preference of doctors on treating patients. Majority (5.9 per cent) of the doctors do not have preferences in treating patients, as specified in table 6.5. Whereas 21.9 per cent of the doctors preferred treating young patients, the reason being that young patients are more likely to heal and recover faster whereas elderly patients are complicated and vulnerable and they require special care. And those doctors (18.8 per cent) who prefer to treat elderly patients gave the reason that elderly patients are more sincere and co-operative and doctors receive more appreciation from them.

Table 6.6: Opinion of doctors, like best about being a doctor

	Opinions	No. of doctors	Percent
Like best about being a doctor	Sincerity & dedication in the service of the patients	3	9.4
	Satisfaction from patients	6	18.8
	Service to humanity	20	62.5
	Respect from public	1	3.1
	Opportunity to help patients from low socio-economic background	1	3.1
	Being universal profession	1	3.1
	Total	32	100

In open ended question, doctors were asked to comment on their best like being a doctor. A good number of them, 20 which is 62.5 percent equally feel that 'the service to humanity' as the best thing a doctor is privileged about. In the far second 6 doctors, 18.8% view that 'satisfaction from patient' as their best like being a doctor. 3 doctors, 9.4 feel 'sincerity and dedication in the service of the patients' as their best like. One doctor each gives, 'opportunity to help patients of low-income background', 'respect from public' and 'universal profession' respectively as their three different best likes respectively.

Table 6.7: Opinion of doctors like least about being a doctor

Like least about being a doctor	No. of Doctors	Percent
Work load, odd duty hours and disregard by society	13	40.6
Misunderstanding and lack of co-operation from patient party	7	21.9
Over expectation from family and society	1	3.1
Physical and mental stress of doctors	3	9.4
Low salary	1	3.1
Self ego	1	3.1
Crazy for earning rather than services	1	3.1
Doctor's indifferent attitude towards patients	1	3.1
Private practice	1	3.1
No comment	3	9.4
Total	**32**	**100.0**

In the question of least like being a doctor, 13 of them (40.6%) equally voice that ‘work load, odd duty hours and disrespect by society’ as their least preference. 7 doctors, 21.9 percent specifically say that ‘misunderstanding and lack of co-operation from patient party’ as their least liking. 3 doctors (9.4) feel ‘physical and mental stress’ something they don’t like most. Equal numbers of doctor don’t comment on the question. 5 doctors have five different views, each one of them giving distinctively comment – ‘over expectation from family and society’,’ low salary’, ‘self ego’, ‘crazy for earnings rather than services’, ‘doctors’ indifferent attitude towards patients’ and private practice’ -as their least like.

Summary

The Medical profession is one of the important occupational groups, the contribution of which to development is obviously more direct than that of others. It is collectivity-oriented and not self-oriented. Affective neutrality is also involved in the physician’s role as an applied scientist. The medical professionals are very special group of people entrusted with very special responsibilities. Considering their primary role as a healer, service to humanity is the major attribute of being a doctor. Sincerity and dedication in service to mankind is the principal aim of the doctors. The medical professionals are controlled by regulatory bodies and professional associations to work under a professional system. Despite of the overwhelming number of doctors who are keen in practicing with professional conduct, unethical practices of some of the doctors spoil the image of the profession. The professional trend is closely associated with bureaucracy which reduces

physician autonomy. Often, people assume that the image of medical profession is identified by earning degree or holding stethoscope. But this is not true. Working without medical ethics or having improper attitude may be one of the factors of misunderstanding between doctors and patients or patient parties. In our Indian context, there is no rules and regulations for controlling these attitudes. Here, in our country, if a person has 50 lakh, he/she can easily acquire an MBBS degree whether knowledgeable or not. Hence, standards alone cannot improve the quality of practice unless they are disseminated and implemented in practice level. Emphasis should be laid down on specialized knowledge and professional ethics in order to maintain higher standard of this profession. Considerable importance should be given to educate and impart knowledge to the medical students a sense of social awareness and responsibility. To retain the true meaning of being a noble profession doctors need to possess a sense of commitment and a strong desire to help others and relieve suffering. To conclude, the profession is highly esteemed and remained as the most preferred profession in Manipur.