



## Character Strengths in the Professions

Review the personal character strengths table and select the character strengths you feel are most important for the different professionals listed below.

Lawyers	
Doctors	
Teachers	
Nurses	
Army Officers	
Business Professionals	





## News Report Activity: Case 1

Case 1: 'A Scottish GP and former government advisor has been found guilty of misconduct over his treatment of four patients, including two children'. (BBC News:2015).

The screenshot shows the BBC News website interface. At the top, there is a navigation bar with the BBC logo, a 'Sign in' button, and a bell icon. Below this is a red header with the word 'NEWS' in white. A secondary navigation bar lists various news categories: Home, UK, World, Business, Politics, Tech, Science, Health, Education, and Environment. Underneath, there is a sub-navigation bar for 'Scotland', with links to 'Scotland Politics', 'Scotland Business', 'Edinburgh, Fife & East', and 'Glasgow & ...'. The main article title is 'Senior doctor guilty of misconduct' in large black font. Below the title, it says 'By Eleanor Bradford, BBC Scotland Health Correspondent' and '© 27 July 2015 | Scotland'.

A medical tribunal was told Dr Tom Gilhooly was "carrying the banner" for a controversial treatment. Dr Gilhooly is a senior partner at Carntyne Medical Centre in Glasgow and set up his own private practice, Glasgow Health Solutions. He was the subject of a BBC investigation in 2011.

It alleged he was offering a controversial vein-widening treatment to people with Multiple Sclerosis which was based on unproven theories that MS was caused by vein blockages.

Dr Gilhooly told the Medical Practitioners Tribunal Service (MPTS) he would never again prescribe low-dose naltrexone, which he had previously championed, as a treatment.

The drug is normally used to treat people with drug or alcohol addictions. Its effectiveness in treating other conditions is fiercely debated.

The medical tribunal heard that Dr Gilhooly prescribed low-dose naltrexone to a four-year-old boy with autism following a request from the boy's mother, without discussing the pros and cons of the drug, or the fact that the drug was not licensed to treat autism.

He prescribed it to a pregnant woman despite the fact the effect on the foetus is unknown, and admitted prescribing it to a man with lung cancer despite the fact it could have interfered with the man's pain relief and chemotherapy.

Dr Gilhooly also prescribed twice the recommended amount of another drug, Risperidone, to a child with Down's Syndrome who had become aggressive. The authorities were alerted when the child became drowsy at school the next day.

Dr Gilhooly admitted becoming "complacent" with his prescribing of low-dose naltrexone and in his record-keeping.

The MPTS said that Dr Gilhooly had been open and honest with patients after concerns were raised about him, and that no-one came to any actual harm. It heard evidence that he was a "good doctor working in a deprived area".

The LDN Trust, which campaigns for research into the benefits of low-dose naltrexone, told the BBC: "Dr Tom Gilhooly resigned as medical adviser in November 2013, the LDN Research Trust has no further comments."

Dr Gilhooly has acted as an advisor to the Scottish and UK governments on drug misuse.

He told the tribunal he was not campaigning for low-dose naltrexone or taking risks to promote the drug. Following the tribunal,

Dr Gilhooly must not prescribe medicines for conditions which they were not originally licensed for and has other restrictions placed on him for a period of six months.



## News Report Activity: Case 2

Case 2: 'Stag do doctors accused of battering Spanish policeman face suspension'. (The Telegraph:2015)

**The Telegraph**

Home Video **News** World Sport Finance Comment Culture Travel Life Women Fa  
Politics Investigations Obits Education Science Earth Weather Health Royal Celebrity

first direct  
so you can sort your balance  
before you get charged a fee.  
Interest charged on overdrafts over £250. You'll have until 11:45pm that day to get back within your agreed limit. An Overdraft Usage Fee for that day. 1st Account subject to status. T&Cs apply.

HOME » NEWS » UK NEWS » CRIME

### Stag do doctors accused of battering Spanish policeman face suspension

Two doctors convicted of attacking a Spanish policeman during a stag weekend are fighting to keep their jobs at a Medical Practitioners Tribunal

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Dr Oliver McConnell (Left) and Dr Deepanker Majumdar (Right) Photo: Cavendish

Two doctors convicted of attacking a Spanish policeman during a stag weekend in Barcelona are fighting to keep their jobs.

Dr Oliver McConnell and Dr Deepanker Majumdar, both 28, were arrested by police who claimed they beat a fellow officer as he shouted 'please stop, please stop'.

The incident happened when Dr Majumdar, an anaesthetics specialist, and Dr McConnell, a cardiology registrar, joined ten other men for a stag party in February last year.





• **European doctors three times more likely to be struck off: GMC**

The men visited several bars in the Catalan capital, dressed in identical yellow T-shirts emblazoned with the face of the groom-to-be. The groom however wore a woman's dress and was handcuffed to a human-sized cardboard likeness of a Liverpool FC player.

After visiting an Irish pub close to Barcelona's iconic La Rambla, the group were lined up against a wall by police. Drs McConnell and Majumdar were then detained in a police van and stripped to their underwear by officers who alleged that they had assaulted one of their number.

A police report of the incident said: "A municipal officer asked the accused to show him a package he had just bought. All of the defendants cornered the officer and hit him to the head and body while the officer shouted 'please stop, please stop'."

• **GMC probe into Mid-Staffs slammed as "whitewash" as cases abandoned**

"As a consequence, the officer suffered bruises and facial cuts which required medical first aid and took three days to heal."

Both men later pleaded guilty in a Spanish court and were given suspended jail terms. The convictions came to light in the UK seven months later when a compulsory criminal records background check was carried out on Dr Majumdar. They subsequently claimed that they had been tricked into pleading guilty when they signed a document written in Spanish.

At a Medical Practitioners Tribunal Service hearing in Manchester both doctors faced suspension but denied wrongdoing.

Dr Majumdar, who works at Nevill Hall Hospital in Abergavenny, Wales, and Dr McConnell, employed by Macclesfield District General Hospital in Cheshire, claimed they did nothing wrong during their trip.

The pair said they became separated from the rest of the stag party and were confronted by police as they left the pub.

• **Three senior doctors face GMC over Stafford Hospital scandal**

Dr Majumdar said: "When I left a policeman came up to me and ushered me towards a wall where some friends were being lined up by other gentlemen. A man told me to stand facing the wall with my hands on it. I had absolutely no idea why.

"After a while I had my pockets searched, they removed my wallet and phone and told me to turn around. We were put in a police van and we still had no idea what had happened to provoke this.

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"After a while I had my pockets searched, they removed my wallet and phone and told me to turn around. We were put in a police van and we still had no idea what had happened to provoke this.

