



MONASH
University



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Must doctors be good people?

The threshold for sanctioning doctors

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2nd of December, 2024

BMedSci(Hons) Project

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Background



Figure 1: 'Climate Protest' image showcasing Dr Benn on the righthand side with 'Stop New Oil' sign

Background

Severe sanctions serve to maintain “*the reputation of the medical profession*”

- General Medical Council

Figure 1: ‘Climate Protest’ image showcasing Dr Benn on the righthand side with ‘Stop New Oil’ sign

Role of Medical Regulatory Bodies



Overseeing medical education
and training



[Good medical practice: a code of
conduct for doctors in Australia](#)

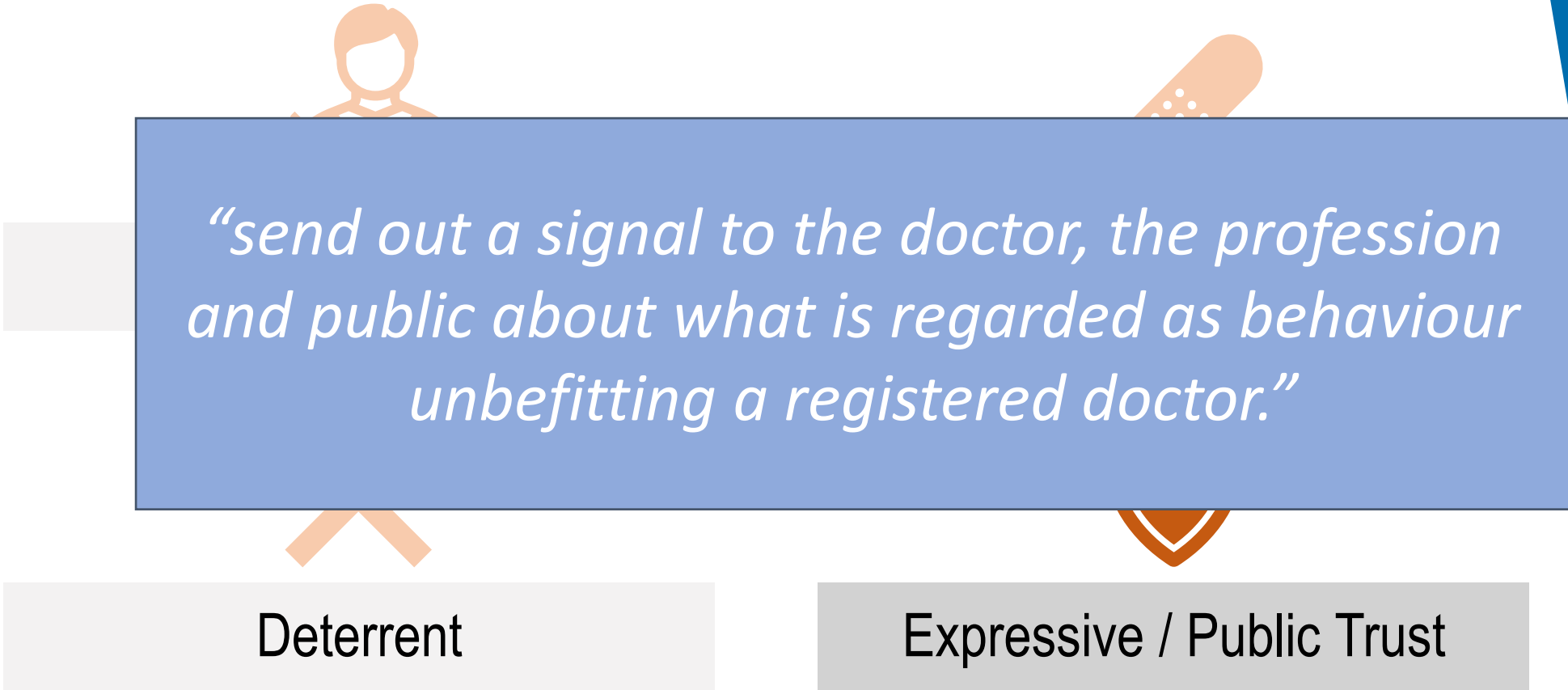


Setting and maintaining
professional standards



Managing the Medical Register

Purposes of Sanctions



“send out a signal to the doctor, the profession and public about what is regarded as behaviour unbecoming a registered doctor.”

