“It is not reasonable to demand two things that are incompatible on the grounds that we want both.”

... support and learning rather than blame and punishment from the leaders of health care organisations and from regulators is likely to lead to a far greater willingness from staff to act in a candid manner.”

A CULTURE OF CANDOUR

The Department of Health recently commissioned the Royal College of Surgeons (RCS) to review the medical profession’s statutory ‘duty of candour’. The RCS has now published its report, Building a Culture of Candour (BCC). The report seeks to explore the barriers for doctors, other healthcare workers, and healthcare organisations to their duty, and hopefully their desire, to be honest to patients when things go wrong.

The Oxford English Dictionary defines candour as ‘the quality of being open and honest; frankness’. It is therefore about being truthful, but with the emphasis on our openness to disclose uncomfortable truths. Onora O'Neill helpfully reminds us that trust can only exist if we are consistently trustworthy. So truth is vital to our craft. No one is going to argue with this, so why does it need to be said?

BCC lists powerful barriers to openness that exist within the medical culture of the UK. These include the obvious, such as our natural human reluctance to admit that we are wrong, the fear of litigation, and the fear of a punitive response from regulators such as the Care Quality Commission (CQC) and the General Medical Council (GMC). It also identifies more subtle barriers such as reluctance to talk about other people’s errors when we do not know the whole story, anxiety about unleashing a bureaucratic burden, and worry about organisational reputation. And who is clear about the boundary between minor problems and ‘significant harm’ that needs reporting?

Worryingly the report cites soft evidence of ‘significant harm’ that needs reporting? Michel Foucault saw general practice as an area where harms may be underreported. Michel Foucault saw general practice as an area where harms may be underreported. Michel Foucault saw general practice as an area where harms may be underreported. Michel Foucault saw general practice as an area where harms may be underreported. Michel Foucault saw general practice as an area where harms may be underreported. Michel Foucault saw general practice as an area where harms may be underreported. Michel Foucault saw general practice as an area where harms may be underreported. Michel Foucault saw general practice as an area where harms may be underreported.

BCC calls for care organisations to sustain a culture that supports staff where they seek to be candid. It recognises that:

‘... a culture of candour will not be brought about by legislative requirements and duties alone.’

It points out that:

“Truth is said to be the first casualty of war. Perhaps honesty is a frequent casualty of the NHS.”
the demands of potentially incompatible principles. In virtue ethics we are used to finding the most appropriate middle course. In politics however moderation and reflection do not always appear to win. According to a recent report in The Times the Secretary of State for Health, Jeremy Hunt, feels that the answer is more whistleblowers. Presumably if only we could identify more people to beat with a big stick then all will be well. What is clear, from the same online page of The Times, is that being a whistleblower is still a pretty hazardous business. And, as Clare Gerada pointed out, GMC referral may be a disproportionately traumatic experience for doctors. Thus we have a potentially abusive environment all round; a system where both doctors and patients can be unsafe. The answer to issues of patient safety must surely be to look at the whole system and not rely on crushing individuals who have been judged to fail. This is not to argue against individual responsibility and accountability. Rather it is to claim that these must be seen within the context of the systems in which individuals function.

Aristotle stated that:

’Someone who loves the truth, and is truthful when nothing is at stake, will be all the more truthful when something is at stake.’

We mostly want to be truthful but the barriers may deter us. Ancient Greek philosophers sometimes paid a high price for their honesty and not all of us are made of the same stuff. This report is to be welcomed. It is right to hold the medical profession to its duty of honesty in thick and thin. It is helpful to analyse and enumerate the hurdles to honesty. But a report will not fix the fundamental policy inconsistency that lurks at the heart of the NHS.

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Provenance
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