"We were taken to a cell and asked to remove our clothing. It was scary and I didn't know what to expect. It was pretty humiliating to be stripped down to my underwear and have my clothes thrown back to me. It was more utter confusion. I didn't understand what was happening or why."

• **GMC spends £250k on private healthcare for its staff**

Dr Majumdar said he had no idea why he was being arrested until he spoke to a lawyer the following afternoon. The lawyer told him one of their group was suspected of assaulting a police officer and the Spanish police policy was to 'arrest everybody and sort it out later'.

The men claim they were never asked to give a statement or even asked for their version of events. Dr Majumdar added: "The lawyer had discussed the case with the judge and agreed to let us go providing we signed a document admitting our guilt.

"He didn't describe the offence at all to us. He said we would have to pay a fine and we would then be allowed to go home. At this point, myself and Oliver [McConnell] asked if there would be a criminal record and he said 'no, none of any kind.'"





• **GMC: record number of complaints against doctors**

When the men were produced in the courtroom after two nights in cells, they were told to sign the document and were told, through the judge's interpreter, what pleading guilty meant. "He told us to sign, said we pleaded guilty to the charge of assault, we had to pay a fine and the sentence would be eight months in prison, suspended for two years," he added.

"That was the first time prison had been mentioned. It surprised me a great deal. I accept this is something I should have raised with the GMC sooner. I wholeheartedly apologise."

Dr Majumdar's conviction revealed itself on a compulsory Disclosure and Barring Service (DBS) check in September last year.

He referred himself to the General Medical Council and an investigation began. Although the conviction did not show up on a DBS check on Dr McConnell, he referred himself to the GMC after discussing the case with Dr Majumdar.

• **Thousands of doctors accused of malpractice never fully checked**

Dr Majumdar said: "I find it hard to accept it was a real conviction. I thought it was some kind of scam. I couldn't explain it any other way. I was arrested without formal charge, held for two nights without being told why we were there, I wasn't allowed to call a lawyer, wasn't given access to water or daylight, wasn't treated very well at all. "And then forced, under duress, to sign a document having never given a statement or stated my view over what happened. The whole process seemed a complete farce."

Dr McConnell, whose mother is a lawyer, also denied he or Dr Majumdar had any part in the assault or were ever prone to 'bursts of violence'. He said: "It was a pretty harrowing experience. I wouldn't wish it on anybody. It's not something I want to relive. I realise we are in a privileged position as doctors and the public depend on transparency as part of that. With the benefit of hindsight I would have reported this incident immediately. "Both doctors admit the conviction and admit failing to notify the GMC immediately, but dispute the circumstances giving rise to the conviction.

The hearing was told the Spanish authorities had refused to cooperate with the GMC inquiry. The hearing continues.



## News Report Activity: Case 3

Case 3: 'Hampshire psychiatrist Dr Joseph Bray had affair with patient'. (MailOnline:2015).



The screenshot shows the MailOnline website interface. At the top is the 'MailOnline' logo. Below it is a navigation bar with links for Home, News, U.S., Sport, TV&Showbiz, Australia, Femail, Health, Science, and Money. A secondary bar contains links for Latest Headlines, News, World News, Arts, Headlines, Pictures, Most read, News Board, and Wires. The main headline reads: 'When my wife dies, I'll sleep with as many women as possible: What psychiatrist told patient betrayed by husband'. Below the headline is a bulleted list of key points: Dr Joseph Bray, 57, allegedly compared patient to her husband's mistress; he also told her she could not expect men to remain faithful, which was heard by a tribunal; the psychiatrist, who had an affair with another patient, denies behaving in a sexual manner; and he could be struck off after a tribunal hearing into alleged misconduct. The article is attributed to JAYA NARAIN FOR THE DAILY MAIL and includes publication and update dates: PUBLISHED: 11:21, 13 May 2015 | UPDATED: 11:44, 14 May 2015.

A psychiatrist stunned a depressed patient by telling her: 'When my wife dies, I will s\*\*g as many women as I can', a tribunal heard yesterday.

The woman had gone to Dr Joseph Bray, 57, in 'emotional distress' after learning that her husband had been unfaithful.

But Bray, a married father of two, told her that men are not biologically programmed for monogamy and said it was 'unreasonable' for a wife to expect her husband to remain faithful.

He then used Google to find pictures of her husband's mistress before comparing the two women physically.

Bray later had an affair with another patient, after stroking her hair and kissing her on the head during consultations, complimenting her on her looks and telling her: 'If only I was 20 years younger.'

The Dublin-born consultant is appearing before a medical tribunal where he faces being struck off for the affair and his inappropriate comments.

The hearing was told the first woman, known as Patient A, had gone to the £3,000-a-week Priory Hospital in Southampton after learning of her husband's infidelity.

During the consultation Bray searched the internet for pictures of the mistress and also focused on explicit terms used in emails the patient had discovered which had been sent to her husband by his lover.

Paul Williams, for the General Medical Council, told the tribunal in Manchester: 'He used the internet to locate pictures of her husband's mistress and went on to make comparisons between the physical appearance of Patient A and the mistress.'

'He used inappropriate colloquial terms when talking about the conduct of the husband including the word "s\*\*gging" and discussed personal relationships of his own.

'The conversation turned from simple relationship matters to physical appearance, attraction and discussing sexual matters.

'Dr Bray's persistent focus on the context of emails received by the husband made her feel awkward and uncomfortable. She felt it was sufficient to say the content was explicit.

'She found it distressing and unprofessional for the doctor to Google her husband's mistress and begin passing comments about women. Patient A states the comments that "men were not biologically programmed for monogamy" and "to expect fidelity in marriage is an unreasonable expectation" were unhelpful remarks. 'She says he also said, "When my wife dies I will s\*\*g as many women as I can", which was unprofessional and irrelevant.'

Three months after the consultation Bray – who previously lectured at Leicester University and was a consultant psychiatrist with the NHS in Scotland – began flirting with another woman, Patient B, during counselling sessions and later began a sexual relationship with her.

Mr Williams said: 'The doctor made remarks about her physical appearance, stroking her hair, kissing her on the head. The doctor has demonstrated that he is willing to cross boundaries of a relationship with Patient B and to go all the way to a full-blown relationship.'

The hearing was told Patient A wrote a letter of complaint to her GP about Bray but elected not to give a statement to the GMC.

Bray admits acting inappropriately during his consultation with Patient A but denies his conduct was sexually motivated. He admits all allegations regarding his conduct and inappropriate, sexual relationship with Patient B. A spokesperson for Priory Group said: "We can confirm that Priory referred Dr Bray to the GMC when these allegations came to light and he has not practised at Priory Southampton in more than two years. It would not be appropriate to comment further while the proceedings are ongoing."