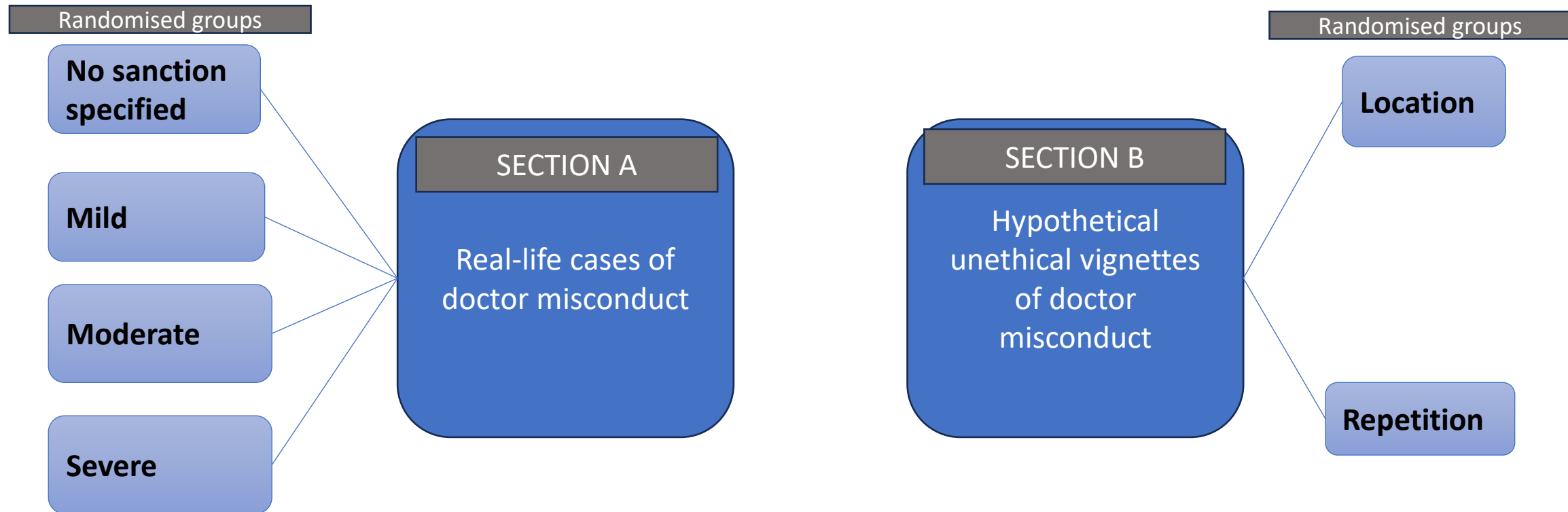
Deterrent

Expressive / Public Trust

Methodology

Survey Design

An online survey was conducted with a nationally representative sample of the UK public (N=320).



Result 1: Respondents disagreed with current sanctions

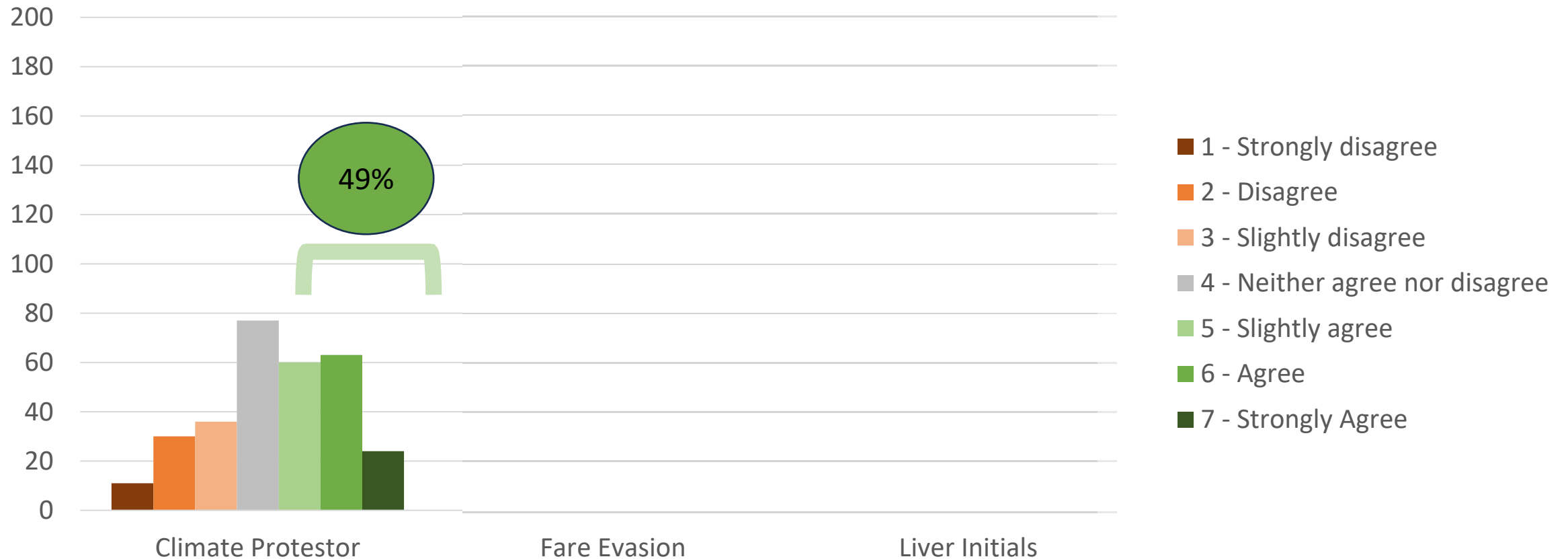
View about appropriate sanctions

Public were more lenient on “non-clinical” misconduct

Case	Actual Sanction	
Civil disobedience <i>(Climate Protestor)</i>	5-month suspension	
Dishonesty <i>(Fare Evasion)</i>	6-month suspension	
Clinical malpractice <i>(Liver Initials)</i>	6-month suspension	

Comparisons between different doctor misconduct

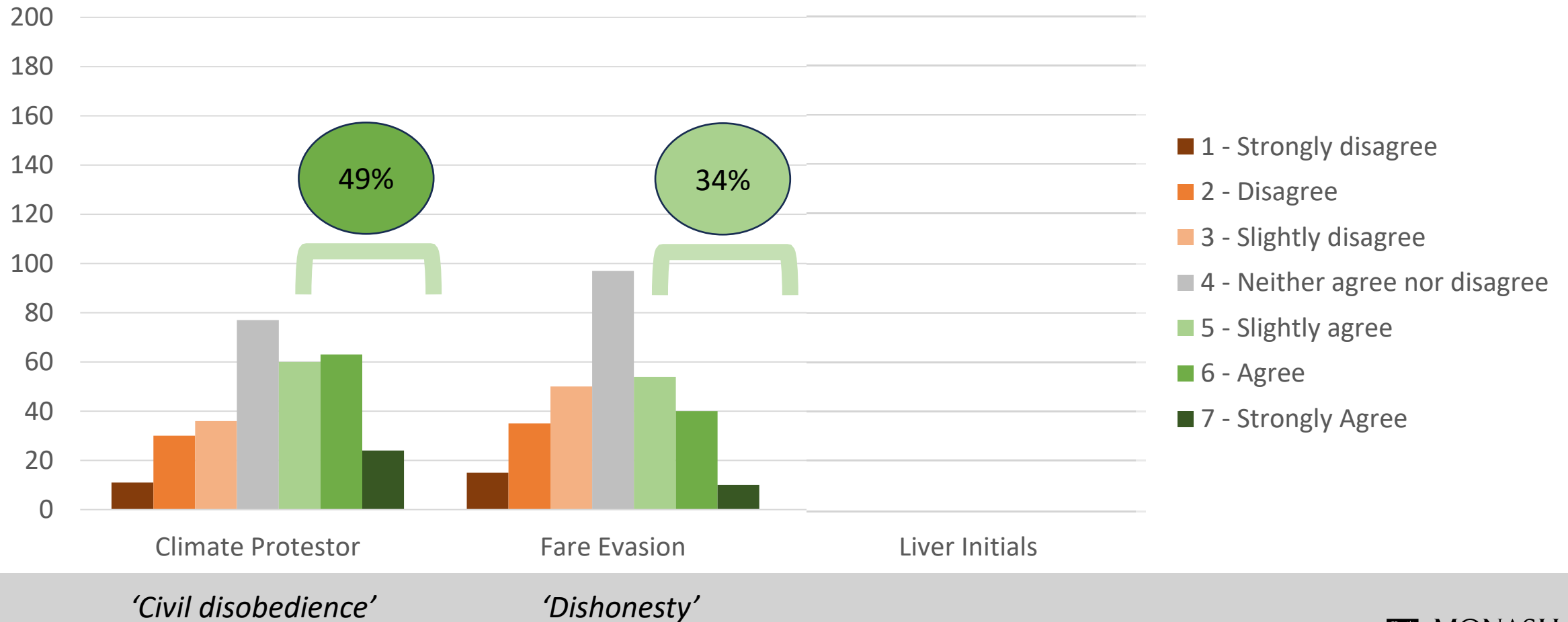
Comparison of trust between climate protestor, fare evasion, and liver initials case
I would trust this doctor



