



## Medical School and Medical Ethics.

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“ฉันไม่ต้องการให้พากເຮືອເປັນເພີ່ມທຸກທ່ານັ້ນ ແຕ່ฉันຕ້ອງການໃຫ້ພາກເຮືອມີຄວາມເປັນມຸນໜູ້ດ້ວຍ”

(“I do not want you to be only a doctor, but I also want you to be a man.”)

“ຂອໃຫ້ຄືປະໂຍ່ນໜ່ວນຕົວເປັນທີ່ສອງ ປະໂຍ່ນໜ້ອງເພື່ອນມຸນໜູ້ເປັນກິຈທີ່ໜຶ່ງ

ລາກ ທ່ານ ທ່ານ ແລະເກີຍຮົດຍີ ຈະຕົກແກ່ທ່ານເອງ ດ້າທ່ານທຽບຮຽມຮະແໜ່ງອາຊີໄວ້ໃຫ້ບຣິສຸທີ່”

(“Hold the benefits of your fellow human beings as the priority before those of your own. Then fortune, wealth, and fame will be yours if you abide by the ethics of your medical profession.”\*)

“ຄວາມສໍາເລົງທີ່ແທ້ຈິງມີໃໝ່ຢູ່ທີ່ການເຮັດວຽກທ່ານັ້ນ

ແຕ່ອູ່ທີ່ຄວາມສາມາດໃນການປະຢຸກໃຊ້ຄວາມຮູ້ນັ້ນໃຫ້ເກີດປະໂຍ່ນກັນມາລົມນູ້ຍໍາຕິ”

(“True success is not in learning, but in its application to the benefit of mankind.”)

*H.R.H. Prince Mahidol of Songkhla,*

*The Father of Modern Medicine and Public Health of Thailand.*

### Introduction

Every profession has its own professional code of conducts or its ethics to categorize what is right or wrong, and what should or should not be done. This takes into account every profession, whether you are a doctor, a nurse, a politician, a teacher, a writer, an entrepreneur, a publicist, a judge, a lawyer, or a sportsman. Those who do not abide by these ethics and are dishonest in their conducts would only disparage themselves and their professional societies. Some of these acts may include withholding the truth, prevarication, breaking the laws or accepting bribery.

Medical ethics and virtues go hand in hand in our everyday practice. Our Thai society has a very high expectation of the medical profession. Therefore, we must instill these beliefs into our medical students even before the start of their careers. It is easy to say that one should be a good doctor, but to really be

a good doctor takes a more calculated approach. Stating that the teaching starts on the first day of medical school may not be all correct; the real teaching starts at home where parents give guidance to their children in their youth, and at schools where teachers impart their beliefs to their students.

You may remember a rhyme that sings (in Thai), “ເຕັກເອີ່ຍ ເຕັກດີຕ້ອງມື່ນໜ້າທີ່ 10 ອຍ່າງດ້ວຍກັນ 1) ນັບຄືປາສນາ 2) ລັກຂາວາຈາມັນ 3) ເຊື່ອພ່ອແມ່ຄຽງອາຈາරຍ໌ 4) ວາຈານັ້ນຕ້ອງສຸກພອ່ນຫວານ.....” (Good children must have 10 duties. 1) You must believe in your religion. 2) You must hold your words. 3) You must listen to your parents and teachers. 4) You must speak politely and with sweet words. 5).....). One popular public school has a school song that says (in Thai), “.....ກົດໜູ້ມູນປະຈຳຝັ້ງຈິຕິມັນຮູ້ຮັກໜາຕີ ສາສນີ ກ່າຍຕິຣີຍ໌ ເປັນລັດໄຊຍ ອີກຮູ້ເລື່ອສະໄໝໄດ້ດ້ວຍໃຈງາມ....” (Have gratitude in your hearts. Learn to love

\*Translated into English by the author.



your country, religion, and the monarch. Know how to give with grace.). Mahidol University (formerly known as ‘University of Medical Sciences’) has a motto in Pali language that says, “อตุตานំ อุปมំ ករ់” and means “Do unto others as you would have others do unto you”, or (in Thai) “พึงเอาใจเข้า มาใจให้ใจเรา”.

