



Conflicted

We've all recently been told to admit all our potential conflicts of interest. A bit nonplussed, I just wrote 'GP' and 'patient'. I had no real idea why we each had to fill the thing in. It seemed strange to be admitting possible conflicts before we were clear we had any interest. Like being asked to count stars in the daytime.

Others did better than me. It turned out it was for the clinical commissioning group. They wanted everyone to fill it in. And properly as well: I was told to have another go. Second time, seeing what everyone else had put, I felt a bit ashamed. I did a lot better that time. I kept adding extra things until I was the most conflicted.

I imagine that all the little commissioning groups will have had to collect this information and pass it on up the chain. I imagine whispers on a staircase. And somewhere, behind a grand desk, a Cardinal Richelieu-like figure arching his fingers over all our possible indiscretions.

Actually, I could have named even more. When I really got into it I realised just how much the limits to my potential conflicts were merely the limits of my imagination. That's not meant cynically either: it's true. Really true.

For an example, think just of all the patients I know who have anything to do with the NHS and how any interaction I have with them might end up creating a conflict between my role as a GP and my role as an undemocratically assigned constituent of our commissioning group. Granted, the risk is small and the effect likely to be a puff of wind to a gale. But still, surely honesty and trustworthiness demand full disclosure?

Not that I am suggesting I name all those patients, of course. That would break their confidentiality: I know that. But I could unpack 'GP' into 'referrer', 'prescriber', 'sick-note pedlar', 'provider of varied private certificates', and so on. Each one of these functions might sometime lead to a conflict focused about a particular patient much as rabbit holes may sooner or later catch a particular foot.

Full disclosure of potential conflicts of interest is impossible, loony. But the cardinal likes confessions. There is something salacious about yet-to-be-committed sins.

But let's say some lurking indiscretions do become reality: what then? Having confessed their possibility, am I now free to act how I will? I think not. Whether a conflict was pre-confessed or not, no doubt the cardinal still expects it handled with virtue.

It is the nature of fashions to flare unexpectedly, much as trousers did in the 1970s. So, I managed only a wry smile when, a few days later, several emails washed down from the ether also talking about making such declarations. Other organisations have caught the mojo.

This is what it comes down to again. There is this obsession with containing us all in words. Like fish in a trawler's net, we are enmeshed. For us that net is of meetings we must minute, reams of appraisal documentation to prepare, contracts and service-level agreements to obey; and now the net intertwines fulsome disclosures about our potential conflicts of interest too. But in any net there will always be gaps. Words always come with gaps.

I can't remember even one line of the Hippocratic Oath. I would be guessing if I were to try reciting any General Medical Council guidance. Most of us — you, me, the cardinal — whether virtuous or immoral, are the same in this.

It's not the words that matter.

Saul Miller,

GP, Belford, Northumberland.

DOI: 10.3399/bjgp13X673847

ADDRESS FOR CORRESPONDENCE

Saul Miller

Belford Medical Practice, Croftfield, Belford, Northumberland, NE70 7ER, UK.

E-mail: saulmiller@me.com