'Civil disobedience'

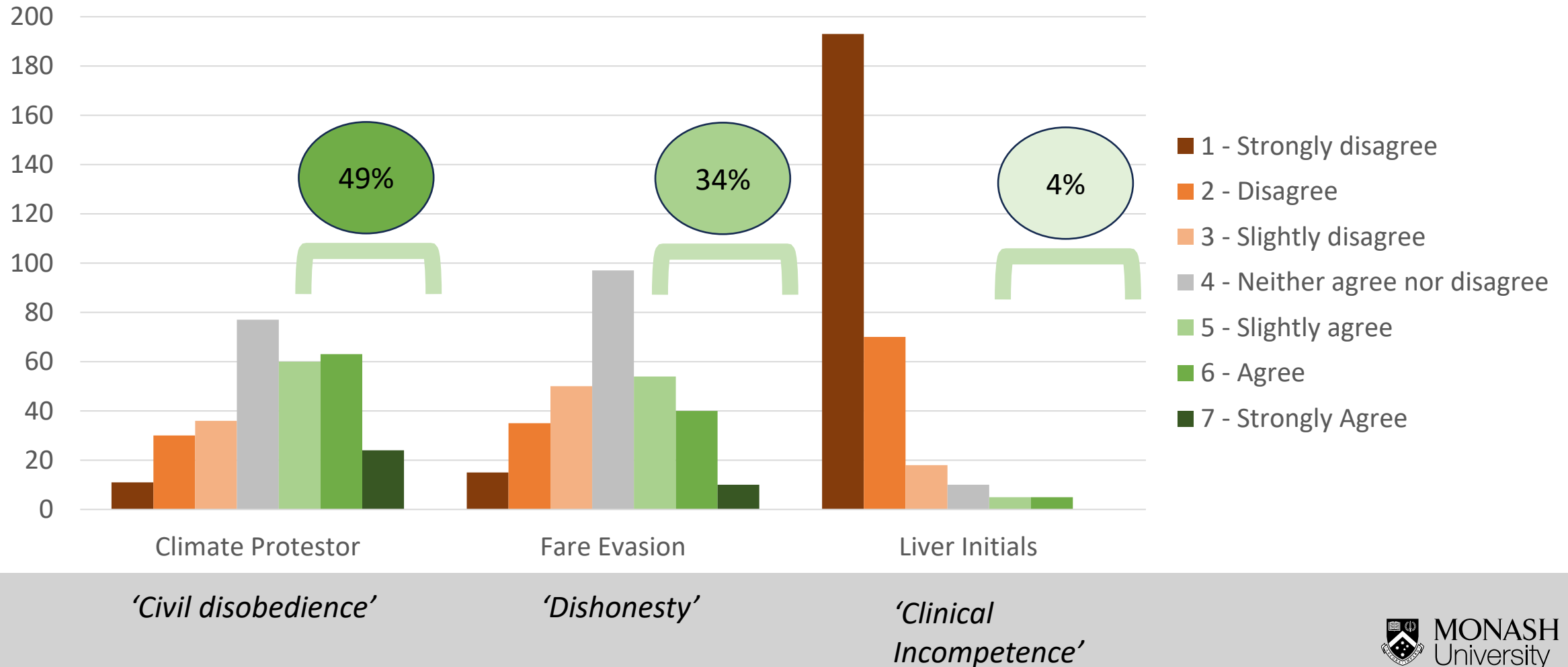
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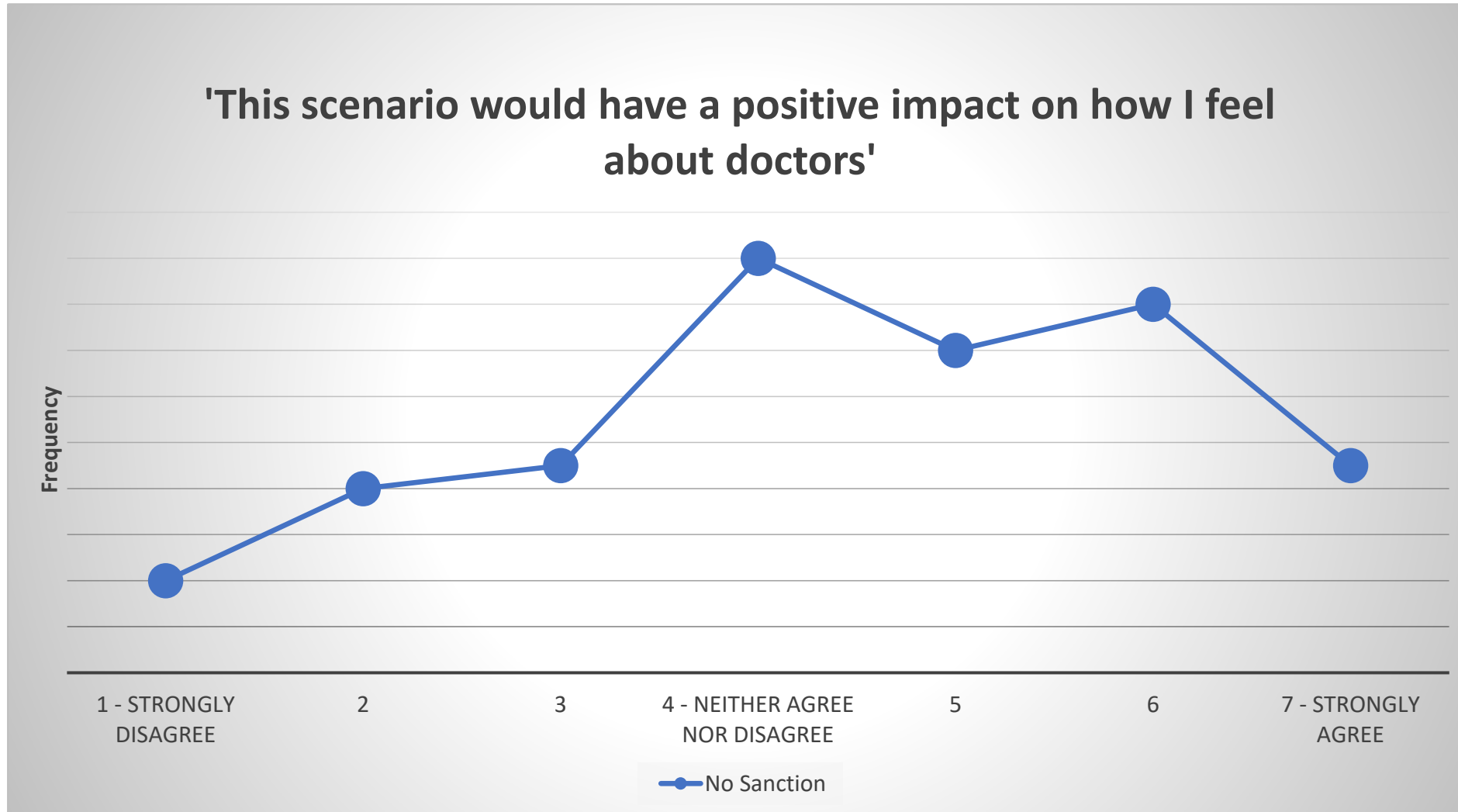