## Medical Ethics

In medical profession, doctors from all over the world internationally use the Hippocrates Oath supplemented by the International Code of Medical Ethics adopted by the third General Assembly of the World Medical Association at London, England, October 1949 and the Declaration of Geneva adopted by the General Assembly of the World Medical Association at Geneva, Switzerland, September, 1948. **In general practice, ‘Medical Ethics’ should not only apply to just doctors but also to all who are in the health profession and industry, including doctors, dentists, nurses, assistant nurses, medical technicians, etc.** For example, a doctor must observe the confidentiality of the patient’s medical information or secrets which are confined in her/him even if that her/his family may not come to know about it. Yet, a word of mouth to mouth among the staff may eventually reach the patient, meaning that the doctor is at fault and has not kept to her/his ethical code of conduct.

## Basic Virtues

We all learn basic virtues at homes, schools, and temples since childhood. **The basic virtues (apart from the religious beliefs that teach people to be a good person) are important to all of us, which we should abide by along with our medical ethics.** Those basic virtues are (1) Honesty, (2) Gratitude, (3) Perseverance, (4) Frugality, (5) Tolerance, (6) Kindness, (7) Sacrifice, (8) Punctuality, (9) Discipline, (10) Harmony, (11) Justice, (12) Tradition, (13) Curiosity.

## Medical School

There are now 20 medical schools approved by the Medical Council and about 2,500 qualified medical

doctors are produced each year for the Thai population of 63 millions . Definitely, all medical teachers teach their students to be good doctors and good people. I was involved in learning, teaching, and working at 7 medical schools, 3 in Thailand and 4 in foreign countries. In the orientation ceremony of one famous medical school, the senior medical students will not only congratulate their younger peers called freshmen, but also teach them the word ‘**SOTUS**’. Letter ‘**S**’ means ‘**Seniority**’, which implies that those younger individuals in the medical profession must pay respect to their teachers, lecturers and senior colleagues. Everyone must bow and smile to each other as they walk by regardless of their ages or hierarchy. This is a simple, yet respectful and humble way to greet each other and to say that we are all brothers and sisters in health professionals even from different Institutes. *It is a pity to hear our senior medical teachers complain that this tradition has not yet been established in Ramathibodi Hospital and Medical School, and why? The author loves and looks forward to seeing it with pride.* One may ask the author “Why don’t you take the good things from each medical school to be yours?” The author has the answer. First, each society must have a leader who absolutely agrees to it. In fact, many good things are common to do by yourself (the cream of Thailand) without having to pay any money for. Our teachers are praiseworthy role models. The love and respect for each other is the beginning of harmony within our society. Even if we meet outside the work environment, those younger must approach their teachers or seniors to greet them. In residency training program, the juniors (some are older with age) will follow the seniors’ command. It is always said that “Rule number 1: The boss is always right. Rule number 2: When the boss is wrong, see rule number 1”. Letter ‘**O**’ means ‘**Order**’, which means discipline, punctuality and professionalism. Letter ‘**T**’ is equal to ‘**Tradition**’, meaning the upholding of past traditions. For instance, at the end of an anatomy class, medical teachers and students alike will all conduct a ceremony to pay tribute to the dead ones

who donated their bodies as cadavers called (in Thai) ‘อาจารย์ใหญ่’. Home coming day, tradition of bowing to the teachers and senior colleagues, a ceremony to give respect and gratitude to teachers and seniors called (in Thai) ‘พิธีมุทิตาจิต’, all are the honor and the noble traditions of Thai medical profession. Letter ‘U’ is equal to ‘Unity’, which stresses the importance of harmony, a key factor for a success of the group or the society. Letter ‘S’ is for ‘Spirit’, which teaches you to help one another, especially those who are in the same profession. If a doctor, a nurse, a paramedic, for example, needs help; you as a colleague should offer that help without expecting a return. You learn to be not only a good taker but a kind giver with grace and help your patients with spiritual care and sacrifice. Moreover, every medical student has already had her/his own motto(s), such as, “If you do the good, you will receive the good. If you do the bad, you will receive the bad,” or “Perseverance is the predecessor of success”. Everything that has been described hereinabove all teaches you to be a good person.

