

○ Setting Standards

**THE VIEWS OF MEMBERS OF THE PUBLIC AND
DOCTORS ON THE STANDARDS OF CARE AND
PRACTICE THEY EXPECT OF DOCTORS**

ALISON CHISHOLM, LIZ CAIRNCROSS
& JANET ASKHAM

MARCH 2006

Research Team

Janet Askham

Liz Cairncross

Alison Chisholm

Andreas Hasman

Helen Magee

Acknowledgements

We are grateful to our advisory group: Charlotte Williamson, Stuart Heatherington and Nicky Britten. In particular we would like to extend our thanks to all the research participants who agreed to be interviewed and gave their time to the project.

Executive Summary

Background

1. *Good Medical Practice* (GMP) presents the General Medical Council's (GMC) ethical guidance to doctors, which they are obliged to follow. First published in 1995, the latest version is currently under review to ensure that it is appropriate to the circumstances under which medical care is given and received today.

Study aims

2. The overall aim of the research was to assist the Standards and Ethics Committee of the GMC in its review of *Good Medical Practice* by obtaining the views of patients and the public as well as the profession itself.

3. Specifically, the study looked at: what are the key duties of a doctor for inclusion in *Good Medical Practice*; the balance between the roles of patients, doctors and other health professionals; the balance between clinical and organisational duties; and whether or not it is reasonable to expect doctors to adhere to all duties all the time.

4. A fifth theme to emerge through the fieldwork concerned the extent to which wider contextual issues are relevant to GMP.

Method

5. The study used qualitative methods in order to explore in depth participants' views of good medical practice and to assess and understand in their complexity the perspectives of members of the public and doctors on some key issues for *Good Medical Practice*.

6. Data collection from doctors and the public took place in three different geographical areas: a London borough, Oxford and Yorkshire. Research ethics committee approval was obtained for interviews with fourteen doctors (both GPs and hospital doctors) and a focus group with medical students.

7. A total of 85 members of the public took part in focus groups. They were recruited to reflect a cross-section of the public in terms of age, sex, and socio-economic status.

8. Twenty-three people were interviewed from harder to reach communities via a residential home for older people, two community groups, and a hostel for homeless people.

9. All interviews were transcribed and analysed using QSR NVIVO 2.0 software. Results of a card sort exercise for members of the public were analysed using SPSS.

Findings

10. There was a broad range of views about what constitutes good medical practice among members of the public, doctors and medical students. This reflects the variety of contexts and situations in which medical practitioners operate.
11. There was a general consensus that the majority of the 'duties of a doctor' in the new version of *Good Medical Practice* are important and should be included in the document.
12. Providing a good standard of practice and care, and technical competence, maintained by keeping professional skills and knowledge up to date, were clearly perceived as fundamental to good practice by both the public and doctors.
13. Listening and good communication skills were widely seen not only as a useful means to improve the patient experience, but also as assisting diagnosis and patient concordance, enabling medical professionals thoroughly to investigate symptoms and their causes.
14. The term 'partnership' was seen as ambiguous by research participants, ranging from a style of interaction to shared decision-making. There is no clear consensus about the extent to which patients' views should prevail over those of the doctor. Where patients' and doctors' views diverge, this is seen as a difficult area which puts the concept of partnership to the test.
15. While honesty and trustworthiness within the doctor-patient relationship are perceived as important by the public, most people no longer appear to expect doctors to demonstrate moral excellence in all aspects of their lives, and it is widely recognised that they are 'only human'. Some doctors also felt that expectations of probity, as set out in the draft document, are no longer appropriate.
16. Confidentiality is seen as a necessary adjunct to the development of trust between doctor and patient. Members of the public tend to assume that confidentiality will be maintained by doctors although there are some grey areas where other family members may want to be informed. Lay people appear willing for information to be shared where clinically necessary and with their consent.
17. Both public and doctors perceived obstacles to doctors reporting concerns about practice or conduct, but for different reasons. While lay people were sceptical about doctors' capacity to recognise their own limitations and their willingness to report their own or others' shortcomings, doctors focused on the difficulty of obtaining satisfactory evidence and doubts about the support available to whistle-blowers.
18. Discussions with medical students revealed the value of providing opportunities for them to explore the concept of good medical practice and the potential tensions which might arise in complex, real life situations.
19. The study revealed the significance of the social and organisational contexts in which healthcare is provided for people's understanding and expectations of good medical practice. Availability, accessibility and continuity of care were frequently perceived as important elements of good medical practice, although they are usually outwith doctors' control.
20. There is very limited knowledge of the guidance and its contents amongst the general public. While doctors and medical students were familiar with the document, they had used it only to a limited extent.

21. The research highlights the challenge of writing such guidance given the diversity and complexity of views among the public and doctors. The findings illustrate the important role of judgement in resolving some of the tensions inherent in good medical practice between the needs of the individual patient and the wider population.

Recommendations

A number of recommendations emerged from the findings:

22. Ensure that the revised guidance when published is made available not only to the medical profession and medical students but also to the general public.

23. Review the opportunities for medical students to discuss the application of the principles of *Good Medical Practice* to complex real life situations, and the tensions these may raise.

24. Consider the omission of 'respect for human rights' from the duties of a doctor.

25. Clarify the definition of 'partnership'.

26. Reconsider which aspects of 'probity' are included in *Good Medical Practice* and ensure that they are written in plain English.

27. Promote further research into the factors which ease or impede working to the standards of GMP.

28. Encourage further debate about the practical implications of some of the standards, such as giving patients information about risks and uncertainties, or about who may have access to information about patients.

Picker Institute Europe

King's Mead House

Oxpens Road

Oxford OX1 1RX

Tel: +44 (0)1865 208100

Fax: +44 (0)1865 208101

Email: info@pickereurope.ac.uk

Website: www.pickereurope.org

Charity Registration no: 1081688