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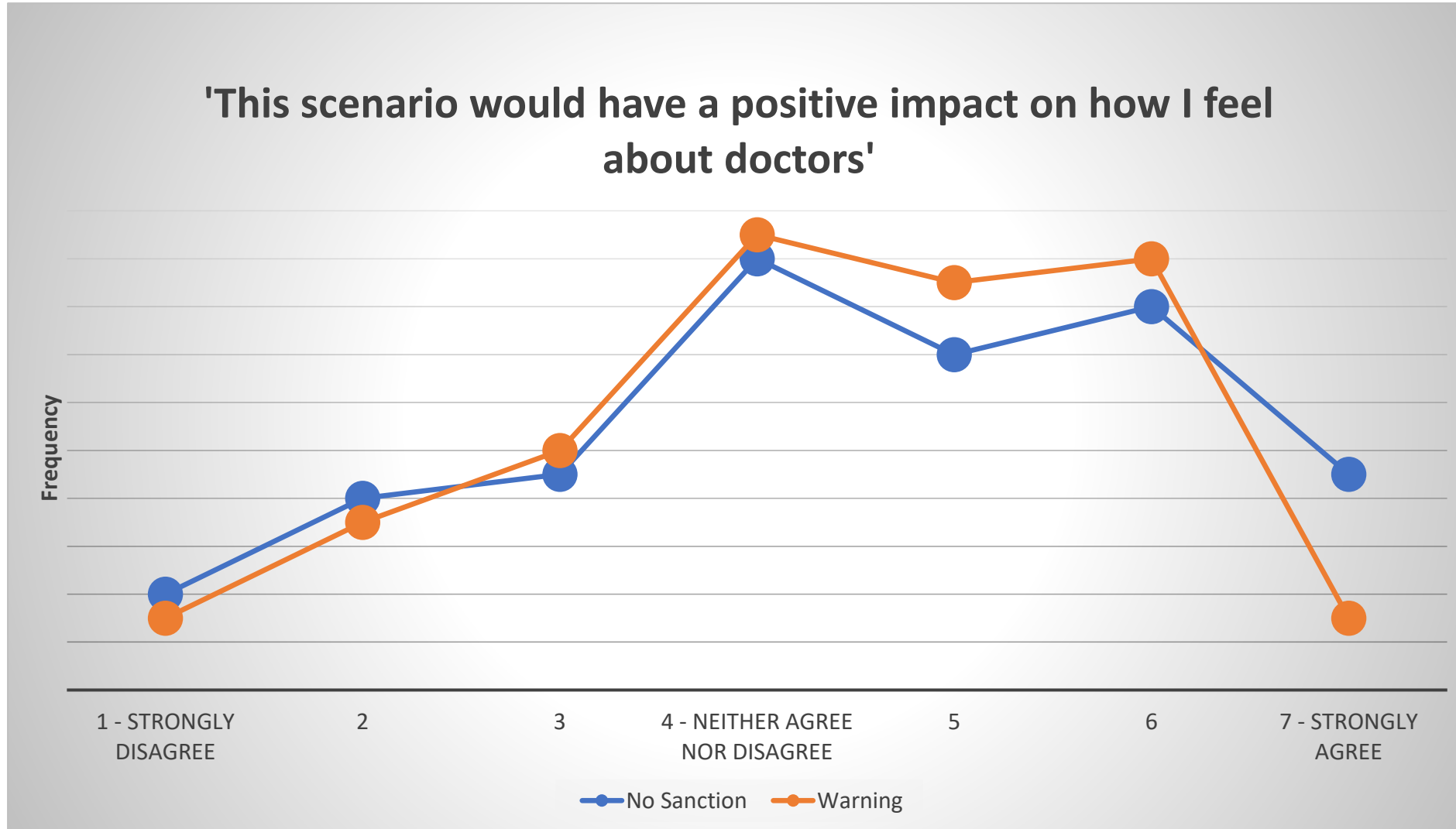
**Result 2: Increasing sanction severity
did not increase trust in the profession**