The hearing continues.







## News Report Activity: Case 4

Case 4: 'Doctor turns away injured one year old' (Suffolk free Press: 2015).



A grandparent with an injured one-year-old child was turned away from Clare Guildhall Surgery after a doctor refused to help her.

Kerrie Williams was enjoying the sunshine in Clare Country Park with her granddaughter Mira-Rose Merrit on Monday when the one-year-old fell and banged her head against the iron railings.

Ms Williams took the child to the nearest pharmacy in Clare to seek advice about the bruising and swelling that had appeared just above the child's eye.

On the advice of the pharmacist, she went to Clare Guildhall Surgery for advice as to whether her granddaughter needed to visit accident and emergency at West Suffolk Hospital.

But the distressed pair was turned away after the doctor refused to look at Mira-Rose because she was not a patient.

Ms Williams said she was told by a receptionist to take the child to her registered GP in Haverhill. "I thought it was unprofessional," she said. "This doctor has a duty to care regardless of if you are one of the practice's patients.

"I took a child to that surgery who was in need of medical assistance.

"When I needed that little bit of help or reassurance, they said no."

Ms Williams said she would have been willing to wait, even with the surgery very quiet and with no patients in the waiting room.

"I want the GP to explain to me why on that day they did not treat that child in the way she deserved," she said.

Ms Williams said she has reported the incident to the General Medical Council.





## News Report Activity: Case 5

Case 5: 'Doctor who prescribed his own drugs said he was overworked and stressed' (Global headlines, 2016).



### DONNA-LEE BIDDLE

Last updated 17:04, April 12 2016

A doctor who faked patient notes to prescribe himself drugs over an eight-year period said he did it because he was overworked and under stress.

The doctor, who has an interim suppression on his name, any details that identify him and his medical and health history, appeared before the Health Practitioners' Tribunal in Tauranga on Tuesday.

The Bay of Plenty doctor falsified the notes of 49 patients to gain access to Class B drugs, morphine, pethidine and fentanyl, and some Class C drugs, including tramadol and codeine, between July 2006 and September 2014. None of the 49 patients have been told.

The doctor was caught after a colleague became suspicious of the entries on the controlled drug register, which is used to keep a record of some of the drugs he prescribed. He also faked the signatures of three of his colleagues.

In total, he obtained more than 300 ampoules (glass vials) of controlled (Class B) drugs. It is unknown how many Class C drugs he obtained.

The doctor admitted to prescribing the drugs, and at the tribunal on Tuesday said his drug problem escalated in 2014. He said he was stressed and could not sleep and that his workplace was understaffed and he was expected to be on-call 24 hours a day and also deal with emergencies.

"When [I was caught], I felt a huge sense of relief," he said.

"Being a practitioner is rewarding, [but] I was frequently exposed to traumatic situations and also had a number of problems with my health. I did not control my anxiety and I began to use ..."





He said he had a history of alcoholism, but he chose medicine as a career because he enjoyed it and excelled at it.

"Medicine has become a large part of my identity," the doctor said.

"... I had access to a variety of drugs [and] as my drug use escalated, I began to rely on drugs. I was anxious about people finding out my substance abuse and [in 2014], the misuse was higher and more insurmountable than ever.

"I am deeply ashamed and remorseful. To protect my patients, this is something I take very seriously. My family and I have suffered greatly as a result of my addiction."

The doctor is still practising, but has since changed jobs and received professional help. He said he lost several relationships with colleagues and patients and has voluntarily entered into an agreement with his current employer to undergo random drug tests. He is also not able to prescribe controlled drugs.

The doctor faced five charges, which included making 266 fraudulent entries in the controlled drugs register to obtain drugs for a personal use, 49 fraudulent entries into patient notes and forging the signatures of three colleagues to obtain drugs for his personal use.

The lawyer for the Professional Conduct Committee, Anita Miller, argued that the doctor be censured, fined and special conditions be put in place. The conditions included advising prospective employers of his history and undergoing regular testing.

The chair of the tribunal, David Carden, had not delivered a judgment on Tuesday afternoon. He and the other four tribunal members were also considering an application for permanent name suppression of the doctor.





## News Report Activity: Case 6

Case 6: *'As patients are wrongly branded drunks, heavy smokers and Alzheimer's victims... Are doctors writing lies in your medical notes to line their pockets?'* (Daily Mail: 2014).

### **As patients are wrongly branded drunks, heavy smokers and Alzheimer's victims... Are doctors writing lies in your medical notes to line their pockets?**

- **If GPs meet targets for monitoring conditions they get extra funds**
- **Mary Kerswell was handcuffed and taken away by police when she demanded to see her notes**
- **Helen Wilkinson discovered she had been labelled an alcoholic**

By ZOE BRENNAN FOR THE DAILY MAIL

PUBLISHED: 01:07, 2 May 2013 | UPDATED: 10:38, 2 May 2013

Normally mild-mannered and calm, Mary Kerswell found herself becoming unusually angry with the receptionist at her doctor's surgery.

For the 67-year-old grandmother and retired biomedical scientist had been asked by her GP to take a urine test to monitor a kidney condition she did not have.

Bewildered, she asked to have a copy of her medical notes, for which she paid £10. She was told to come back a week later to collect them.

She did, yet when she arrived at the practice last December to find the notes were still not ready, Mary refused to leave without them and staged a sit-down protest in the waiting room.

Astonishingly, the surgery called the police and Mary was taken away in handcuffs.

When Mary did get hold of her notes later that month, the apparent reason for the doctor's reluctance to release them quickly was clear — they were littered with errors.

As well as being wrongly recorded as having chronic kidney disease, the healthy pensioner was said to be a heavy smoker who suffered from Alzheimer's.

The record also claimed incorrectly that she had undergone a hysterectomy and a double hip replacement. 'I was utterly shocked,' says Mary. 'It read like a post-mortem, it really did. They must have been the entries for someone else.'

'It could have been really dangerous. Who knows what implications these errors could have had if I'd been taken to hospital in an emergency?'

Mary's doctor said the mistakes were caused by a 'filing error'.

But, alarmingly, there are concerns that errors on medical notes are not always accidental.





Indeed, there are fears that some GPs are fabricating medical records to reap financial rewards. If GPs meet targets for monitoring conditions such as asthma and diabetes, they get extra funds — but for these to be made available, naturally some of their patients need to have the conditions in question.

The organisation Patients Know Best found that one third of medical records contained errors. And Joyce Robins, a spokeswoman for the health service users' group Patient Concern, highlights several cases.