## Medical Curriculum

The modern medical curriculum needs a change to an up-to-date one according to the present situation of the country. Apart from the medical knowledge, experience, expertise and skill, it must emphasize the responsibility of every medical teacher, fellow, and resident to have an active role in imparting the medical ethics into their everyday teaching. It is fundamental to integrate and create scenarios of ethical dilemma or demonstrate to medical students in real life situations so that these medical students will independently carry them out in their own future practice. This is much like any bedside theories and practical procedures where the actual practice enables the students to remember them much better. (Whatever you hear, you forget. Whatever you see, you know. And whatever you do, you remember.) One would agree to the fact that day to day repetitive habits will be the key. This has a similar theme to the

art of advertising of one commercial product, in which you must show a constant existence via effective media like television and radio. When there is a lack of investment in advertisement to the public, the number of sales will drop. By this method, seeing and learning from everyday practice of the teachers and the seniors (and also the class-mates), the students will be able to remember these ethics as a habit of their own and will truly see and discriminate what should or should not be done. It is an essential way to create good future doctors with a good conscience, so that our medical profession will remain a highly-regarded and esteemed institution for the patients and relatives alike.

Professor Prem Buri, the first and the Father of Ramathibodi Surgeons, made a comment on the first day of the 4<sup>th</sup> Annual Surgical Forum after the topic “The 5<sup>th</sup> Honorary Lecture ‘Prem Buri’ ”. A part of his comment is that “.....How to produce our medical graduates to be good doctors, experienced doctors, and up-to-date doctors.....”. A few years earlier he wrote a special article published in this Ramathibodi Medical Journal<sup>1</sup>, that all medical teachers must read, on “Nurturing Professionalism in Medical School” which, in his conclusion, is very much like upbringing or training a medical student (student pilot) to fly a twin-engine jet with two seaters with an experienced test pilot (teacher, role model) sitting in front under closed supervision with loving and caring guidance. Having read the philosophical principles of this article thoroughly, one would understand and agree with him that it is the key for his comment. When will his dream (and ours) come true?

It will be difficult, as it is, for every medical graduate to uphold their virtues and medical ethics in their future practice if there is a deficiency in the teaching of the theory and real-life practice by their medical teachers and seniors. However, even with adequate teaching in the classroom or in the hospital, it does not always mean that every medical doctor will eventually abide by these medical ethics. Nowadays, there are a lot of text-books, pocket books, and



handbooks about medical ethics and virtues<sup>2-11</sup> to read for self-study outside the classroom. Not only learning from the good things, but also learning more and more from others' mistakes so that you will never ever follow in their wrong footsteps, can lead one to a happy sufficiency life. The knowledge and experience learnt from reading these books will definitely help immunize the students and make them wiser. ("Learn from somebody else's faults to be your lesson, and his success to be your guide".)

Every human society with many people is always filled with both good and bad people as long as greed, anger and hatred exist among us. Siblings with the same parental upbringing still have their differences. Medical students are only human beings in the same world, but all come from different families with different backgrounds. Although they may have come to the same medical school and received education from the same teachers, there is no guarantee that these students will eventually adhere to the same virtues and medical ethics in their future as one would always say that 'nobody is perfect'. Nonetheless, the teaching is still crucial to ensure that these individuals will at least have a good conscience to think each matter through with utmost thoughtfulness. They must carry virtuosity and integrity in all their thoughts, words and acts, feel shameful of and avoid any wrongdoings. They must learn from others' mistakes and learn not to follow in their wrong footsteps. This may still be a possible dream for teachers; because at the very least, some medical students lack knowledge, experience, and expertise. Also, the graduates can still make good doctors if only they don't create problems for their patients and the societies.

