

Editorial**Who is a good doctor?****Jaffar M Al Bareeq, DLO, RCP, RCS***

If I were asked this question, how would I answer? One should consider and contemplate before answering. Am I going to use objective or subjective means. If it is subjective, it is easy for me to answer because it depends on my feelings. Whether I am friend with that doctor or not? Do I like him/her or not? Do we share common interest, be it social, financial or political? If I am going to use objective means to answer this question, then I should consider the following: Is higher training and qualification count for being a good Doctor? Is the number of patients seen by the Doctor crucial for judging him? Is the number of bad result reflects how good or bad Doctor he/she is? Does the result of medical audit is a major factor for my judgment? What about attending conferences and updating his knowledge? What about his Patients' referral pattern to other consultants? Is holding an administrative or political position is a sign of being good and successful? Does the doctor conduct research studies and publish his result?

I asked few colleagues of mine the question, "whom do you consider a good doctor, to the extent that you would recommend him to a dear relative of yours?" Many of them were hesitant to answer. They had the fear of committing themselves, like many in our area, who see ghosts and demons in any new line of questioning. I was surprised of how many went for subjective assessment on personal basis. But the majority of those who ventured to answer me agreed that examining Doctor's records is crucial to judge the success of his treatment, which is impossible in the majority of cases because the data is confidential, not accessible to everybody. Therefore there must be different mean by which the Doctor is evaluated.

Training and higher qualifications are no doubt important. Training in a good medical center is an indicator but it does not guarantee that the Doctor will abide by the medical ethics or practice medicine honestly. Examples of pervert medical practitioners exist from some of the best centers in the world. Higher qualification is a must, but it is really one of minor competence¹.

The number of patients treated by the Doctor, whether is high or low cannot be used as an indicator. A Doctor with high number of patients

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might be using perverse means to attract patients. The high number might, as well, reflect that the patients are not well informed medically or uneducated, where they can be lured easily. It might reflect personality attraction or dislike.

Can a good or bad result be an indicator of a good or bad Doctor? Not true, because some Doctors are treating high-risk patients and ultimately, they would get bad result compared to those who avoid high-risk patient or procedure. A Doctor who deals with cancer patients would have much higher complications and mortality rate than internist who deals with coughs and colds or an otolaryngologist who will never venture more than tonsillectomy and adenoidectomy.

Medical audit must be a good indicator. This is true if it is done on regular basis and followed the international norms agreed upon. It is not true when it is done occasionally, haphazardly and by non- professionals. A hospital that needs to conduct medical audit must first establish medical audit department and must be staffed by professionals, who have an important aim of improving the quality of care, not hunting for mistakes and having vindictive attitude. The medical audit loses its value if it is not done regularly, by professionals, its result is not taken seriously, and acted upon to improve medical service concerned.

Conference, seminars and workshops attending are indicators of a Doctor trying to update his knowledge in his own field, but are not necessarily are indicators of being a good doctor. To update your knowledge, as a Doctor is a must but to use that knowledge to improve your quality of care cannot be guaranteed. Many times conferences and seminars are used as opportunity for holiday-making and shopping.

Doctor's referral pattern of his patients to his colleagues in different specialties is certainly an indicator for his vigilance and his concern about the welfare of his patient rather than his own personal gain. But this is not major factor because the number of referrals is usually small.

Holding an administrative or political position is certainly not an indication of being good or not in practicing medicine. It can be both ways. Many times, holding these positions indicate that the Doctor is overzealous in other fields than medicine. Beside that in some developing countries it means a financial gains because the administrators are paid more than professionals are - one of the reason they will remain developing.

A good Doctor must abide by the medical ethics and he must be professional in conducting himself with the patients and his colleagues. He should never use a devious means to attract patients or use unorthodox/unconventional way of treatment. This is true, but how could you tell if you have no access to his medical records?

Examining the patients' records of the Doctor remained to be true and objective indicator of being good or bad. But there is no way of examining these records without access or without his/her consent. Beside that it has to be done by professionals in the same field and it is time consuming procedure, let alone costly².

Research study and publication is the easiest and the surest way of judging a Doctor to be good or not. These research studies must follow ethical guidelines set by the institution and the ethical committee of the institution. The studies must be approved by the hospital, where the Doctor is attached. A research paper presented to a seminar or a conference must be examined and approved by the scientific committee, who has a job of making sure that the research paper followed the research committee guidelines set by the hospital. Furthermore, when the paper is submitted for publication, the editors and reviewers will scrutinized it. It should follow the ethical guidelines. Those responsible for publication in the medical journals should approve it. From these studies you can judge, whether a Doctor is good or not. This is precise method; it is like examining the Doctor's records, provided the checks and balances mentioned before are adhered to. Research and publication is the only modality by which you can judge a doctor. Therefore, it goes without saying that this put great deal of responsibility on the members of the scientific committee of the conference and on those of the editorial staff who should guarantee that no forger should go through.

Finally, a good Doctor is the one who performs, write and publish his research studies. He is demonstrating his intellectual ability and participating in the progress of medical field. It shows that he is concerned to improve the quality of care to his patients and to others. I hope that the Ministry of health and Arabian Gulf University will implement their recent decision of linking the promotion of Doctors to research publications. Though, 30 years ago research publication has been linked to promotion in the west, it is "better to be late than never".

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