**Organisation Patients Know Best found that one third of medical records contained errors**

One man went to see his doctor suffering from stress because he was being stalked by a woman, who was later convicted of the offence.

Some years later, he found that his notes said he was suffering from 'paranoid delusions' that he had a stalker. Ms Robins says: 'This gentleman has been labelled a fruitcake for ever. He has been unable to get it removed from his records.'

He should be able to get an annotation on his notes at least, but he can't. It is an extraordinary state of affairs.' Another woman, struggling with bloating and lethargy, was called a 'maligner' in her notes.

The wheat allergy found to have caused her 'fusspot' symptoms was diagnosed only when her records were lost. Another man found that his records erroneously stated he suffered from heart disease. When he told his GP that this was incorrect, the doctor answered: 'Can you prove it?'

In fact the patient happened to be chief executive of one of London's major hospitals, so he was more than able to correct his GP. But others are not so lucky.

'It could have been really dangerous. Who knows what implications these errors could have had if I'd been taken to hospital in an emergency?'

Recent cases also abound on the internet. On a parenting blog, one mother writes: 'My doctor casually mentioned my son's epilepsy during a consultation last year. My son does not have epilepsy.'





Another woman glanced at her doctor's screen and was 'gobsmacked' to see 'elephantiasis' — which is caused by tropical parasites — listed as a current condition.

'My legs are a bit chunky but I doubt they would qualify for this ailment,' she says. 'Clearly there has been a mistake, but am unsure about challenging the doctors.'

Fears about the consequences of challenging GPs about their notes are not unfounded. In Mary's case, she has been struck off the patient list by her local health centre, having been labelled a 'problem patient'.

Ms Robins insists that this is not an uncommon occurrence. 'It's so difficult,' she says. 'People say: "I daren't ask for my notes because I'll be struck off." We can't tell them that this won't happen because it does.' Patient Concern wants to see an end to 'cradle-to-grave' notes that patients cannot correct.

'If something is wrong it is round your neck for ever,' says Ms Robins. 'It is estimated that 40 per cent of doctors' notes are inaccurate. These errors could be life-threatening. Yet doctors just don't like to admit they are wrong.'

She wants easier access to notes and a system whereby errors can be corrected — especially as the national computerisation of medical notes, which has been taking place over the past few years, has led to further mistakes creeping in as records are transferred from paper to computer.

Theoretically, patients have the right to see their medical records under the Data Protection Act 1998. The request can be refused only if it would cause serious harm to the patient's mental health. However, some doctors are still against patients having access to their notes, arguing that it restricts what they feel able to write.

Even if patients do manage to see their notes, they can face a struggle to have inaccuracies corrected.



**Helen Wilkinson campaigns against the NHS Care Records System after she noticed on her records that she had been labelled an alcoholic**





She was able to amend her records after a two-year battle, during which her MP raised her case in Parliament. Helen, 47, now campaigns for The Big Opt Out, a group that opposes the NHS Care Records System — the vast computer network which was introduced in 2010 and holds information electronically.

But this has left her vulnerable. 'I can't access NHS care, just because I don't want my data stored in this way,' she says. 'I have been removed from NHS databases and don't even have an NHS number.'

'I'm only able to access treatment when I'm ill because medical colleagues treat me as a favour. Nine years later, I still can't access care.'

The case of Jo Walsh, a 40-year-old PR consultant, is equally disturbing. She went to see the nurse for a routine matter and saw her notes over the nurse's shoulder.

Astonished, she realised that a doctor had made false and unpleasant references to her mental health after she complained that he had cut one of her appointments short. Outraged, she asked to see a full copy of her records. Jo, who lives in London, had gone to see the doctor because she was suffering from extreme bruising, perhaps connected to a dietary deficiency.

She says: 'The references made in my notes were to depression, bipolar disorder, hypomania, drug abuse and psychosis. The doctor made me look like a nutter.'

'This was all inferred from a meeting that was so rushed I couldn't even explain all my symptoms, and that ended with him pretty much pushing me out of the door. I reckon it lasted around five minutes.'

'I was so upset afterwards that I went straight to reception and complained that the doctor had been really rude. But it was only later that I found out what he had written in my records.'

After Jo alerted the surgery to these errors, she was told that the notes were the result of a 'bad day for the doctor'. However, much to Jo's distress, any information on medical records cannot be removed from the system, only added to.

**Dr Mohammad Al-Ubaydli, the founder of Patients Know Best, wants to see a new system where patients are in charge of their own notes and bring them to appointments.**

The Patient Association explains: 'Medical records cannot usually be changed because they are supposed to show what was written at the relevant time. However, a note can be added to your records explaining why you think they are incorrect and giving the correct version of events.'

Jo is understandably concerned that these erroneous claims are now irrevocably on her record. She is considering legal action.

Dr Mohammad Al-Ubaydli, the founder of Patients Know Best, wants to see a new system where patients are in charge of their own notes and bring them to appointments.

'A doctor should ask a patient for his or her notes,' he says. 'Medical notes are full of errors. They continue to accumulate if patients never see their records. Some are going to be dangerous. It is the patient and their family who have the biggest interest in their records. The patient and doctor should help each other, rather than trying to cover up errors. Then we could avoid all this silliness.'

This would also stop GPs altering patients' notes to gain more funding from the Government. Dr Al-Ubaydli adds: 'If you look at U.S. research, we know that data gets shaped differently when there are financial concerns. Does that happen in the UK? Draw your own conclusions.'

Indeed, GPs in the UK earn around £1 billion a year from bonuses. About a quarter of their average income is linked to achieving government targets.

Whatever the reasons for these errors, they are deeply worrying and seem unlikely to improve in the foreseeable future, despite complaints from numerous patients.

As Ms Robins reflects: 'We have sat on Department of Health committees on this and nothing is done. After all, GPs are very powerful people.'





## News Report Activity: Case 7

Case 7: 'Harley street doctor suspended over Botox practices' (BBC News, 2015).



**A leading Harley Street cosmetic doctor has been suspended for 12 months after being found to have acted "dishonestly" and encouraging nurses to obtain Botox illegally.**

Dr Mark Harrison was first exposed by an undercover BBC London investigation charging nurses £400 a day for training.

A nurse went undercover posing as a trainee to secretly film the doctor during an introduction to Botox course and his practices were later recorded on the phone by BBC undercover researchers.

Suspending Harrison for twelve months, Medical Practitioners' Panel Chair Dr Janet Nicholls said: "The panel has determined that his conduct is serious, wide ranging and included dishonesty" and "did involve serious breaches of good medical practice"

### **Emergency practices**

Botox can only legally be administered by a doctor to a patient with a valid prescription.