## Medical Student

All parents are more than lucky to have good children without either congenital or acquired deformities. Many are very proud of them if they study medicine. All medical students are definitely intelligent individuals. They all have both high IQ (Intelligent

Quotient) and EQ (Emotional Quotient). If not for their intelligence and psychological well-being, they would not have been successful in gaining entry into a medical school where the examination competition is high. Even if they did get into medical training via other means, they would still struggle to keep up with the high standards required. The same goes with those intelligent students who do not show responsibility to their studies or patients. Some would fail in the examination and probably retire. Therefore, it can be said that overall, these medical students should possess the basis of a good level of intellect, virtues and ethics. They should have a good study record and a high level of responsibility and discipline since a young age. It would be rare to see those with the opposite qualities in a medical school. [Again, under closed supervision with loving and caring guidance, these good students should become good doctors for the patients and good people for the country.](#)

Each student usually has beautiful and honorable dreams and goals for herself/himself before she/he entered medicine. When asked why they wanted to be doctors, the popular answer would usually be that they wanted to help others or would be able to do lots of good deeds by helping the sick people. Perhaps, their parents wanted them to do medicine or that they would like to treat their parents when they are old. Some might say that doctors always have a job to do and will not be unemployed. A minority would say that being a doctor could make you rich and famous. Such a straight and honest response may not always be unacceptable. Most of us in all professions, more or less, have this very idea in our heads. We all would like to have a better life for ourselves. What is important is to what extent do we place that at the forefront of our minds and what is enough for us. Good doctors normally have a simple life. They work hard and sacrifice themselves, but still enjoy their lives and take much pride in what they do especially to their patients. They enjoy helping their fellow humans with their ailments and disabilities and gain emotional fulfillment from it. Most doctors when

they retire will not usually be as rich as some businessmen, but they will be rich in generosity and kindness, particularly to their patients and those in need. Despite all the glorification, these doctors can still find happiness in their modesty and live in the society with honor and veneration. Although medical students may not have much money to offer those in need; but using only heads, hands, and hearts of their own, they do already have an abundance of generosity and kindness in their reserves. These medical students can already start to make a difference from this day to those that have paid so much tax money for their education. It is, therefore, their responsibilities to repay the patients and the country that have nurtured them.

## Body and Mind

Medical students should ask themselves if they have ever been ill or not. If they have, they should realize that **while the bodies are suffering, the minds are also more suffering**. There are no patients that come to see doctors with a smiling face (unless they have other motives). Apart from the ailment, these patients may also have their personal problems such as their families, financial strife, etc. It becomes even more exhausting if the doctors themselves experience personal problems as well. **Thus, doctors must train themselves to be patient, calm, collected, and empathetic** which take time and practice in real life to build them up. They must endeavor to treat both the body and the mind at the same time (Psychosomatic Medicine), have time for the patients to ask questions (two-way communication), and learn the art of interactive communication. They sometimes have to take on the roles of a doctor and an advisor.

An example may be of a middle-class female patient who comes to a private hospital with a lump on her back for two years. She looks really worried by it. A doctor completes history taking and examination (always in the presence of a chaperone or a third person) and give the diagnosis of a lipoma. The doctor advises her that the lump is not visible as

it is under her clothing and that she may or may not have surgery to remove it. She will only need to observe its growth. The patient still remains worried-looking about the surgery and its cost. The doctor reiterates that the surgery is only a minor procedure, requiring only a local anesthetic, after which she will be able to return home straight away. She can even have the surgery done at a local government hospital, which has equally experienced doctors. This will save her money, as it is unnecessary for such a minor procedure. Furthermore, she can get reimbursement from the insurance company given that it is after all not an aesthetic procedure. Despite this, the patient still cannot hide the deep concerns on her face. The doctor then says that this lump is definitely not malignant. It is only a benign tumor which she can have it removed at any time. She immediately starts to relax and smiles with a relief. She is too afraid to ask about it before, but eventually decides to continue with the conservative approach. This is a clear example of when doctors should invest time in discussing about patients' conditions, educating them and providing them with facts. As a result, a good doctor-patient relationship has been created. It will greatly help the patients understand their diseases, and to be able to live with their diseases without any stress or worry.

The aforementioned issues in creating good doctors place such an important role on the medical education in all medical schools both in theory and in **real-life practice**. It is a fundamental principle to ensure that all medical graduates are not only sound in their clinical knowledge, but also strictly adhere to the virtues and ethics of the medical profession. You must always think that your patients are your parents or loved ones, even though these patients may be criminals or enemies. The rich and the poor must receive unbiased medical attention. There must not be any ill intentions towards your patients. Now, if **you become a medical doctor, there are 2 rules for you to remember, "First to help and second to do no harm to your patients"**.



