Rethinking Medical Professionalism – Lessons from the Shipman Inquiry

When I last came to one of these inaugural lectures, I bumped into Sir Robert Boyd who told me that they were a great opportunity to consider wide ranging issues of philosophy and other more troubling areas that were affecting the medical profession. I think he was telling me what to base my lecture on. It made me think about what I wanted to talk about and I decided that rather than talk about my research it would be useful to reflect on my experiences as the Medical Advisor to Dame Janet Smith who was Chair of the Shipman Inquiry.

I am not going to reflect much on Shipman as a person because I think a lot has been said about him already and apart from macabre interest in someone who was such a prolific killer, I don't think that there is much that we will learn about Shipman as a person. What I want to talk about is what Shipman means for us in the medical profession and more specifically in the case of Manchester, what it says to us about how we educate the future generation of our doctors.

I remember very clearly the first day that I was asked to be involved in the Shipman inquiry. It was all so secretive that I wasn't able to discuss it on the phone with anyone. A senior civil servant came to Manchester to see me about it. I remember being asked to set up an appointment and I was reluctant because no one was prepared to tell me what it was about. Knowing my past record I thought it was about some of the problems that I had created!

When the civil servant came to see me in Manchester and told me about Shipman I had a recollection that there was this doctor who was being investigated for murder but little else. I wasn't taking much interest in the trial and I had no indication as to how incredible the story would become as it unfolded after he was convicted. I wasn't able to discuss my involvement with anyone except of course my wife. One of the definitions of a secret I have is from the civil servant who said to me that

'a secret is something you can discuss with your wife and one other person.'

When Shipman was convicted on the 31st of January 2000 I remember it as a difficult time. We had just been overwhelmed by the extra duties that we all had to do because of the millennium celebrations and there was a flu epidemic. I noted that we were heralding a new millennium with the knowledge that a British doctor had been convicted for the murder of 15 patients.

Another first for the NHS.

When the inquiry was first set up by the government they never understood that Shipman may have been responsible for many more deaths. There had been a suggestion that possibly there may have been another 20 or so patients in whose deaths he may have been implicated. The government never imagined that it would be more than that and they felt that a speedy inquiry could be held where we would determine what needed to be done and the whole thing would be wrapped up in seven to eight months.

However it soon became apparent that the extent of his crimes were much greater than *anyone* could ever have imagined. Relatives of his victims, together with some media organisations, challenged the government through a judicial review, demanding that there be a public inquiry because of the potential implications of what Shipman had done. It took nearly a year to set up the public inquiry and I started working with Dame Janet Smith in February 2001. I never imagined that the whole Inquiry would take over 4 years.

It is worth summarising exactly what the inquiry found. We carried out what has been described as the largest forensic inquiry ever in this country. Every single death that Shipman certified or may have been involved in, was examined in great detail, going all the way back to the start of his medical career in 1974. Adverts were placed in newspapers, relatives and friends were contacted. Hospital records, death and cremation certificates going back 20 and sometimes 30 years were examined for evidence of Shipman's involvement. In each and every case where Shipman was involved, a detailed picture was built up of the lives of the people that he looked after and the people he subsequently killed.

It is difficult to describe what we found. Dame Janet working as a Senior High Court Judge, went through each and every case to determine whether Shipman had killed the person or not. She found that he had been responsible for the murder – yes for the murder – of 218 patients. 171 were women and 47 were men. There were another 62 cases where she had serious suspicions that Shipman was likely to have murdered, but there was insufficient evidence. Either no-one was around to tell us the information, the medical records had been lost, or the picture wasn't complete. But on the 218 there is *absolutely* no doubt.

And while I mention the figure of 218, when people talk about it, it becomes just a number. It is such an immense number to understand that most people I don't think can comprehend what it means. It was difficult for me to understand, even though I had to go through each and every case with Janet Smith. As we went through these cases it became clear what sort of doctor Shipman was. I remember my horror when I realised that in some cases he even planned the murder over a two to three week period. His behaviour, at the time of death towards the friends and relatives of the people he had killed, was quite incredible and should have raised alarm bells. The state of his medical records were a disgrace. This is in a man who boasted and was able to convince his colleagues that he was a brilliant and caring General Practitioner.

I want to say three things that might give you an idea of the enormity of what he had done. There is a war memorial in Hyde and it is incredible to understand that Shipman's victims are almost as many as are on that war memorial. The second thing that made me realise the enormity of his crimes is what had happened in two cases. I think it always important to come down to the individual because they give meaning to the vast numbers of murders that he committed.