Prior to the tightening of the laws, Dr Harrison authorised nurses to perform the procedure by speaking to them on his mobile, despite the fact this was only supposed to happen in exceptional circumstances.

He charged £30 for each consultation - and offered a day-long training course at his practice, Harley Aesthetics, to prepare nurses who wanted to administer Botox, which makes the skin smoother and is commonly used as an anti-wrinkle treatment.







Hundreds of nurses worked for him from his Harley street headquarters, earning his business millions of pounds from remote consultation fees and the supply to them of anti-wrinkle drugs.

At his training courses, Harrison told nurses to use Botox on one patient even though it was prescribed for someone else.

He was secretly filmed telling the nurses: "Well, you know in reality, we don't use one vial for one person."

He stated: "You're probably using it on that patient and somebody else or maybe you are not. You know, it's one of those".

When asked by an attendee about ordering Botox for a client later that week, Dr Harrison stated "Just order a vial in your name", adding later: "It's not policed at all."

The doctor first denied wrongdoing, but he received an interim suspension immediately after the BBC's investigation in July 2012.

### **Businessman 'not doctor'**

The hearing for the General Medical Council, which looked at the evidence against him, deemed that his fitness to practise medicine was "impaired".

The panel rejected claims that Dr Harrison had been a victim of entrapment by the BBC.

Immediately following the BBC's investigation, the GMC tightened the laws banning medicines such as Botox from being prescribed remotely, meaning they must now always hold a face to face consultation with the patient for these types of cosmetic drugs.

"He was running his practice as a business not as a doctor, he was betraying the trust of his patients," said Rajiv Grover, of the British Association of Plastic Surgeons (BAAPS), who referred to the BBC investigation in 2012 as "groundbreaking".

Dr Harrison was also found, through examination by the panel of conversations with a BBC undercover researcher, to have not verified a patient's identity or their medical history and not undertake a medical assessment when issuing a prescription for Botox.

### **'Misleading and dishonest'**

The panel did not find that Harrison had actually issued Botox in the name of patients or encouraged nurses to administer the drug without a valid direction, after treatment had taken place.

He was cleared of several other misconduct charges, including a claim that he encouraged nurses to top up Botox with a saline solution; encouraged attendees at his course to ignore a patient's medical history; or informed them administering Botox without a prescription was within their industry guidelines.

He was not represented and did not attend the panel's determinations in Manchester but had previously denied to an interim hearing in 2012 that he had said that nurses could order Botox in one person's name for use by another. The panel later described these specific comments as "misleading".

Harrison also denied saying that nurses could go ahead with treatment if they could not reach him on his mobile to perform a remote consultation, which the panel referred to as "misleading" and "dishonest"

The panel chair said that it did not believe that Dr Harrison's behaviour demonstrated a "reckless disregard" for patient safety and that he "genuinely believed the practices were safe."

"Suspension is a serious sanction and that it sends out a signal to Dr Harrison, the profession and the public about how seriously the panel views Dr Harrison's misconduct."





## News Report Activity: Case 8

Case 8: 'House Calls to The Homeless: A Doctor Treats Boston's Most Isolated Patients' (npr, 2015).



James O'Connell is the president of the Boston Health Care for the Homeless Program. He is also an assistant professor of medicine at Harvard Medical School.

Roger Farrington/BHCHP

As a doctor who provides medical care to Boston's homeless population, James O'Connell and his colleagues are used to working in unusual locations. "We are basically visiting them in their homes, which are often under bridges, down back alleyways [and] on park benches," O'Connell tells *Fresh Air's* Terry Gross. "It's been an education for us over these years."

O'Connell is president of the Boston Health Care for the Homeless Program, which provides health care services at over 65 sites, including adult and family soup kitchens, detoxification units and corrections facilities. He writes about his practice in a new memoir, *Stories from the Shadows: Reflections of a Street Doctor*.

O'Connell has been caring for Boston's "rough sleepers," or homeless, since 1985. He says that homeless patients suffer from the same chronic and acute illnesses as the general population — with one crucial difference. "What we see ... frequently, are regular issues that have been neglected for years and years," he says. "So we see the natural history of illness that is usually interrupted by good preventive care."

Over the years, O'Connell has seen the ravages of untreated frostbite, AIDS and diabetes, as well as the effects of profound isolation and extreme loneliness. But he has also witnessed a courage and resourcefulness in his patients.

"These are people who are nameless and faceless when they are sitting out in the street," he says. "But when you get to know them, they are stories of great courage, of struggles against unbelievable adversity. ... I think I probably would've been a broken person had I lived through what they lived through."

### Interview Highlights

**On suspending judgment** I remember what came across is that whatever I thought of someone, when I first met them or first walked by them, it rarely panned out once I got to know them, and the stories that emerged from these people, what they have lived through and as you learn, each one is very different from another, but each one has a remarkable story. ... I hope in these stories what emerges is the real resilient spirit of people who have really, really been dealt a bad hand in life and suffer from all those social determinants of poverty.





### **On the result of homeless people not receiving good preventive health care**

We ... see the end stage of many things. We often see pneumococcal pneumonia, for example, which probably should've been treated on Day 1 or Day 2; by Day 7 or Day 8 it can be very, very devastating. ...

As we learned the hard way ... these are people who were struggling to survive outside on the streets. They're interested in just being safe today or just getting the next meal or just getting a bed for the night. Taking care of an infection in their foot or diabetes or their hypertension is way down the list of priorities, which, of course, is really difficult for us doctors who think that should be the top of the list.

### **On the extreme illnesses he's seen**

We see dramatic things that I never saw in medical school or often even in the textbooks. During this past year [we] have watched a man who had been outside for a very long time who has a pretty difficult psychotic disorder who got frostbite on both feet, really severely, came into our respite facility where we cared for him and he elected to not do surgery, and we spent the past year watching his feet fall off from auto-amputation, which is what happens at the end stages of frostbite. Most of our staff, including our nurses, had never seen anything as dramatic as that.

We will also see tuberculosis, things that you would be used to seeing in a Third World country much more than an inner city of a very medically rich world. We see all of the end stages of AIDS neglected because people were not able to get to treatment. ... If you are caring for a homeless population, you are really seeing the really both exotic illnesses as well as the end stages of chronic, common illnesses.

### **On hidden homeless communities**

Even after I had been doing this job for almost 15 years thinking I knew every nook and cranny of the city of Boston, somebody pointed out to me that there were 20 people living in a tunnel under Copley Square. ... They came out only at nighttime; they spent their days down in the tunnels. And I remember going down there and meeting all these people for the first time and being stunned that most of them had been there the whole 20 years that I had been out. We always think we know a lot, but we keep our minds open to finding there's always a new place where someone can be.