## Doctor - Patient Relationship

A good **doctor-patient relationship** and an effective **two-way communication**, both are the art that is in no way less important than sound clinical knowledge and skills. We as health professionals already possess these qualities. It is not necessary to purchase them like medical equipments. If the patients and doctors develop a good relationship, the patients will have the confidence and faith in the doctors. At the same time, the doctors themselves will treat the patients with honesty and will prepare to sacrifice themselves for the good of the patients regardless of the outcome of the treatment. Furthermore, the patients and their relatives will then have sympathy for the doctors and will be ready to forgive them if problems arise. From the statistics, it showed that the most common cause of lawsuits for surgeons was the lack of doctor-patient relationship.<sup>(12)</sup> Because they did not have enough time to discuss with the patients or they did neither answer the patients' nor the relatives' questions which made things worse when later problems unfortunately arose. Doctors are not angels or wizards that are expected to cure all and end all, or perform miracles. Thus, doctors must maintain their psychological health, their patience, and above all, their virtues and ethical beliefs. Birth, ageing, sickness and death are inevitable, but as long as these doctors can retain the faith that the patients and relatives have in them from good doctor-patient relationship performance, the problems of lawsuits or complaints will decline or even disappear.

The perfect magical remedy in medicine can be as simple as the way the patients are treated or spoken to. Words of sympathy and emotional support from the doctor can go a long way in improving the patient's well-being. Nicely-spoken doctors and nurses with smiling faces always attract attention and rapport from the patients. Thai language has different tones and accentuations that make our language so beautiful to listen to. You may find that many foreigners are intrigued by our language. They loved to listen to it and asked what language you were talking to each

other. Just only ending your sentences or words with "krub" for men, or "ka, kha" for women can add greatly to the doctors' (and nurses') charm and **charisma**. Simple gestures, such as putting your hands together on your chest (Thai greeting custom), holding your patient's hands and feeding your patients, for instance, can bring much admiration to yourselves without causing any money. All politicians surely greet people with these gestures for their votes especially during the upcoming election campaign, and so can doctors. These praiseworthy qualities exist in all of us, but it depends on us whether we choose to do them or not. Sometimes in medical practice, they are even more useful than employing medications. **This is the smartest and cheapest investment a doctor can do; she/he does not need to pay a single baht for doing this.** It brings with it so much psychological profit and satisfaction. If medical students can adopt these benefactions as their habits during their students' lives, they can create much happiness for their patients in their times of vulnerability. At the same time, the students while still in a medical school will find themselves fulfilled with pride, satisfaction, and contentment as well, and may look forward to being good medical doctors.

Today, the advancement in technology of the Internet can help patients learn about their diseases with ease. They can always check on what is true or not true about what doctors convey to them. A doctor must, therefore, continue to conduct her/his practice on the basis of truth and honesty. Doctors must remain cautious and thoughtful at all times, even with simple things such as history taking, physical examination, investigations and progress notes to more complicated matters such as treatment decisions and surgeries. Their behaviors and manners need to be appropriate and looked up to. This is because doctors must treat patients without bias. Patients come from all walks of life; there are the rich and the poor, the young and the old. They all have different personalities and attitudes towards different matters. It would be foolish to dismiss that this has no bearing on how you practice

your medicine. It is a delicate area in which you must ensure that you are well-equipped to deal with any circumstance to protect yourselves. Doctors may be able to treat young children and show great affection to them, and in doing so, gain rapport from their parents. Yet, it is often a totally different circumstance with adult female patients. What has been said here is simply to show that the medical profession is not as comely and carefree as it may seem. Our Thai society has a great interest in our medical profession and can look upon us in both positive and negative ways. It may not be enough for doctors to just have good medical ethics, but we must also lead our lives with virtues, justice, kindness, good conscience and absolute professionalism. This establishment has already existed from the time of our ancestors, the senior doctors, our teachers, our juniors and we must carry it on, so that we will not be the last resource of help for the patients in times of sickness.

