The Public Services Programme
Quality, Performance & Delivery

Can We Trust Doctors?

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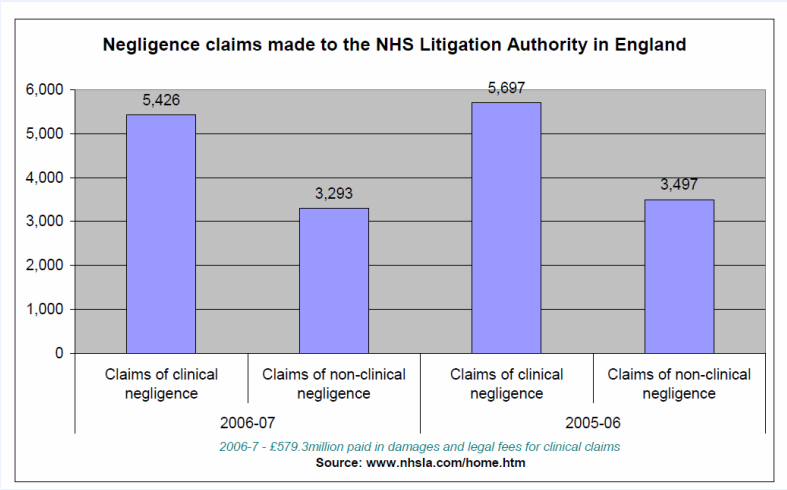
Background

The medical profession in the UK has gone through a decade of crisis and scandal. There has been one spectacular case of serial killing by a popular GP (pictured below) and numerous less dramatic cases of crimes of medical professionals. More public attention has also been paid to instances of incompetent and inadequate care (see Figure 1).

Over the last decade, regulation to improve care quality and increase public trust in healthcare provision consisted of increased oversight over health trusts and a radical reshaping of medical governance. In the latter case, previously informal social controls were swept away, and the central disciplinary body for doctors in the UK, the General Medical Council (GMC), was radically reformed to separate disciplinary from other functions, to replace elected with appointed members and to subject its operation to oversight of another regulatory body.

Figure 1. Over 5000 clinical negligence claims per year are made in England



What I did

The project involved a combination of critical analysis of documents and interviews with key participants.

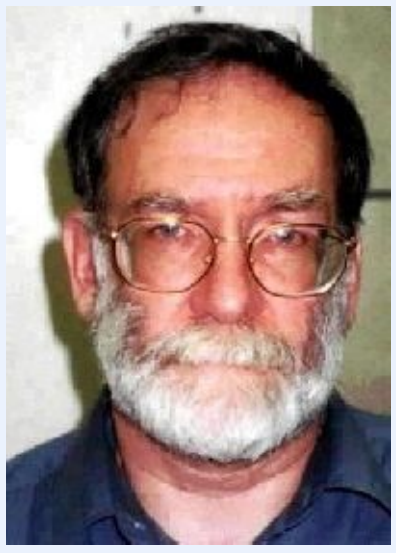
- I analysed key policy documents (including the White Paper on Trust, Assurance and Safety (2007)) and numerous inquiry reports (including that relating to Harold Shipman, the Manchester GP convicted of killing more than 200 patients—see photo below).
- I undertook a full review of the literature on public trust in the medical profession, examining the literature across sociology, politics, economics and law.
- I conducted interviews with 16 selected stakeholders (patients, doctors scholars and regulators) to become aware of the salient issues in the field, including the extent to which trust depends on the form that regulation takes.

Aims

Given that recent reforms were intended to restore trust in the profession, it is important to establish what was the level of public trust in doctors before the reforms, whether those reforms were likely to have the desired effect, and what were the side effects of different forms of regulation. Accordingly this project aimed to:

- Find out what shapes trust in doctors;
- Explore the role of scandal in reshaping the medical profession; and
- Identify the advantages and disadvantages of different ways of regulating doctors.

Harold Shipman—one of Manchester's most popular GPs—was convicted in 2000 of the serial killing of at least 200 of his patients.



Findings

- Many of the reforms aimed to restore public trust in the medical profession. However, I found little persuasive evidence that public trust was severely damaged by the scandals or that trust increased since the reforms. For example, IPSOS-MORI polls suggested that trust in doctors remained consistently high (≥ 90 %) for the last 6 years, covering the period of the scandals and subsequent reforms.
- The scandal inquiries highlighted the way that the medical profession failed to adequately control problem doctors. The reports blamed both the professional self-regulatory model for encouraging complacency and promoting the interests of doctors over patients, and also the weak NHS systems that tolerated misconduct and poor practice.
- The regulatory system involves complex interactions and trade-offs that are not always fully recognized in the organizational architecture or key policy statements. There are inescapable tensions in designing a system to detect and suppress doctors who are "bad apples" at the same time as creating an environment in which "good apples" can flourish with a minimum of regulatory oversight.

Find out more…

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