I remember the first case that I was involved in very clearly. It concerned a man called Joseph Bardsley. Joseph was murdered on the 15th of April 1984 at around 3.00 pm in the afternoon. He was 83 years old, had lived on his own in sheltered accommodation in a small part of Hyde called Bradley Green. Although he was 83 there was very little wrong with him and he lived a very happy life with his relatives living near by. On the 15th of April which was a Sunday he was at his home. He had

just had his Sunday lunch and he was visited by Shipman around 1.30 pm. We discovered in fact that Shipman was on call that day and was on his way home after an earlier call he had made. He decided to take a detour to visit Mr Bardsley. It was clear that Shipman had every intention of murdering a man that day and he *chose* Mr Bardsley.

I remember sitting next to Janet Smith in the town hall and thinking

'what sort of man can do that?'

Here was a doctor who was trained to save lives and on a Sunday, without even being asked to go and visit someone, when he could have gone home and had his own dinner, he took a detour and went and killed someone. There are many more cases like Mr Bardsley, littered throughout the over 500 cases that we examined. Humble people enjoying life with friends and relatives, grandchildren visiting and playing with them. Someone's mother or someone's father.

218 of them murdered by one doctor.

When I go and give talks about Shipman I use this quote to try and explain what I mean about the issues that he raises.

'When a doctor goes wrong he is the first of criminals. He has nerve and he has knowledge'
(Conan Doyle A. *The Speckled Band* London,1891)

I can't get out of my head the fact that he was a doctor trained to save lives and yet something happened that made him into the greatest serial murderer in British history. Unfortunately the quote never goes down well, and many doctors get very angry with me when I talk about doctors being killers. They tell me

'He was one man, a rotten apple, a serial killer who just *happened* to be a doctor. Why make such a fuss about it all? Why make all the changes that were suggested in the Shipman Inquiry?'

My contention, and this is what I am trying to get across from the quote, is that yes he was an evil man, but yes he was able to do what he did because he was a doctor.

Let me give you another example where the issues around professionalism come to the fore.

Renata Overton was a 47 year old woman who died in a coma in hospital on the 21st of April 1995 after a 14 month period in a persistent vegetative state. She too had been murdered by Shipman. Very briefly the story was that she was an asthmatic, single mother, who lived with her daughter and had an asthma attack on the evening of the 18th of February 1994. Shipman was called out, visited her and she was initially given appropriate treatment. However when her daughter went upstairs because she could see her mother was getting better, Shipman injected her with morphine. She collapsed and he made out that she had suffered a heart attack and rang an ambulance. An ambulance happened to be in the vicinity and it arrived on the scene in about 2 or 3 minutes. Although Renata was revived, she remained on a hospital ward in a persistent vegetative state for 14 months before dying.

The incredible thing about Renata's case is that everyone knew – the ambulance people, the casualty officers and most importantly the consultants who took over Renata's care when she was brought into casualty. Everyone knew that she was an asthmatic who had been given a massive dose of diamorphine.

When the inquiry investigated the circumstances around her death, we unearthed the whole system of what can only be described as a cover up. Yes it was incredible that a doctor had injected an asthmatic with morphine. Yes he claimed that she had a heart attack but *none* of the tests done in hospital showed the slightest evidence that she may have had ischaemic heart disease or suffered a heart attack. Yes people talked amongst themselves about this case and she was even introduced on ward rounds as the lady in a coma following an injection of morphine by her general practitioner.
But no one, no one, did anything about it. Why?

Because he was a doctor.

So when I think about what the lessons are and when I say that he was able to kill because he was a doctor, I base it on an intimate knowledge of the sort of things that he did. We built up a whole picture of Shipman, of his standing in his community, of the way his colleagues treated him, of the way the PCT regarded him as an exemplar in his field, and you realise that it all happened *because* he was a doctor.

And so I ask the question
'What is it that made this doctor a killer? What can we do to prevent this ever happening again?'

We of course provided some answers in the Shipman Inquiry. Most of our recommendations were about safeguarding patients. We looked at the systems around death certification and cremation. We talked about how they could be improved. We talked about how people needed to investigate deaths. We talked at great length about the whole issue of medical regulation.

What we did not talk about was professionalism. It is something that I have begun to think about because I realise that we may have the perfect systems and yet fail to prevent another tragedy like Shipman. Don't get me wrong. Systems still need to be modernised and developed so that the public should be better protected. But we can have perfect systems and yet we will not be able to prevent a doctor murdering his or her patients if they wanted to. Yes all the things we said about changes to medical regulation, the role of the GMC and the way that doctors are monitored, are all important. Reassuringly the profession is slowly beginning to accept that. However, I believe that the problem goes a lot deeper. The problem is as much about how the profession reacts to him and the lessons that we, as a profession, must learn as well as the safeguards that need to be put in place.

Discussing professionalism has become quite in vogue and I welcome the debate that is taking place around it. Of course the reason that doctors are discussing professionalism is not because of Shipman. We can argue that what Shipman did was totally irrelevant for the debate around professionalism. But there is no doubt

that Shipman, at least in this country, represents a long line of disasters that have befallen the medical profession. Disasters where doctors have crossed the line.