## Humanized Medicine

Nowadays there is a medical subject called '**Humanized Medicine**', or '**Humanistic Medicine**'. In other words, it is a subject that emphasizes the importance of doctors having a clear conscience and absolute respect for their fellow human beings' equality. Whatever circumstances or backgrounds the patients have come from, when they return home, there should be health professionals to follow them up in the community to educate them on how to look after themselves and prevent future illnesses. **This subject has a role in teaching doctors and nurses to maintain their responsibilities and duties of care to their patients, so that even though they have left the hospital, they will still have a good quality of life (QOL) and will be able to sustain their physical, mental and social wellness.** Health professionals must also provide spiritual care for their fellow humans so that their body and mind will no longer suffer. This may be when these patients are in despair or when they have become a burden to their family and society, such as a brain-dead patient, a severely disabled patient, an

end-stage AIDS patient, an end-stage cancer patient, etc. The end of life (EOL) care will then have to be a peaceful and satisfying process, leading to a good death called '**Euthanasia**'<sup>(13)</sup>, not 'Mercy Killing' that is used for the prisoners. When these patients stop breathing, there should not be any attempts in resuscitation ('DNR' or 'Do Not Resuscitate') as per the wish of the patients themselves or the family members as a witnessed agreement. **Alternative Medicine** may play a more active role in the treatment of some patients whether it would be more effective or not. It must, however, not deceive the patients and family to spend all they have or create debt for themselves in order to pursue it. Wizardry or magic as per individual beliefs and faith may be an alternative for some, especially those with less privileged education in the less developed regions. These alternative approaches, though they may contradict to the scientific evidence, should not be disputed by the doctors as the patients have their rights to advocacy. What doctors should do is to give as much health education and advice as possible that will be of benefits to these patients and their relatives.

Having said that, the medical or nursing professions must therefore, possess both science and art. Everybody must realize the need to be as much a psychologist as they can, as all are impossible to be qualified psychiatrists especially in the art of communication, to promote the psychological welfare of the patients. Despair and hopelessness can often lead to the deterioration of these patients' conditions. That is to say that upfront veracity may not always be beneficial to their progress. Doctors must display empathy and honest sympathy, while subtly explain about the conditions to the patient and her/his loved ones so that hope and optimism can be preserved. You can see that although you are neither a psychologist nor a psychiatrist, in practice, you will still need to treat both the body and the mind. This is the essence of what we may call '**Holistic Approach**', or '**Multidisciplinary Care**'.



## Health Education

In addition, all health professionals should have the responsibility to educate people in the community about their health and the prevention of diseases. As you may have known the fact that "**Prevention is better than cure**". It does not matter who they are, everybody in human society has equal rights. The best method of improving the medical awareness and knowledge in the community would be by refining the national curriculum at all levels from primary to tertiary education through the Ministry of Education, which now controls and administers all levels of the education including the medical schools, in conjunction with the Ministry of Public Health. Public health is one main national problem. We all know that to prevent the people from suffering from diseases is much better than to cure them as far as the cost effectiveness is concerned. **So, appropriate continual Health Education to the children and their families from year to year, from kindergarten to university, will be an achievable solution to our current national health problems.** Repetitive learning is an easy way for people to remember and make use in real life of what they have learned since a young age in the future. (Rather than learning about it today, and forgetting about it tomorrow because they have not had the chance to apply it yet.) **Preventive Humanized Medicine** and **Health Education** should be continuously started at home or school. People of all ages will play a part in disease prevention, accident prevention, decreasing health problems, decreasing the expenses of their family and limiting the national financial loss. Just imagine that no Thais get fat, then, we will have more and more healthy population and, furthermore, have a bigger national budget to improve other areas of need for our country. If the government does agree that public health, not less than the economic and the social, is also a national problem. The new national development policies of our country in the years 2117-2121 may be changed from '**The 12<sup>th</sup> National Economic and Social Development Plan**' to '**The 12<sup>th</sup> National Socio-economic and**

**Health Development Plan**'. The former WHO policy 'Health for All by the Year 2000' may be a success before the year 20XX instead.

