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PRIMARY COLOUR

Helen Salisbury: How the duty of kindness could suppress legitimate debate

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Good Medical Practice is a guide produced by the General Medical Council (GMC) that sets out the standards expected of doctors. A new version, coming into force next month, contains some substantial changes.[1] The first is that, in anticipation of the GMC's suggested future role as regulator of physician associates and anaesthetic associates, the guidance is no longer aimed solely at doctors—indeed, the word "doctor" is almost entirely absent, having been replaced by the more ambiguous "medical professionals." The second change is the inclusion, for the first time, of a "duty to be kind," which has already sparked debate in *The BMJ*.[2 3] This duty will apply to our interactions with patients and colleagues, and it's hard—at first glance—to see why it should be controversial.

If we think for a moment about the people we care about, of course we want them to be treated with kindness, including when they're seeking healthcare or working to provide it. But kindness is tricky to pin down: we recognise it when we see it, and we're acutely aware when it's missing. Nevertheless, it remains a subjective concept, and it's hard to see how the GMC will effectively regulate in this domain. Is it the doctor's intent or the patient's experience that determines whether an act is deemed unkind? If, 35 minutes into a 10 minute appointment and after many hints and gentle suggestions, I stand and open my door for my patient, insisting that they leave, have I been unkind? They may believe so, although others in the waiting room may feel differently.

Perceptions of kindness are gendered, with higher expectations of women than of men, as well as more criticism when women fail to live up to them.[4] The way we speak, both as people and as doctors, is culturally determined, with variations in tone and directness that someone from a different background may interpret as lack of kindness. The GMC is already perceived by many to be unfair in its dealings with ethnic minority doctors, and it will need to tread extremely carefully in policing this new duty if it's to avoid further accusations of racial bias.[5]

An additional concern about the updated guidance is that the new duty to be kind to colleagues—with a perceived threat of being reported to the GMC if we fail in that duty—could stifle legitimate debate around the competence, training, and appropriate scope of practice of non-medically trained colleagues. Here I'm using "medically trained" in the old fashioned sense, meaning holding a primary medical qualification and being a doctor, rather than being an associate practitioner. The debate around the future of these staff and the appropriateness of the GMC's possible role as their regulator has been heated. We must, of course, be careful to avoid unkindness towards individuals working in these positions, but this shouldn't prevent us from expressing strongly held views about patient safety.[6]

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