Shipman was the extreme example but people know about the Ledward case, the Neal case, the Bristol Inquiry and numerous other examples where doctors have broken that trust with patients and have gone on to harm the people that they were put in charge of. In my mind Shipman had *everything* to do with professionalism.

Here is a man who is trained to save lives and yet went on to kill.

As I thought hard about what this all means, I have looked back in history to find other contexts where doctors crossed the line. There is of course another example in medical history where doctors trained to save lives became involved in killing. I am of course referring to the Holocaust. I do not want to belittle the holocaust by comparing it with the Shipman case, but there are certain things it teaches us about the medical profession and we should learn lessons from it. In the case of the holocaust, the medical profession in Germany signed up to the genocide that Hitler and the Nazis planned. Of course they were objectors, but the fact remains that many doctors were actively involved in developing the ideology and the mechanisms of how to kill on a mass scale.

These were doctors who were amongst the most educated in German society. They read the poetry of Goethe and Schiller, philosophised about life and medicine and ethics and yet joined in the carnage that was the concentration camps. So what is it about medicine that meant that of all the professions, the doctors were the largest professional group that signed up as members of the Nazi party?

What is it about medicine that sought to protect Shipman? Is it our education? Evidently not, because everyone would agree that education is in fact the shield that can prevent such barbarity.

Perhaps it is to do with what happens when we become doctors, the power that we have, the standing that we have and yes the trust that we must have if we are to be healers and deal with human suffering. So the recommendations of the Shipman

Inquiry which sought to draw some real boundaries around issues such as self regulation and the responsibilities that must go with it, are in my view highly relevant. In relation to these areas, our intention was to put in safeguards that would alter the power relationship between the public and their doctors.

However I also believe that we can do something about how we train and teach our future doctors so that even if a doctor veers off the path, the sense of professionalism, of duty, will mean that others in the profession will act to prevent this happening. The purpose of medical education is after all to impart the knowledge, transmit the skills and inculcate the values of the profession in a balanced and integrated manner.

What do I mean by professionalism? I can't do better than a recent report published by a working party of the Royal College of Physicians which looked at doctors in society. I won't show you the definition because it is a bit long winded and is a typical example of writing by committee. It is however a good start. It talks about compassion, altruism, team working, integrity and excellence.

However, I thought an earlier definition developed by the American Board of Internal Medicine was more useful because it talked about principles. They argued that the three principles that are fundamental to the understanding of medical professionalism are:

the principle of primacy of patient welfare
the principle of patient autonomy
the principle of social justice

It is from these principles that a series of professional responsibilities will derive - for example a commitment to professional competence, to honesty, to confidentiality, to improving the quality of care.

We all understand the principle of patient welfare. It is only recently that doctors have begun to see their role as advisor and advocate with the patient making choices that determines their health. That is what lies behind the principle of patient autonomy

The principle of social justice is perhaps the most controversial and is bound up with issues such as altruism and compassion. I imagine that it is the principle that we as educators will have the most difficulty with.

In terms of education I think that we are doing very well on embedding the principles of patient welfare and of patient autonomy into the value and belief systems of our students. We are doing this through communication skills training, through educating about behaviour, application of scientific knowledge, the value of team work and a commitment to ongoing professional development. There is in many medical schools, an explicit instruction in professionalism which when combined with effective role modelling can support the development of a comprehensive and sophisticated understanding of professionalism. After all it was descriptions of medical training that enabled sociologists in the 1950's to develop concepts of socialisation in the development of professional attitudes and behaviours.

But this is of course is only part of the story.

What we haven't done as effectively is to embed in the profession the notion of social justice. This is not an abstract concept. If we accept that role models are important, then what are our students to think when they see the rise of private medicine and the excessive profits that some physicians make from the suffering of people. What are they to make of the complicated relationship that exists between some physicians and the companies that make drugs and expensive medical technologies. What are they to think when they witness the huge disparities in heath outcomes, not only in this country but throughout the world. Developing a notion of social justice may help them negotiate these muddy waters.

The idea that a physician is an advocate for social justice, defending the public health and the rights of patients – needs to become as much a part of professionalism as patient welfare and autonomy. If we don't, then we will continue to have what is euphemistically called exceptions. Yes I gave you the example of the Holocaust but look at the exceptions: Exceptions where doctors have become part of the machinery of repression. Doctors involved in the torture of prisoners in

apartheid South Africa , in Abul Graib, Guantanamo Bay, the Soviet Gulags. The exceptions where doctors were involved in falsifying the results of clinical trials. The exception of failing to give informed consent to poor African Americans in Tuskegee, USA, where between 1932-1972 they were denied treatment for syphilis so that doctors could observe the long term effects of the condition. Or the exception where doctors in New Zealand failed to treat women with cervical intra-epithelial cancer so that they could observe what happened. The exception of the involvement of physicians in the execution of prisoners in America and China which is still continuing today. Or the exception where racial discrimination is tolerated in the medical profession – something that I have spent many years documenting. I won't be surprised if many of our students do not know about these recent exceptions.