Impact of presence and severity of sanction on trust



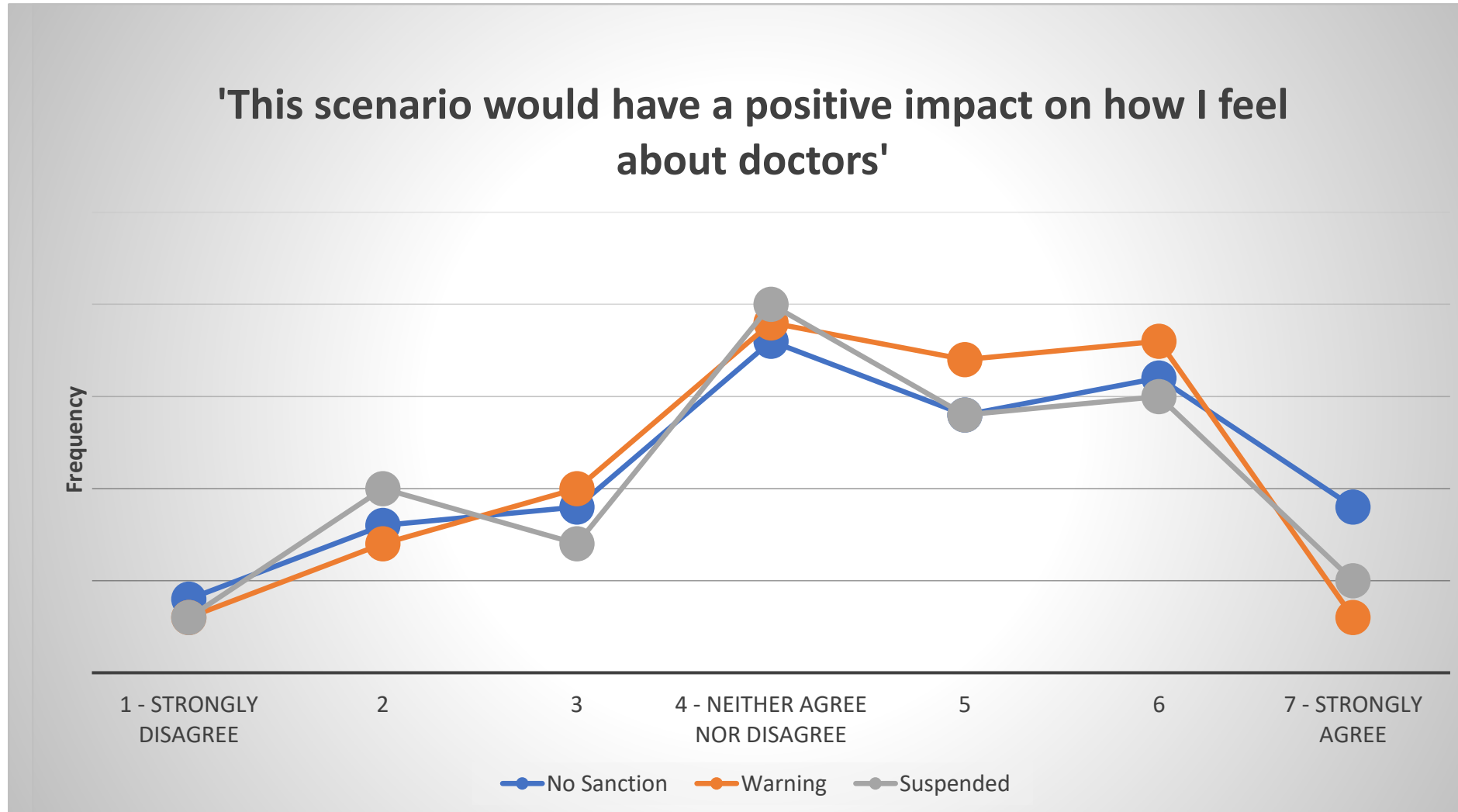
No statistically significant difference in trust with increasing sanctions