## The Ten Rights of the Patients

The ten rights of the patients that have been imposed by the Medical Council in 1998 may have a negative influence on many doctors. These honest doctors, in spite of their well-meant intentions, will need to practice medicine with many cautions. Doctors must enter all the records of their interactions with the patients' care, including history taking, physical examination and investigation findings. The patient undergoing any procedure must give informed consent prior to the procedure. Although there are certain details that protect these doctors, but by law, there is nothing that may prevent patients from pursuing legal actions against such doctors. In unfortunate cases, these doctors may become victims, which will only create dismay and destroy their spirits. Even if they are not guilty, they will still have to go through the process of striving for many years to prove their innocence in the court of law. However, doctors reserve the right to refuse to give treatment unless the patients have life-threatening conditions that need urgent life-saving medical attention. Doctors are, in this case, obliged to care for such patients to the best of their abilities. With the right of refusal to treat, it does not mean that doctors will not accept to treat all the patients they want. It means that doctors must think in the best interest of the patients. They must want all the patients to receive the best medical care from appropriate specialists, just like what they would want for their parents or loved ones. This is so that patients will have the opportunity to get a second or third opinions and also the ability to choose the right doctors for their care. In addition, we must remember that doctors, like other human-beings, can sometimes feel stressed and exhausted making them incapable of continually performing to the best of their abilities.

Medical students that graduate the top of their class with the highest distinction may not necessarily

graduate with a perfect score of 100%. Students with a score above 60% can also graduate to become doctors as well. They all qualify for a medical license and are equally competent to practice medicine. Nevertheless, patients often expect a perfect outcome (100%) in all the treatments they receive or that there can be no room for errors. Every medical school in the world has a regular meeting called 'Morbidity and Mortality Conference'. The purpose of this meeting is to analyze the complications and deaths that have occurred, and learn from them so that they can be prevented. This should be kept confidential among only the doctors. In many cases, the outcome of a treatment may not be the most desirable. Other factors including underlying diseases, such as heart disease, diabetes, hypertension, liver disease and kidney disease, for example, may later on lead to future morbidity and mortality when compromised. These are the facts that the society has to consider in fairness to the doctors. A simple example is of a surgical procedure. The surgeons may have closed up an incision immaculately, but the skills of the surgeon alone may not be enough to determine the fineness of the subsequent scar. Patient factors may also play a large part. Some keloid former patients may have the tendency to form keloid scars. It is known that Caucasians have a lower chance of hypertrophic scar or keloid formation than Asians or dark-skinned individuals.

## Case Studies

There was an example recently of a well-intentioned young lady doctor who became the victim of the relatives of a patient whom she had treated but unfortunately passed away. The doctor became a defendant in a criminal lawsuit investigated by the relatives. The prosecutor for the plaintiff was also a doctor himself. (The adversary of a doctor is also a doctor.) The initial sentence was imprisonment of the victimized doctor.<sup>(14)</sup> It was a mournful day for the medical profession and every doctor was sympathetic towards their fellow colleague. Many doctors at the

district hospitals thereafter began to refuse to operate on many patients in fear of such circumstance and in protest for justice in the medical profession. They referred those patients to the provincial hospitals. Indeed, there was a big problem for many innocent patients who could not get the medical attention they deserved at the time. Never before had any previous cases in the world of doctors been being imprisoned for treating a patient with good intentions. It is known that driving and killing a pedestrian do not lead to imprisonment. Some murderers are even able to escape punishment altogether by disappearing. The uproar that this matter had caused in the society led the judge to reverse the sentence and acquit the doctor of the alleged crime. Nonetheless, it did nothing to restore the pride, dedication and enthusiasm this doctor once had for her beloved profession. After that sad incident, fewer students tried to gain entry into medical schools due to the fear of the increasingly frequent number of lawsuits against doctors.

