

Crónica

PROFESSIONAL STANDARDS: INTERACTIONS BETWEEN OBSTETRICIANS AND GYNECOLOGISTS AND OTHER HEALTH PROFESSIONALS. FIGO POSITION STATEMENT.

Statement of principle:

The obstetrician and gynecologist should not only maintain clinical competence, but should also work collaboratively with other health professionals to reduce medical error, increase patients' safety, minimize overuse of healthcare resources, and optimize the outcomes of care.

The obstetrician and gynecologist should:

- Ensure that interactions with other health professionals are always respectful and considerate and recognize the skill sets of the other health professionals.
- Communicate truthfully and sensitively with all other health professionals with whom he/she interacts.
- Not discriminate when interacting with other health professionals on the grounds of age, race, color, ancestry, place of origin, political belief, religion, marital status, physical or mental disability, sex, sexual orientation or unrelated criminal convictions.
- Respect the personal boundaries of others including, but not limited to, refraining from making unwanted physical or emotional approaches, protecting personal information, and respecting individual workspace.
- Treat patients and families with respect and dignity in all discussions with other members of the healthcare team.
- Not criticize any other health professional in an untruthful, misleading or deceptive manner to patients or other health professionals or the general public.
- Appropriately acknowledge contributions made by other health professionals to research projects and to other publications.
- Communicate and cooperate with other health professionals to the full extent necessary to serve

the best interests of the patient.

- Maintain an open and professional relationship with other health professionals by: (1) clear communication, with due regard to privacy and confidentiality; and (2) cooperation, collaboration, and teamwork (to reduce medical error, increase patients' safety, minimize overuse of resources and optimize the outcomes of care).
- Not engage in exploitative relationships with other health professionals for emotional, financial, research, educational or sexual purpose.
- Provide ethical and professional support to other health professionals.
- Report professional misconduct and insufficiently-skilled practice to the appropriate authorities, respecting the need to avoid unjustly discrediting the reputation of other health professionals. The doctor should also facilitate professional help and care for the other health professional if it is indicated.
- Act with scrupulous fairness when required to act as an expert commenting on the professional practice and behavior of another health professional.
- Advocate for the rights and security of each health professional to practice their profession within the law and with protection from interference or intimidation from any source.
- Not compel another health professional to act contrary to their moral conviction or religious belief, except as required by law and as delineated in FIGO's position on conscientious objection.
- Promote professional behavior and help to resolve disputes between health professionals.

With specific reference to the trainer/trainee-teacher/student relationship:

The obstetrician and gynecologist should:

- Model professional behavior for trainees.
- Teach the concepts of professional behavior, ethical

research, and practice.

- Provide trainees with challenges to learn, without abuse, harassment or humiliation.
- Not engage in sexual or romantic relations with those being taught or supervised.
- Provide teaching, supervision, and training while respecting personal boundaries.
- Allow the expression of disagreement without the fear of punishment, reprisals or retribution.
- Provide clear guidelines to trainees and others regarding assignments, examinations, and test environments.
- Provide objective, timely, fair, and constructive evaluations of trainees.
- Ensure that the research and clinical teaching environment experiences are appropriate for the needs of the trainee.
- Clearly outline for students and trainees the appropriate levels of clinical responsibility.
- Allow trainees to decline to perform procedures which they feel are outside their area of competence or inconsistent with their personal beliefs.