Impact of presence and severity of sanction on trust



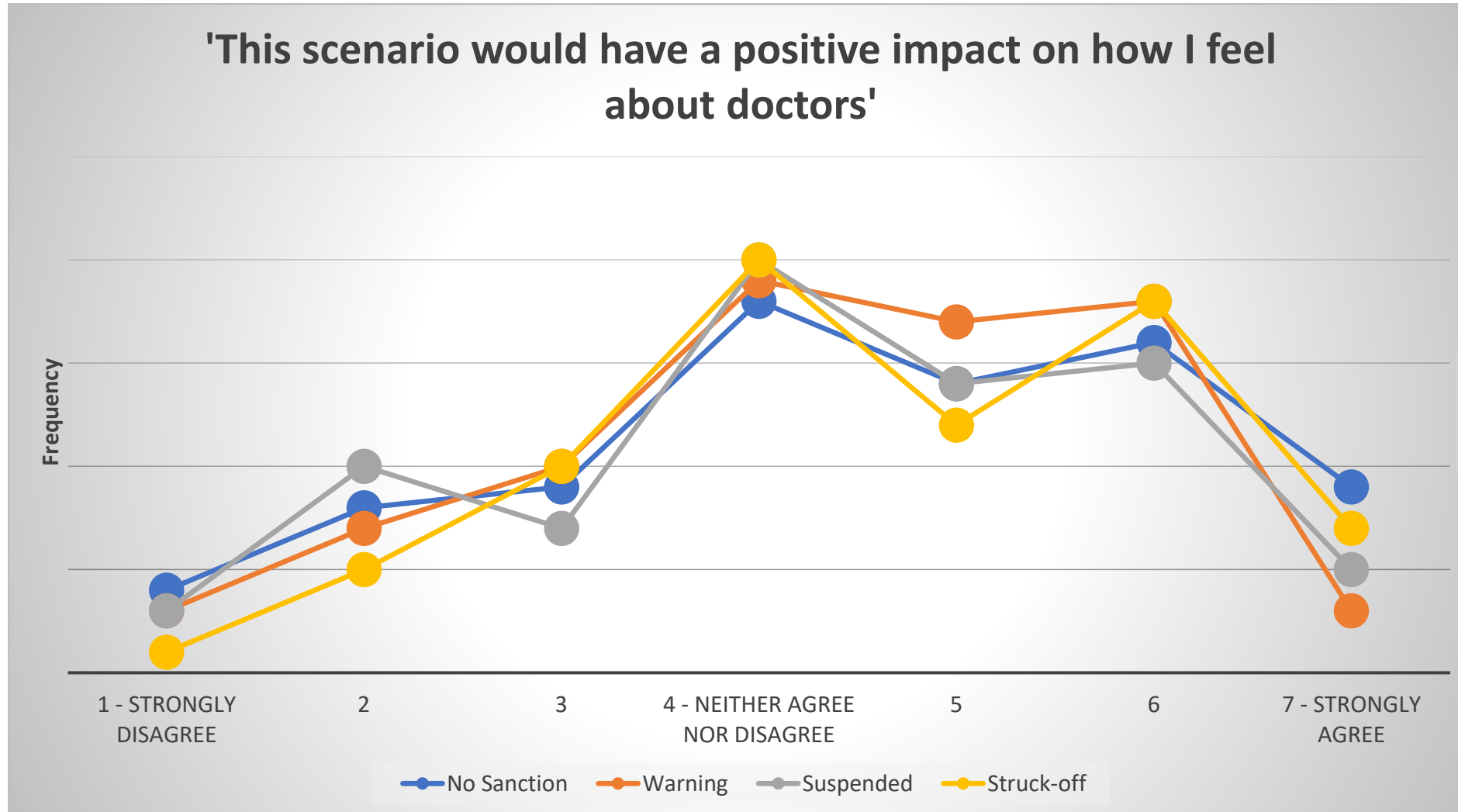
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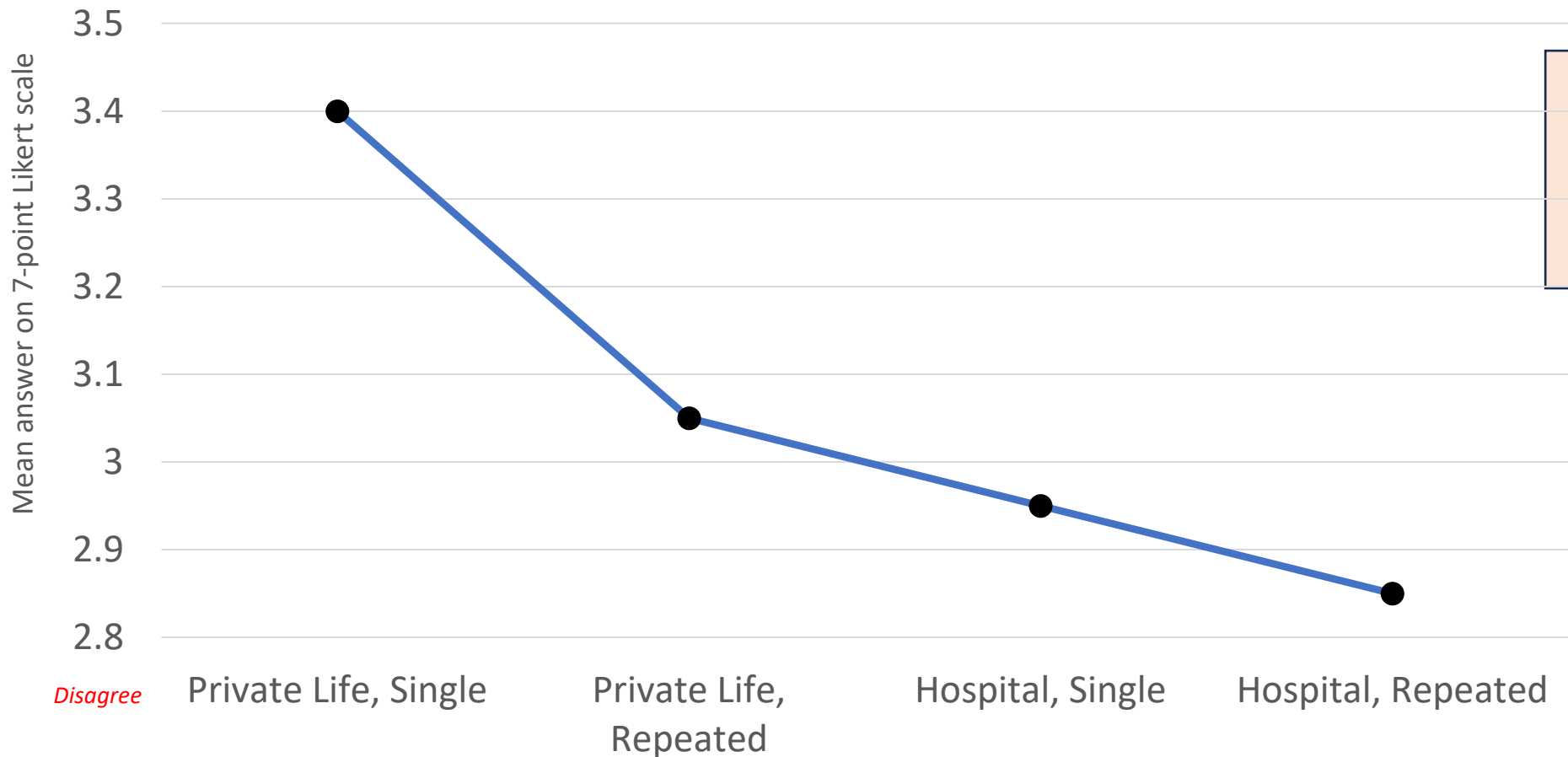
No statistically significant difference in trust with increasing sanctions