Those who were already doctors had an increasing tendency to protect themselves as well. They chose to refuse to treat certain patients, in particular those who were suspicious of a psychological issue or had a hidden agenda. Sometimes, patients with a complex disease that would normally require a specialist care were refused even basic medical advice altogether by the primary doctor. It is, however, not always wrong to refuse to treat patients. Medical teachers often teach their students how to refuse to give treatment. Students are taught to know the limits of their skills. Yet, the refusal must be based upon a legitimate medical reason within the best interest of the patients. Many patients are better off receiving their medical care from a fully qualified specialist. There are many doctors that are now trying to gather evidence and reasons to concretely establish the rights of the doctors or Doctor's rights, so that they have protection in their medical practice on the basis of proven science and are treated by law with justice. It is to ensure that good doctors get what they deserve. On the contrary, there are doctors who



have ill intentions and persist in treating patients without not only acknowledging their true competency for financial gains but also virtues and medical ethics - this is absolutely unacceptable.

All medical doctors approved by Medical Council have the rights to treat their patients. Yet, a problem arises if a doctor does not abide by the medical ethics and does not categorize what should or should not be done mostly because of money. For example, a man comes to see you and asks you to implant small magnets into his digital tips. With a common sense, you will suddenly realize that the man is a dice game dealer (in Thai 'เจ้ามือไฮโล'), who wants to cheat his innocent customers as there are also die of various sizes implanted with very small magnets produced from the factory and sold in the market. This technique of cheating in a dice game is no doubt a criminal act and it will never ever happen if you have a high standard of morals and medical ethics and you refuse to operate on him. You would not believe that this iatrogenic criminal operation will happen, but it did happen in Bangkok.<sup>(15,16)</sup>

## Facts

Doctors are not businessmen, and patients are not their business clients. The Thai society often and still has the wrong ideas. The essence of the medical profession is not really for business or financial purposes. Doctors must work hard to earn a living with integrity and sincerity. They must raise their children to have a good education and to become good members of the society. It is not uncommon to see that patients sometimes receive treatment from a doctor without having to pay any money. Some, who are less privileged, even ask doctors for money. In contrast, it will be impossible for these same patients to eat in a restaurant without having to pay any money.

Although doctors have an unglamorous life while continuing to perform the good deeds, they unfortunately often have to live in caution and in fear of lawsuits or complaints. Problems that occur in a doctor's life, even if they are personal, may be the

perfect ingredients for the media. Ultimately, it takes only one doctor who does not adhere to the medical ethics to tarnish the reputation of the whole medical profession. Other doctors with good practice may then be looked upon with a negative influence. Yet, it is easy, though, to forget that all doctors are humans and are capable of making mistakes. Doctors, who have dedicated their time and effort in teaching their medical students and imparting their knowledge and experiences day after day, can only hope that their young trainees and future colleagues will have every success in their careers. However, nothing will ever be more satisfying to them than to know that their young colleagues will go on to become only the kind of good doctors they have hoped for, the ones that do not cause problems for their patients and the society.

## Conclusion

All medical schools must join together. The Thai medical curriculum should remain up-to-date according to the situation of the country, but it must include the subject of medical ethics. The education about medical ethics must begin on the first day of the medical schooling. The orientation ceremony for medical students each year should repeatedly foster not only the acquisition of medical knowledge, but also the virtues and medical ethics. All the medical teachers, senior colleagues, fellows and residents should also set good examples, role models, of both theory and practice for medical students (What you see is what you get, WYSIWYG). This will reinforce the culture within our medical profession, follow the footsteps of the praiseworthy role models, much like the saying "When in Rome, do what the Romans do" (and in Thai 'ถูกปฏิบัติตามเมือง'). The education must regularly emphasize on the practical aspects so that the students may routinely successfully hone their skills, particularly in the ability to appropriately and independently and naturally interact with their patients. **Medical students should learn to be givers with grace while in the medical school and for life.** Now, without

enough money or income, they can start being young givers by losing no penny in treating their patients, whether in despair or not, with love and spiritual care, with generosity and kindness day-by-day. (For someone who has nothing, a little is a lot.)

The aforementioned principles of everyday learning and practice will play a fundamental role in developing strong immunity for all medical students, strengthening our teacher's hope of having good

doctors, experienced doctors, and up-to-date doctors; and furthermore, alleviate the problem of unnecessary lawsuits or complaints once the nurturing of medical professionalism is well-established in all medical schools.

Some of the H.R.H. Prince Mahidol of Songkhla's philosophical speeches as mentioned in the beginning of this article are eternal not only for Thai doctors, but also for medical doctors from all over the world.

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