

When Doctors Lie: Shining a light on Professional Honesty

Introduction

As Dr House said, 'everybody lies', but we tend to believe that people are trustworthy in their professional lives, especially when they hold a high stake in our society. Lamentably, when considering professional misconducts in healthcare, there is no shortage of cases of dishonesty, which is the most common type of wrongdoing amongst doctors (10.3% of fitness-to-practice investigations).¹ Doctors behave dishonestly for a wide variety of reasons, with benefits ranging from financial profits to mere convenience in daily work or in career progression.

When we turn to academia, where many doctors also participate in, the situation appears equally problematic. The recent investigation of a prominent behavioural scientist at Harvard University who ironically studies human honesty,² and the scandal regarding the president of the Stanford University,³ serve as stern reminders that academic fraud plagues every part of the system, even to the very top of the ivory tower.

Despite its relative prevalence, dishonesty is an elephant in the medical room that is rarely openly discussed. Medical education emphasises the importance of personal qualities but offers little insight into the underlying mechanisms in human psyche. With a rather grim outlook, this article delves into the issue of dishonesty, from the perspective of a foundation doctor starting out in their professional endeavour.

Factors influencing dishonesty

We consider ourselves as rational thinkers. Even for dishonest people, many believe that their decision is based on a risk-benefit analysis of potential gain and the chance and potential loss of being caught. However, numerous experiments suggested that potential reward, and the probability of being detected, despite having a small effect, do not substantially affect the propensity to dishonest behaviour.⁵ Perhaps our perceived rationality when making such decision is merely an illusion of our minds. Experiments show that sometimes dishonest people may come up with impressively creative, yet absurd justifications that their behaviour is rational and moral.

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This is particularly problematic for doctors, as we rely heavily on rational risk-benefit thinking in our clinical decision making. We may be more susceptible to be overconfident in our ostensibly rational decisions, only to realise how flawed our minds may be, especially when judging on matters that are close to ourselves.

Perhaps not so surprisingly, a key determinant in people's decision to cheat is their self-image. We all want to perceive ourselves as moral, while we all want effortless reward. Ariely highlights some interesting resulting phenomenon, such as the fact that people would only cheat to a certain extent, despite the lack of any apparent reason to not maximise their gain. After all, we are not criminals. We only take small advantages to balance out all the instances of injustice we have gone through. This 'cognitive flexibility' allows us to perceive ourselves as ethical even when we are clearly cheating. Experiments also show that people tend to overestimate their actual ability, claiming that the inflated result that they achieved through cheating would be the same even if they do not cheat.⁶ All these observations are closely relevant to doctors, considering many professional dishonesty cases involve qualification frauds.¹ When collating professional portfolio, it is easy to write what we would have achieved or done, rather than what we did, and trick ourselves into believing that this is entirely reasonable. Furthermore, certain dishonest behaviour, such as exaggeration or embellishments, may be seen as the norm in some environments. There were even cases where the perpetrating doctor suggested that their actions were 'advised' by their supervisor.¹ It is clear from behavioural science that we are, regrettably, far from an independent thinker.

Finally, physical and mental stress can nudge even a normally principled person to become dishonest. Experiments show that our impulsive cognitive system often takes control when our mental capacity is reduced.⁷ Unfortunately, this feeling of depletion is all too familiar to any healthcare workers. Study of professional misconduct cases show that there were often multi-faceted stressors, either professionally or personally, in cases of

dishonesty.¹ We can all succumb to temptations when under duress.

Practical strategies

Honesty is undoubtedly an absolute requirement for all doctor, and any instance of dishonesty is inexcusable. Despite this difficult-to-tame human nature, there are many countermeasures, some of which can be applicable to medical practices. From an organisation perspective, many practices that may appear mundane and repetitive are well-proven in literature. Incorporating ethics in regular training ensures a culture of honesty is firmly established. This sets an example of the topic being openly discussed and research has shown that individual behaviours are heavily dependent on the perceived social environment.⁴ Infusing daily documentation with subtle reminders of morality alters our unconscious mentality and has been proven to be effective. On a personal level, by understanding our own deceptive brain, we can learn to be more sceptical of our seemingly rational thought processes and avoid making decision in periods of mental fatigue.

Conclusion

The path to an honest healthcare ecosystem lies in acknowledging the frailty of human judgement. Insights from behavioural research may not eliminate our dishonest desire, but by confronting this uncomfortable shadow head-on, we can all help ourselves and others to be more cautious of those cognitive pitfalls that we, as humans, just too easily fall victim to.

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