### **On trauma homeless women face**

For women to get to the streets we know that the journey is one that is very complex and almost always full of unspeakable trauma — sexual, physical and emotional trauma — and, so, by the time women are on the streets, they are really suffering, and those who become pregnant often feel despair, discouraged, feel they have no place to go, and feel very attached to having the baby safely and in a good way.

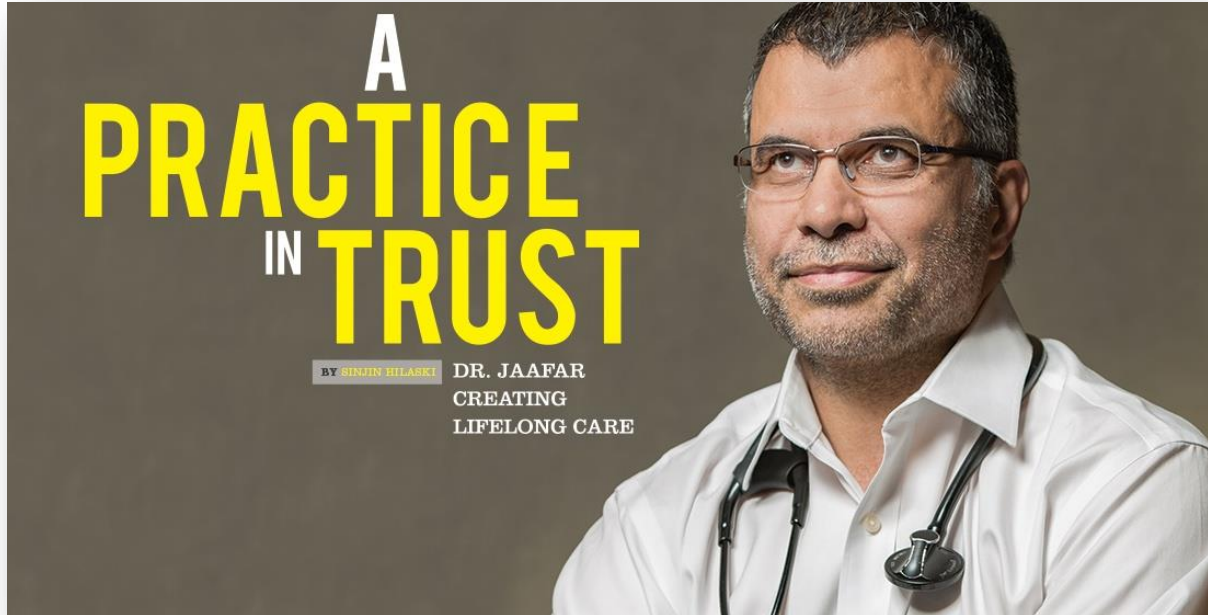
So we found that pregnancy often is not only alarming for the women, but it's a place where they can actually take stock of their lives and try to come in, so we always try to provide as much service ... gentle service as we can to anyone who is pregnant on the street, so they can deliver a good baby and hopefully hang on to that baby. Unfortunately, many of the women, if you speak to them on the street, have had many children, all of whom they've lost to social services, because they were unable to stop using or they had no place to bring the baby once the baby was born. There's an awful lot of trauma among the women on the streets about the children they have lost and mourn.





## News Report Activity: Case 9

Case 9: 'A Practice In Trust: Dr. Jaafar Creates Lifelong Care' (Texas MD, 2015).



### **A Practice In Trust: Dr. Jaafar Creates Lifelong Care**

Phones ring and pierce the steady chatter in the clinic. Laughter lets loose and smiles break across the faces of doctors, physicians' assistants and nurse practitioners, amplifying an already jovial atmosphere. It's amazing that in the bustle of a busy clinic, the constant motion of curing and caring is conducted with flawless professionalism and genuine joy.

Though after meeting Dr. Saleh Jaafar, the clinic and staff's demeanor is no longer so peculiar. Both the clinic and staff are an accurate reflection of Dr. Jaafar, his mission, and overall outlook on the role of medical professionals and the ever-evolving doctor-patient relationship.

A child of Baalbeck, Lebanon, roughly 53 miles north of Beirut, Saleh Jaafar was born in 1965. And while it is typically difficult to recall early childhood memories, he still remembers his mother's desire for him to enter the medical field. "My mom told me to be a doctor since I was 3-years-old," says Jaafar with a smile, "And I honestly never thought about anything else."

It was undoubtedly this encouragement from his mother, coupled with his life in Baalbeck, that molded Saleh into the Dr. Jaafar Texans know and love today. Rather than look toward metro areas, like Beirut or Houston, his professional fervor is rooted in practicing rural medicine, likely stemming from his formative years in Baalbeck.

Dr. Jaafar's devotion to rural medicine is founded in his extensive experience and studies across three continents in both rural and metropolitan areas. This expansive experience has shown and confirmed to Dr. Jaafar that the rural communities of Texas, and the world at large, are in need of steadfast physicians who can adapt and truly earn the trust of the communities they serve.

But this knowledge didn't simply thrust itself upon the impassioned physician. It was the by-product of his schooling and residencies.

Growing up, Dr. Jaafar attended an international boarding school in Lebanon. Luckily, his attendance at the boarding school largely insulated him from the Lebanese Civil War that began in the mid-70s. In 1983, Jaafar decided to leave Lebanon and moved to France to attend the American University of Paris.





But after a few months, he was disenchanted with Paris and moved back to Lebanon to attend the American University of Beirut, where he would major in chemistry as a pre-med student.

After his graduation, Jaafar was faced with a few options — to study medicine at the American University in Beirut or to leave and attend another medical school. Ever the adventurer, Dr. Jaafar opted to leave and attended medical school in the British West Indies. He then spent a year training in Kingston-upon-Thames, outside of London, in the United Kingdom, and he finished his last year of schooling in the U.S. Dr. Jaafar did rotations at East Tennessee State, in Johnson City, USC in Los Angeles, an internship at Texas Tech in El Paso, and he did his residency in internal medicine at UTSA, ultimately finishing in 1996.

Following his schooling and travels, Dr. Jaafar took a position as the medical director of the emergency room in Hondo, Texas. “I gained a ton of experience in that ER,” recalls Jaafar warmly. And while the trials of the ER could prove overwhelming for some, Dr. Jaafar decided to open a satellite clinic in Castroville.