Where is the sense of social justice that can act as a shield against these sorts of exceptions. It is my belief that we can build this into the training of physicians.

Of course, the teaching of professionalism is important, but lectures are no match for the rough and tumble lessons of clinical training. The rhetoric on respect for patients is too easily undercut by the experience that many students observe on the wards. Public declarations of norms through graduation ceremonies for example – the Royal College of Physicians suggests the introduction of ceremonies where graduates recite a modified version of the Hippocratic Oath – putting the 'Hip back in Hippocratic' as one medical student website I came across suggests, will not be enough. I don't doubt the importance of such ceremonies and it is certainly something that we should seriously think about in this country and in Manchester.

However developing a sense of social justice must go beyond the lecture theatre. There are examples from other countries on how this is being done. In the USA, there are millions of uninsured people and there are examples where community organisations attempt to meet the medical needs of uninsured patients by coaxing physicians to provide care without charging fees. They are arguing the there should be a minimal professional requirement to render free care to poor people – something that could be done if all physicians contributed to this endeavour by sharing the burden.

There are parallels in this country where we can see examples of general practices ‘cherry picking’ certain groups of patients and making it difficult for drug users, homeless people, refugees and asylum seekers and people with mental health problems to register with practices. We can and should make it a minimal professional requirement to provide care for all patients irrespective of their status.

Perhaps the most interesting initiative I came across was one funded by the Soros Institute as part of the Doctors in the Professions initiative. It sought to develop a curriculum where advocacy skills were taught alongside diagnostic skills. The course encouraged students to become actively involved in socially orientated health policy. As part of an optional module, medical students had to go and research and investigate an issue of social importance within their community and present the findings in such a way that they might make a difference. For example newspaper articles, radio programmes and public meetings. What they are trying to do is embed in their graduates the notion of community activism where doctors are willing to enter the political arena and take up issues which are related to the public health.

Keep politics out of medicine some might say. But I would argue that social justice is an important component in the development of professionalism. We can emphasise the science of medicine. That is important. We can teach the art of medicine. We should be able to teach the behaviours, attitudes and values that are central to the practice of medicine.

It is my contention that if we teach the value of social justice we can prevent the modern day exceptions. There are many examples in this country where the medical profession could legitimately play a important role. For example in the treatment of asylum seekers and refugees, in the treatment of people incarcerated in prisons, in the pressure we can bring to bear on the way that vulnerable people are treated in our military prisons in Iraq. Medical professionals witnessed and acquiesce in the treatment of prisoners in Abu Graib and Guantanamo Bay.

The protection of whistle blowers so that we don’t get a misplaced sense of loyalty to the profession as happened in the case of Renate Overton is also important. We

shouldn't have to rely on outsiders to take the lead in uncovering abuses and providing remedies.

Our relationship with pharmaceutical companies should be more transparent and we should attempt to minimize their influence in our continuing education. Look at the lessons we should have learnt from the use of hormone replacement therapy and Cox-II inhibitors. Medical training should not include acquiring a sense of entitlement to the largesse of drug companies. Accepting presents, food and drink from drug company representatives should be seen as violating the ethical norms of the profession. However fanciful these suggestions may seem, what is clear to me is that we continually avoid the tough questions of how professionalism should become central to our way of thinking and behaviour.

In relation to Shipman people keep telling me not to talk about it any more. It is all in the past. We should move forward. But we can't be allowed to forget. He was a product of our system, of our NHS, of our education.

A lot has changed. The Chief Medical Officer and Richard Smith the ex-editor of the BMJ when writing about the aftermath of the Bristol and Shipman Inquiries, used a quote from a poem by WB Yeats. *(WB Yeats, Easter 1916)*

The line of the poem they quote is "all changed, changed utterly". What I think they are trying to convey is the sense that everything has changed and we cannot go forward again in the same way. We all recognise the importance of looking forward as well as remembering the past but I would be surprised if people knew how the poem continues. The lines are from Yeats' poem Easter 1916. It is about a violent time in Irish history. The poem is about the difficulty the poet has in understanding how people sacrificed themselves for, what at that time, appeared to be a lost cause.

The poem goes on to say "all changed, changed utterly, a terrible beauty is born".

I am not sure what terrible beauty will be born out of the Shipman case but I know this much.

It was not an aberration. It tells us something about our profession which we need to understand. We as a profession have a responsibility and a duty to confront its meaning and develop the actions that can prevent it happening again.