**Result 3: No statistically significant
difference found in trust between
workplace and private life misconduct**

Impact of location and frequency of misconduct on trust

Neither agree
nor disagree

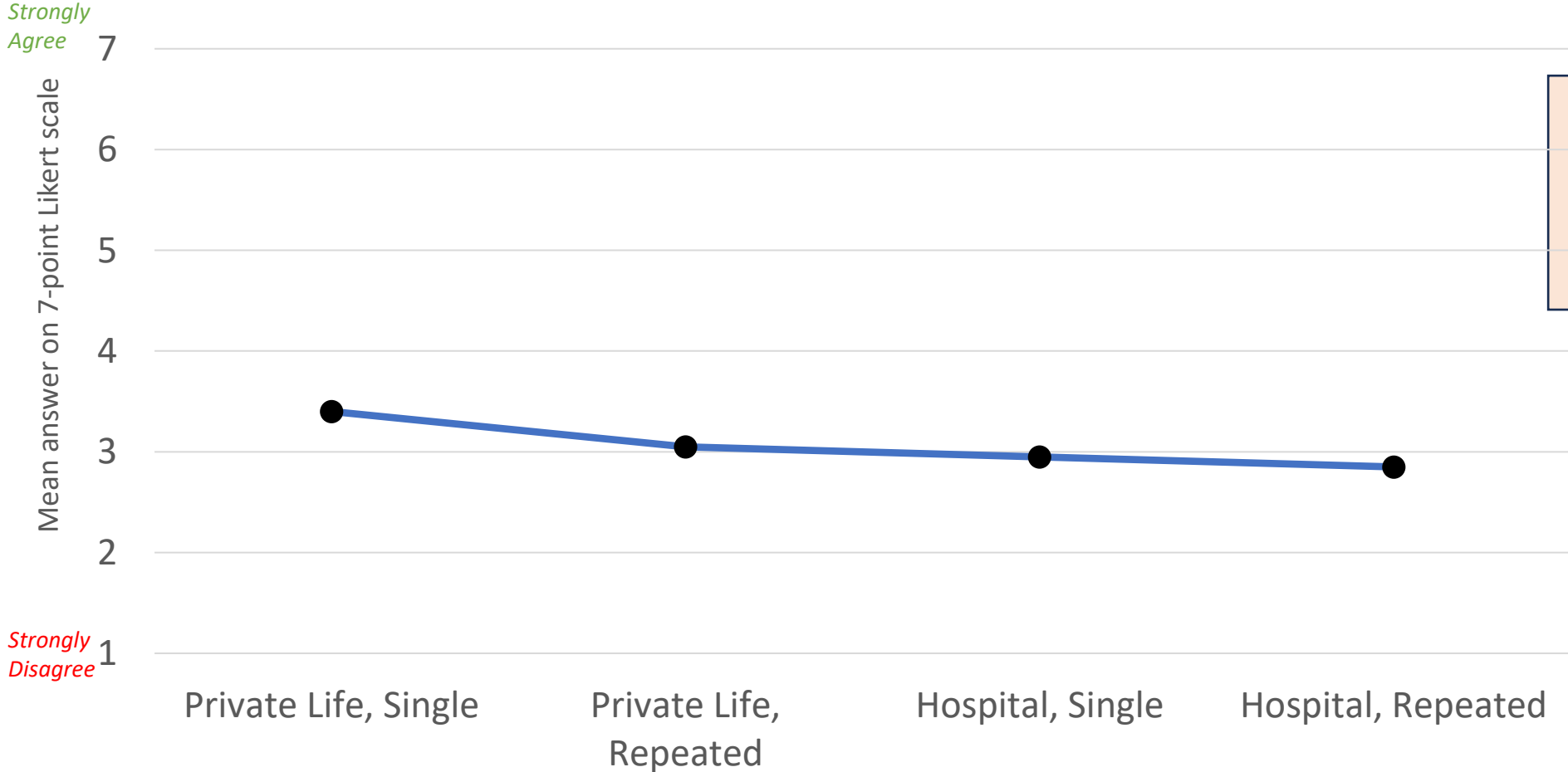
'I would trust this doctor'



Public more likely to trust singular private indiscretions compared to workplace multiple indiscretion

Impact of location and frequency of misconduct on trust

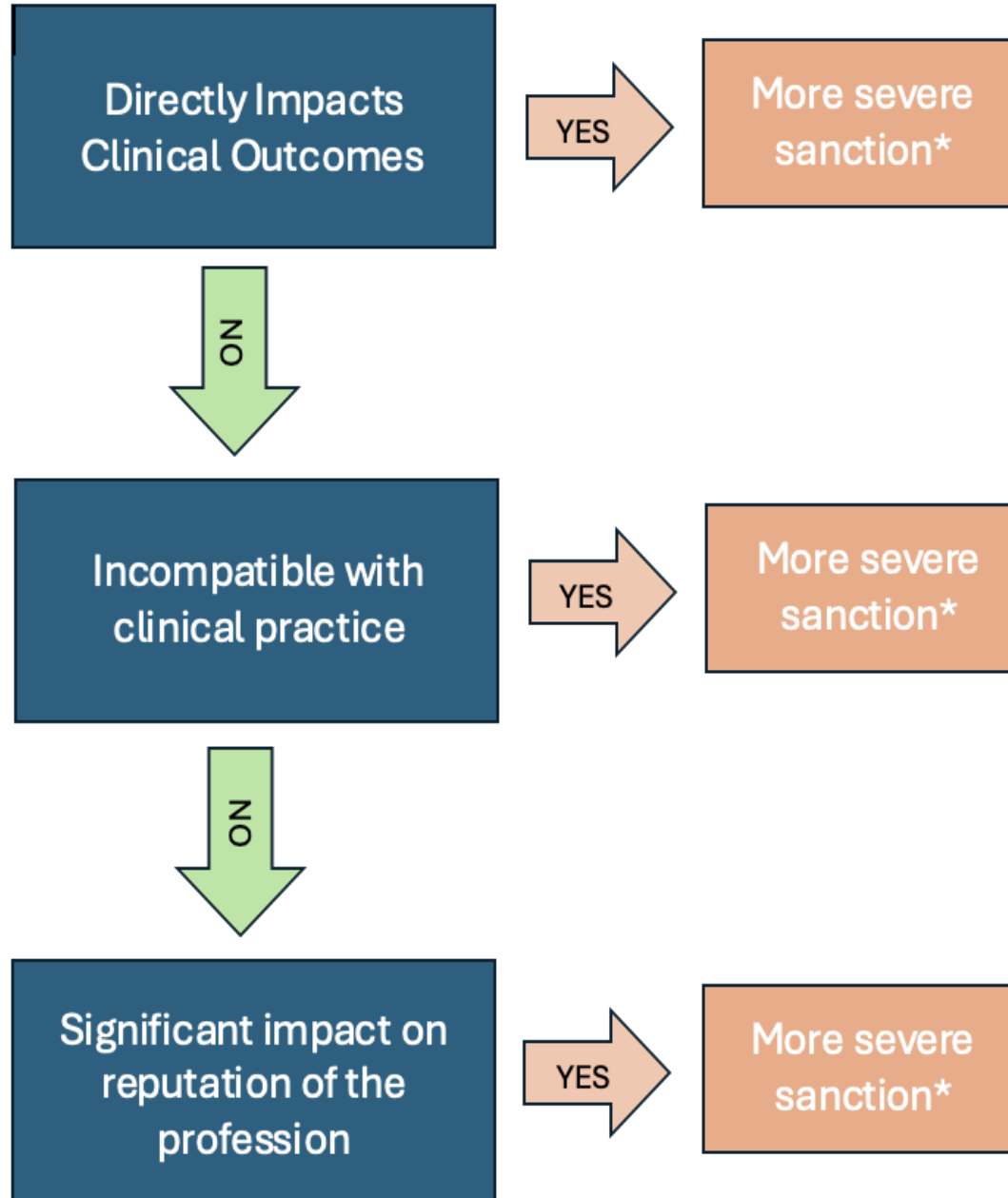
'I would trust this doctor'