Just a few years later, he took over the clinic in Bandera too. Since then Jaafar and his associates have opened additional clinics in Boerne, Stone Oak, Utopia and by this summer they’ll have a new clinic in the Medical Center, for a grand total of six locations.

Though his success was not as simple as the humble doctor makes it sound.

*“Whether they’re in the hospital, rehab, in hospice, we’re still involved with their health”*

When Dr. Jaafar worked in the ER, he would frequently work for 72 hours “on” with only 24 hours off. “I still opened the clinic in those 24 hours,” beams Dr. Jaafar, adding, “That’s how I met everybody in Medina County.”

Although Dr. Jaafar graduated in the top of his class, he was still drawn to practice medicine in the rural areas. Medina County’s need for more physicians compelled him to help the people. Prior to arriving, the emergency room was typically manned by doctors who volunteered their free time. But when Dr. Jaafar took over, he brought two other graduates with him to work and service the residents of Medina County.





## News Report Activity: Case 10

Case 10: 'Decades of caring: Pradhan honoured for 35 years as Bradford paediatrician' (The Bradford Era, 2016).



Era photo by Francie Long

### **Pradhan honored**

Dr. Anil Pradhan, left, a pediatrician for Foothills Medical Group at Bradford Regional Medical Center, receives a gift from Randi Jorgensen, director of practice management. Pradhan was honored Friday in recognition of his 35 years of medical service to the Bradford community.

By Ruth Bogdan Era Reporter

"Where did the time fly by? I still remember the first day here, how excited I was, a little nervous at the same time," Dr. Anil Pradhan told the group of people in the meeting room late Friday morning.

Pradhan had just walked into what he thought was a work meeting at Bradford Regional Medical Center — but was actually a reception to recognize the longtime pediatrician for 35 years of medical service to the Bradford community, where he currently is a pediatrician for Foothills Medical Group at Bradford Regional Medical Center.

Surprised, but undaunted, he talked to the group briefly about what his career and profession means to him. "It has been very rewarding, and it still is," he told the group of employees, volunteers and family who greeted him. "I'm extremely appreciative of the community and the trust they've placed in me."

The feeling, it seems, is mutual.

"I love him to death," one woman could be heard saying affectionately as people chatted, waiting for his arrival before the reception. "Everybody does," another woman responded.

His wife, Debbie Pradhan, told The Era her husband gives "his heart and soul to everything he does," including his medical work. "He loves it. He loves the kids. He loves the parents. He just loves it."

A longtime community member, Pradhan loves Bradford and what it has to offer, Debbie Pradhan said, explaining that "he comes from a huge city in India." At heart, "He's a Bradfordian," she said.





Nurses in Pradhan's office — Mel Case, Pennie Trask and Sarah Causer — took a minute out of the festivities to talk to The Era about what it is like to work with someone who has helped care for so many children in the area. Case loves hearing patients say, "He was my doctor, and now he's taking care of my children."

She added, "They don't want him to ever retire. They love the way he takes care of their children."

While he noted that he's "cultivating the photography hobby," he has no plans to retire any time soon. "He's a good doctor," said Causer. In fact, when she was little, "He was my doctor," she said. "It's a treat to work for him."

Trask recalls the amusement of watching the "old school doctor converting to electronic records." The staff indicated he took the change in stride.

Randi Jorgensen, director of practice management at BRMC, congratulated Pradhan on behalf of BRMC when he arrived, giving him a gift and saying, "We want to thank you, Dr. Pradhan with your service to the community and to the hospital."

She described the "most incredible, amazing journey" that he has taken as a doctor, which includes challenges such as many late nights and "kids kicking and screaming because they don't want their ears checked," she joked.

Timothy J. Finan, president and CEO of Upper Allegheny Health System, of which BRMC is a part, expressed his own appreciation for the longtime physician.

"We congratulate Dr. Pradhan on his 35 years of service to Bradford Regional Medical Center," said Finan. "Dr. Pradhan is part of the fabric of the hospital and the community. He has cared for thousands of children in the region with skill and compassion and has had a positive impact on so many lives. His dedication to his patients is unmatched and his commitment to the community and the hospital is truly exceptional."

Regarding his journey to becoming a pediatrician, Pradhan said he went to medical school at the University of Bombay in India, then held an internship at a New-Brunswick-affiliated hospital. He then completed his residency at Mercy Catholic Medical Center in Darby before serving a one-year fellowship at Nassau County Medical Center in Long Island, N.Y.

From there, he served as a major in the U.S. Army Corps for three years from 1978-81 at Fort Dix. It was following his military service that he came to Bradford to practice.

It seems his coworkers are glad he came.

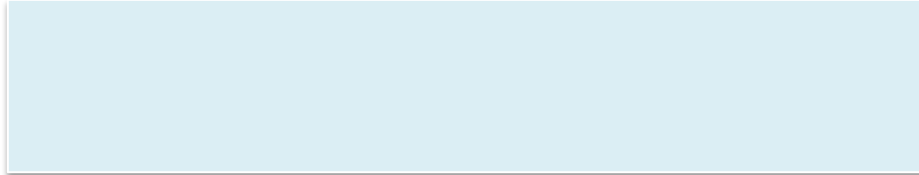
"He's awesome," said Judy Scott, who has worked with Pradhan through his work with pediatrics and obstetrics at the hospital. "He's very kind and compassionate, very caring."



## Ranking News Reports

*Rank cases 1-7 in order of how serious you assume they are.*

MOST SERIOUS



LEAST SERIOUS







## Common Themes

In groups, discuss the character virtues and vices displayed by the doctors in each case.

Case no.	Character virtues displayed	Character vices displayed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



### Personal Character Virtues and Strengths

Review the character traits in the personal character and strengths table. Pick four character traits that you believe are of critical significance to these roles, and explain the rationale behind your choice.