REFERENCES

1. FIGO document – ‘Ethical Issues in Obstetrics and Gynecology by the FIGO Committee for the Study of ethical Aspects of Human Reproduction and Women’s Health’. November 2006
2. ‘The RANZCOG Code of Ethical Practice’. May 2006
3. ‘The RANZCOG Curriculum’. 2003
4. Whitcomb ME. Professionalism in Medicine. *Acad Med.* 2007; 82: 1009
5. Cohen J. Linking Professionalism to Humanism: What It Means, Why It Matters. *Acad Med.* 2007; 82: 1029-1032
6. Medical Professionalism Project. Medical Professionalism in the new millennium: physician’s charter. *Lancet.* 2002;359: 520-522
7. Hickson GB. A Complementary Approach to Promoting Professionalism: Identifying, Measuring, and Addressing Unprofessional Behaviors. *Acad Med.* 2007; 82: 1040-1048
8. ‘Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia’. November 2003
9. Resolution on “Conscientious Objection”. Adopted by FIGO General Assembly 7/11/2006

DISCUSSION

This statement represents the position of FIGO on standards of behavior and communication for the obstetrician and gynecologist in his/her relationships with all other health professionals, whether medical or otherwise.

To serve our patients and our communities we

must behave ethically and professionally, not only toward our patients, but also toward all of the other health professionals with whom we work. Such behavior cannot be assumed; more than ever, relationships with other health professionals are being challenged and are proving more challenging.

Professional groups closely allied to obstetrics and gynecology include midwifery and nursing. Role evolution within these professions and the substitution of roles traditionally undertaken by doctors is inevitably creating tensions between the groups concerned. In addition, the promulgation by many schools of midwifery of the “wellness” model in contrast to medicine’s “sickness” model, is creating further challenges at all levels of professional interface. The doctor’s relationships with all those involved in health management can also be trying, particularly when one considers the tempo of change in models of healthcare delivery, the alteration in traditional decision-making hierarchies, and the new paradigms being applied to allocation of leadership in healthcare delivery. Challenges by external bodies to the medical profession’s construct of self-regulation, including by some government agencies and quality and safety monitors, bring their own pressures to bear on relationships between professional groups.

The doctor’s relationship with students, trainees, and with more junior medical professionals has always carried specific dimensions and difficulties, but in recent times further potential stressors have emerged. Included here are changes over time in the demographics of these groups, such as in the age range and gender mix. Undoubtedly too, the introduction of “safe hours” legislation in many jurisdictions is placing pressure on relationships between senior and more junior doctors. There are increasing demands on specialists to not only teach/tutor but to be a “complete” teacher/tutor—a challenge that some doctors can and do find harrowing.

The trend in many countries to increasing specialization and subspecialization within obstetrics and gynecology is placing strains on relationships between doctors. Clear and logical boundaries, within which doctors with varying scopes of practice can base their interactions, are not always evident. Handover of patients and subsequent handback of patients can and does create issues in everyday working situations. The subspecialist/generalist interface can also raise perceptions of status inequalities that can result in tensions, particularly if income streams are affected.

It can be argued that matters of standards of behavior and communication simply form one part

of the doctor's broader "Code of Ethical Practice" and that there is much already stated and written to guide the doctor in these areas. Equally, much has been written with regard to professionalism, its relationship to ethical practice, and its place in shaping and influencing the doctor's standards and behaviors. The underpinning of professionalism by humanism is also well described as a key enabler of true professionalism. Current guidance available to the obstetrician and gynecologist includes:

- FIGO's document, "Ethical Issues in Obstetrics and Gynecology" by the FIGO Committee for the Study of Ethical aspects of Human Reproduction and Women's Health." Included within this document (page 26) is a statement alluding to "Professional Obligations to fellow Obstetricians Gynecologists."
- Many of FIGO's member societies have their own codes of Ethics and/or Ethical Practice, some of

which are based heavily on FIGO documents. In addition, member societies frequently have curriculum documents that may make reference to these matters.

- Positions and statements of national licensing authorities and representative associations, including Medical Councils and Boards.
- Professional charters and codes of Universities, Schools of Medicine, and faculties.

However, even within these resources there is a relative paucity of consolidated, clearly articulated, and readily accessible information relevant to a doctor's conduct and practice when interfacing with other health professionals. In presenting this statement, FIGO, as the lead body in the specialty, aims to guide the obstetrician and gynecologist in these matters and to shape practice across all of its member societies.