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Manjula Arora case: the GMC stumbles again?

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Sunday would normally be a day of peace, but this weekend it was anything but. The case of Manjula Arora, a GP in Manchester, who has been suspended for a month for supposed "dishonesty" about a laptop, was picked up by a few colleagues, and social media did its work of ensuring the pick-up rate increased exponentially.[1] One always worries about the latest "MedTwitter" controversy. But this one has come on back of seething annoyance among many doctors about our regulator—the General Medical Council (GMC)—and its perceived bias, with cases such as those of Hadiza Bawa-Garba and Omer Karim still fresh in our memories.

Couple this with the recent Medical Workforce Race Equality Standard (MWRES) data confirming a clear association of increased referrals and convictions on the basis of racial background—or indeed country of origin as regards training—and this case lit the touch paper.

If one considers the publicly available details of the whole trial, you have to scratch your head and wonder how it got to this stage?[2] I won't prejudice others' opinions on it, but it brought to mind one basic question. Would this happen if the name of the individual was, for example, Michael Andrews? And no dataset—at this moment—has convinced me that it would.

The relevance of this case stood on two things—any harm to the patient population, which, to me, should be the primary aim of the GMC, and then dishonesty and disrepute brought upon the medical community.

This ruling makes it clear that there is no risk of harm to the public: "The Tribunal considered that no issues in relation to patient safety had been identified in this case. Dr Arora is a competent clinician, and there is no necessity to protect the public." That should have ended the issue. But the complications started when interpretation about honesty came into the picture.

"The Tribunal attached significant weight to the fact that Dr Arora's misconduct was a single incident in relation to the use of a single word, with no evidence of any other similar episodes of dishonesty before or after the event." If you go into the details of the case, it becomes even more murky, as it's the interpretation of a word—subjective at best— against the background of someone for whom English is not their first language. But it was deemed enough to warrant a month's suspension according to the tribunal: "this period would send an appropriate message to the medical profession and to the wider public that Dr Arora's misconduct, albeit relating to a single fleeting moment of dishonesty and not a planned deception."

This raises a multitude of questions. Firstly, there is the principle that one fleeting moment of dishonesty could result in suspension. If that's the standard, then the profession is indeed in trouble, with the GMC now making subjective judgements and being an arbiter of what is deemed to be honest or not. Where does the line get drawn? Discussions about patients or conversations about whether Santa exists or not?

Secondly, and more importantly, there is the suspicion of bias in how that law is being applied. Daniel Sokol has written a recent column which discusses the notion of doctors as the "saintly being"; the epitome of perfection at all times.[3] Yet, within all of us exist the same prejudices and flaws as for the rest of the population. Sokol suggests that doctors have to be "scrupulously honest—in and out of work—unless the situation obviously allows for ethical dishonesty." Yet he makes no mention of the fact that the GMC seems to apply that principle unevenly across the board. I accept that it can be difficult to see the "problem" others are complaining about, but I can assure you there are very few international medical graduates who have read about Arora's case and not thought "I know why this has happened."

There is professionalism, but there is humanity too, and I would propose that driving the narrative of doctors as "perfect" beings causes more harm to the doctor-patient relationship than not. What is honesty? Saying to patients that they need to wait for another 16 hours to get a bed, or holding the hand of the elderly frail lady, comforting her and saying "I am sure something will come up shortly"? It brings back the concept that being a doctor is a vocation. Constantly seeking to attain perfection is the very approach that leads to burn out, and more mistakes—causing patient harm.

Finally, if the role of the GMC is to protect the public from "single moments of untruth," as this destroys the view among the public that doctors are saints (although I am pretty sure the public don't see doctors like that in modern life), then there needs to be a discussion of that concept, of the overreach into personal lives, and of where the line is drawn as regards the GMC's intrusion and inordinate application of that principle. I would suggest the role of the regulator should be for the rare circumstances when there is an interest in behaviour not being repeated or where it cannot be dealt with effectively by an employer.

I work with the GMC closely these days, and I find it immensely frustrating to see such cases as they undermine some significant hard work that is being done by individuals who are determined to change the narrative that the GMC is biased. I would encourage all concerned to look into this case, review it, learn from it, and offer support to Arora. There is a lot of work in hand to repair the damage from the Bawa Garba case, and this case could reinforce those sentiments, which we must avoid.

The intention may once have been for doctors to be Superman, but modern times and the foibles of individuals only permit a Batman. It's worth remembering neither of them work to harm the public.

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1 Mahase E. Doctors express "grave concerns" at GMC action after GP is suspended over laptop claim. *BMJ* 2022;377:o1324. doi: 10.1136/bmj.o1324. pmid: 35613730

2 Medical Practitioners Tribunal Service. https://www.mpts-uk.org/-/media/mpts-rod-files/mrs-manjula-arora-12-may-2022.pdf

3 Sokol D. A cautionary tale for potentially dishonest doctors. *BMJ* 2022;377:o1298. doi: 10.1136/bmj.o1298. pmid: 35606013