The power of doctors

Daniel Sokol

In 1982, Richard Selzer, the great author-surgeon, published his Letters to a Young Doctor. In it can be found one of the most striking pieces of medical writing. It describes an episode in Selzer’s early life working in an emergency department in the 1950s.

At 2 am, after an exhausting day of stabbings, heart attacks, and other misfortunes, Selzer sees a patient who is handcuffed and escorted by four police officers. Stretching the full length of the patient’s forehead is an irregular, jagged, and bone-deep laceration “like the white wound of an ax in the trunk of a tree.”

The patient, drunk and furious, is restrained on a stretcher but thrashes about, making it difficult for Selzer to stitch the wound. “Hold still,” Selzer says repeatedly. “You fuckin’ hold still” fizzes the reply. Selzer, tired and angry, stitches the patient’s earlobes to the stretcher. He explains to the patient what he has done and warns him that if he moves, he will tear his own ears off. Leaning close, Selzer then whispers, “Now you fuckin’ hold still” and grins “the cruelest grin of my life.” The patient settles and Selzer sutures the wound.

Selzer, who died in 2016, never forgave himself for his abuse and wrote the story as an act of atonement. He called it Brute and as the story unfolds it dawns on the reader that the real brute is not the patient, but the surgeon.

The physician-ethicist Howard Brody wrote that medical ethics is ultimately about power and its responsible use. He divided a doctor’s power into three categories: aesculapian power, arising by virtue of a doctor’s training and knowledge of medicine; charismatic power, arising from a doctor’s personal qualities, such as kindness and firmness; and social power, arising from the high social status held by doctors.

Although a doctor’s power in the western world has diminished from its pinnacle in the mid-1900s, it remains important.

Brute presents a stark example of an abuse of power. Many subtler types exist. For the past few years I have been engaged as an ethics trainer for doctors undergoing disciplinary proceedings. In that role I regularly see variations in the misuse of power over patients as well as over junior colleagues and nurses.

In the past year or so, I have delivered training to several doctors who admitted to having sex with their patients. A striking feature of many of these cases is the doctors’ lack of awareness of their power. At the time of the relationship, the doctors were flattered by the patient’s attention and failed to detect or understand an important imbalance of power. Some doctors had low self-esteem; others had personal problems. Only later did they come to appreciate the weight of their power over the patient.

The first step towards the responsible use of power is to recognise its existence. In an age of patients’ rights, rampant negligence claims, medical scandals, and an unsympathetic press, it is easy to dismiss a doctor’s power as a relic of a bygone age, the potency of which, to quote Horace Rumpole, the fictional barrister, is as piffling as the kick of a mouse in carpet slippers. In reality, that power remains—invisible but dominant. The fact that patients have more power than before does not mean that doctors have lost theirs.

Only if doctors recognise their power can they begin to comprehend how it influences the doctor-patient relationship, how best to use it, how to control it, and how much of it to share with patients and colleagues.

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Daniel Sokol is a medical ethicist and barrister. He is the author of Tough Choices: Stories from the Front Line of Medical Ethics (Book Guild, 2018).

2 Stafford N. Richard Selzer. BMJ 2016;354:
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