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Conclusion and Implications

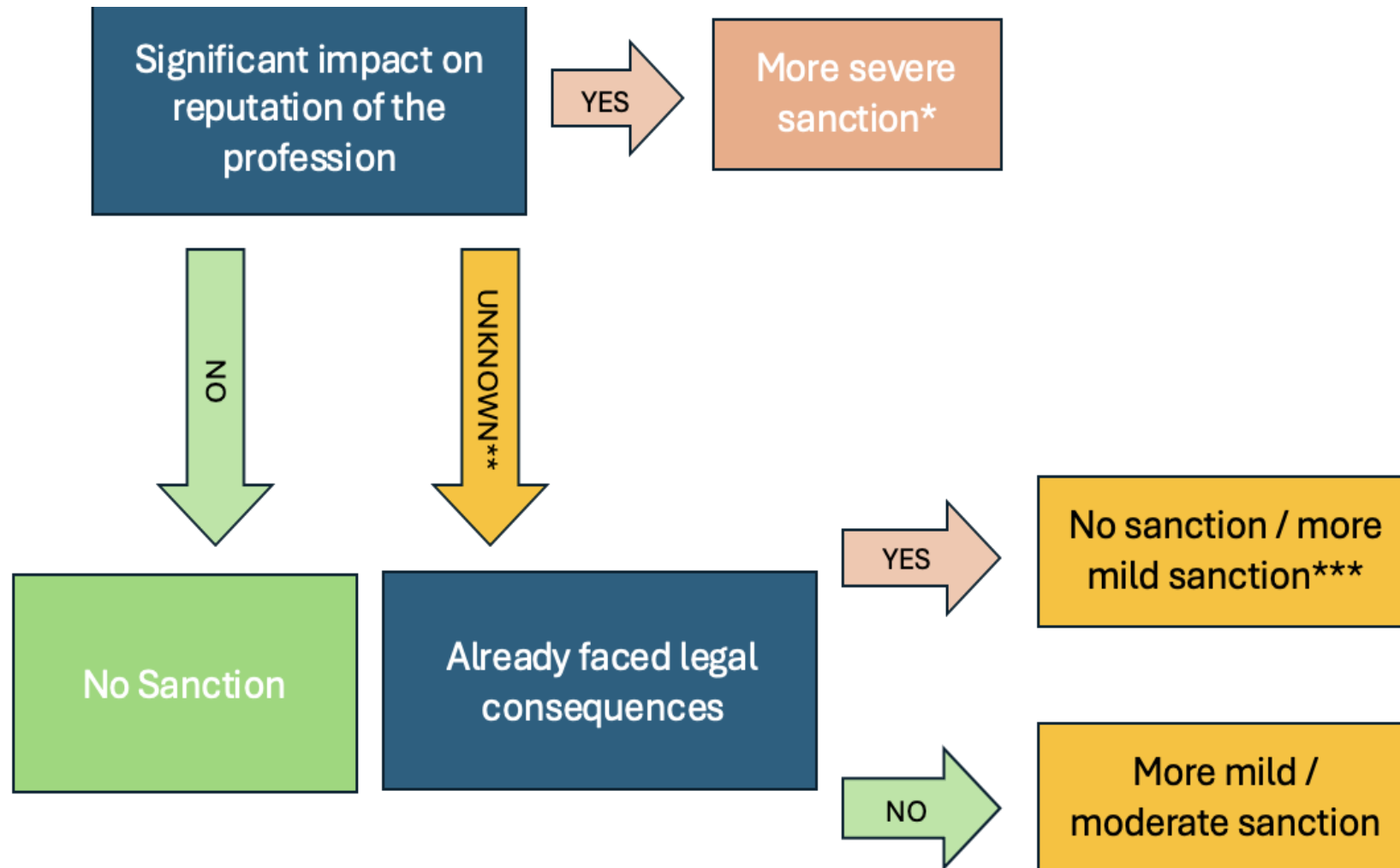
When should we consider sanctioning doctors?



*What is considered 'severe' will differ from case-to-case, and should include consideration of relevant mitigating and aggravating factors

**For unknown cases, further research should be conducted to understand the behaviour's impact on the medical profession's reputation

***Should be proportional to the severity of the misconduct and the impact on the profession's reputation





Take-home Messages

Key Findings

1. Sanctions alone do not increase public trust in a specific doctor or the medical profession.
2. The public are more lenient towards non-clinical misbehaviour, and more harsh towards clinical misconduct.

Further research

1. Different qualities for unethical conduct
2. Sanctions as a punitive, deterrent and rehabilitative measure



Thank you!