

HEADS UP Krishna Chinthapalli

# When a doctor goes wrong

Good and evil medical practice on the roads to Damascus

On dealing with a murderous physician, Sherlock Holmes remarked, “When a doctor does go wrong he is the first of criminals. He has nerve and he has knowledge.” One doctor also has nerve agents and knowledge of how to use them. At the Western Eye Hospital in London, Bashar al-Assad’s consultant supervisor said of him, “He was an extremely kind person and a warm personality . . . He would have been a good doctor.”<sup>1</sup> A nurse said that he was “calm at the operating table and had a wonderful manner with the patients . . . He spoke with every patient just before surgery to reassure them all would be well.”

Now all is not well for the millions of people under his care. Doctor Bashar—as Syrians once called him—president of Syria and a former ophthalmologist, is held indirectly or directly responsible for most of the 100 000 deaths and the two million refugees in his country’s ongoing civil war. After an incendiary bomb landed on a school last month, the headteacher, reported widely in the media, said, “There were dead people, people burning, and people running away, but where to? Where would they go? It is not safe anywhere.”

He may have been thinking of the streets around Damascus where a chemical weapon, probably sarin gas, killed up to 1500 civilians, including 400 children, a week earlier. The United States alleges that the Syrian regime used chemical weapons several times last year.<sup>2</sup> Previously, sarin gas became notorious when it was used by the Aum Shinrikyo sect in the Tokyo subway system. Ikuro Hayashi, one of the five perpetrators, released the gas aboard a subway train while wearing a surgical mask. He was also a cardiac surgeon. Testifying in court he said, “I am a doctor, which is a profession where I should normally be saving people’s lives,” and then broke down and cried.<sup>3</sup> Back in 1953 a doctor at the UK military research facility Porton Down stopped an army conscript revealing the death of a volunteer in sarin experiments on humans.<sup>4</sup>

Holmes’s use of “he” is still apt. Besides Assad and Hayashi, other doctors committing mass murder were also men: Harold Shipman, Radovan Karadžić, Michael Swango, John Bodkin Adams, Marcel Petiot, and the Nazi physicians. Even in unprofessional conduct cases in the UK there is a male preponderance. News headlines in December 2012 were that three quarters of the 65 doctors who were struck off the General Medical Council register in 2011 were foreign trained,<sup>5</sup> but it was not mentioned that 92% were men. There were more headlines in December about 927 practising doctors having criminal records—0.36% of UK doctors.<sup>6</sup> Over half were for driving offences, and about 50 were for violent or sexual crimes (though this could be an underestimate if other doctors have been struck off). In comparison, 9.2 million UK people have a criminal record, 14% of the population.

Although only a tiny proportion of doctors have criminal records, are there factors that predispose some doctors to harm others? To answer this, medical ethicists have looked at Nazi Germany, where more than half of non-Jewish doctors were early members of the Nazi party and were seven times more likely than the average employed man to have been members of the SS. Alessandra Colaanni, a medical student at Johns Hopkins University, writes of “moral vulnerabilities” in those German doctors that she says may persist in contemporary practice.<sup>7</sup>

The first of these vulnerabilities is a so called “licence to sin,” the licence to perform actions that would be considered taboo if others attempted them, such as intimate examinations, invasive procedures, and imposed treatments (such as under the Mental Health Act). Colaanni says arrogance and a belief of being above the law can result from being permitted to do things that others cannot do. Related to this, we learn to inflict pain on patients daily with their approval, such as when taking blood or palpating for tenderness. More generally, Colaanni notes that



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medicine is a rigid hierarchy in which trainees are expected to do what their superiors tell them without question. To enter this hierarchy doctors have had to be competitive and ambitious from a young age. Self preservation, career advancement, and the fear of failure may thus contribute to evil acts. Such factors help doctors to develop a sense of clinical detachment during medical training. A systematic review of 18 US and European studies found that self reported empathy declined significantly as medical students and residents progressed through training.<sup>8</sup> Also, their ability to make moral judgments seemed to decrease and cynicism increased. Explanations for this include increased use of information technology, humiliation or harassment by other doctors, high workload, fragmented patient care, lack of social support, and inadequate role models.

Thankfully, we can learn from role models who do immense good and not harm in their positions. In Syria, the International Rescue Committee said that Assad’s forces have deliberately targeted healthcare facilities and that doctors found with medical supplies have been tortured and killed.<sup>9</sup> Despite this, an underground movement called Doctors Coordinate of Damascus formed to care for the wounded. One surgeon there spoke to the BBC of smuggling medical supplies, setting up field hospitals in abandoned buildings, and having to avoid snipers, spies, and soldiers. What motivated him? “My honour, my duty as a doctor. When we graduated from medical school we took the Hippocratic oath . . . I’m part of the human race, and I need to honour this oath, as a doctor and as a human.”<sup>10</sup>

Assad said two years ago, “I am still in touch with the new innovations in [ophthalmology],” but he has forgotten one of the oldest innovations in medical practice, an oath that says, “I will give no deadly medicine to anyone.”

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