Surgeon	
Alcohol therapist	
General Practitioner	
Peditrition	
Paramedic	



### Dilemma 1: The colleague who smells of alcohol

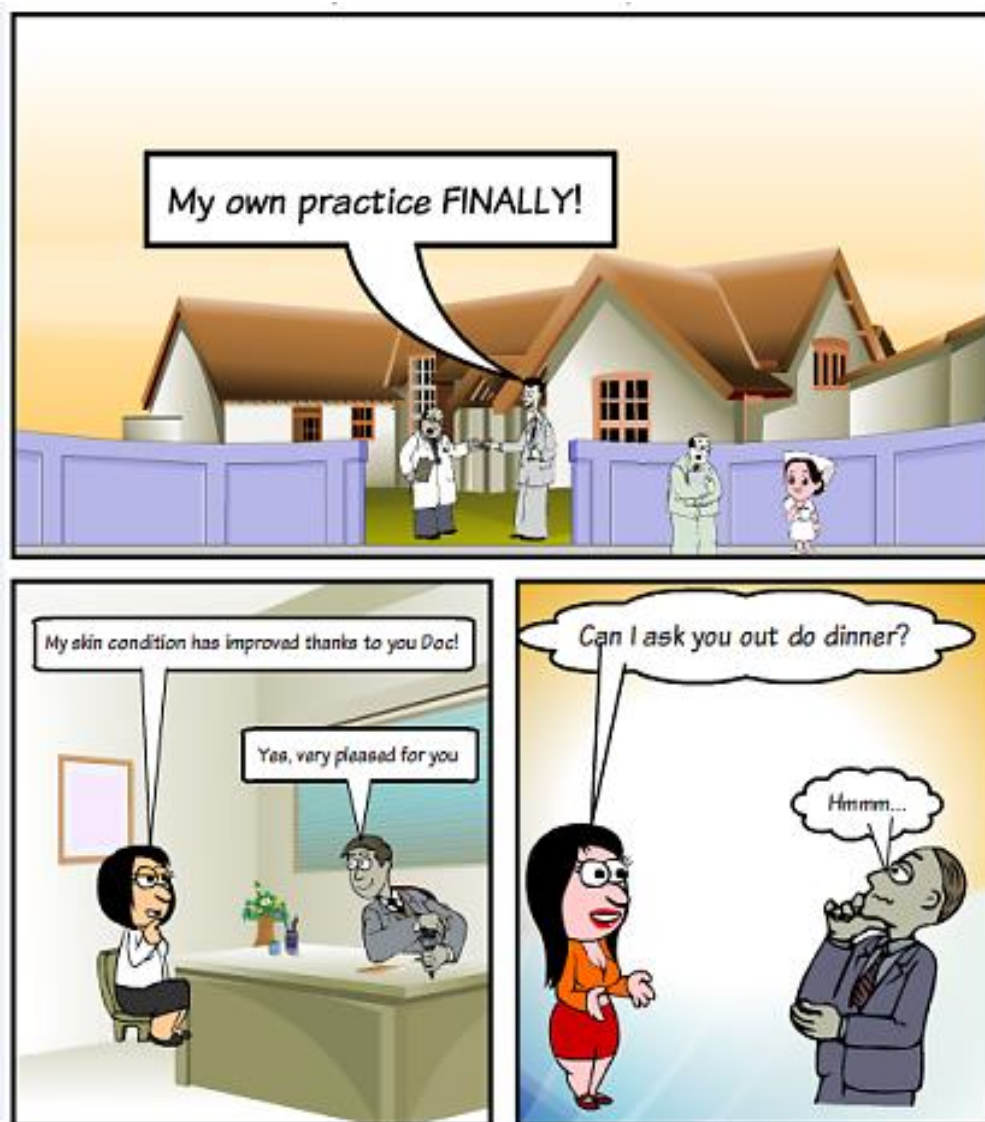
You are a junior doctor on call at a local hospital. A colleague arrives at the hospital to take over from you, smelling of alcohol. This is not the first time this colleague has arrived at work smelling of alcohol.





## Dilemma 2: More than a patient

You have just taken over a single-handed general practice in a small, isolated community. You have always wanted a rural practice, and hope someday to marry and raise children there. Pat Cuthbert is an attractive, intelligent, level-headed patient whose family has lived in the community for generations. Pat is also a member of the hiking club you have joined. You have been treating Pat for some time for a skin condition, which appears to be clearing up. Although visits will continue to be necessary for monitoring, the patient is substantially improved. At the end of a visit, Pat smiles warmly and invites you to dinner, clearly showing an interest in being more than your patient.



### Dilemma 3: The adamant patient

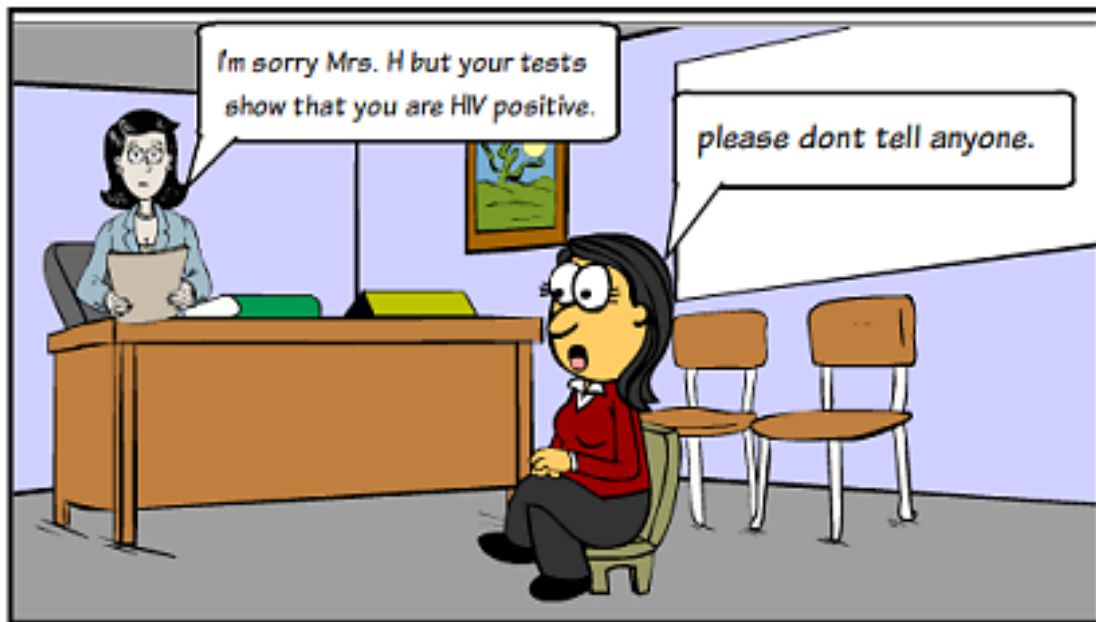
You are a GP, and are called out on a home visit to an 87 year old patient - Mr G. - who you have not met before. From his patient history, you see that he has an existing heart condition.

You find him experiencing severe chest pains and shortness of breath, as well as low blood pressure. During your assessment, he appears to be deteriorating. You judge that he is having a heart attack, and that there is a strong chance he may die soon. You believe the best option would be to admit him to hospital immediately. However, despite extensive explanations from you, Mr G. is adamant he does not want to go to the hospital but wants to stay in his own home.



### Dilemma 4: The HIV-Positive Patient

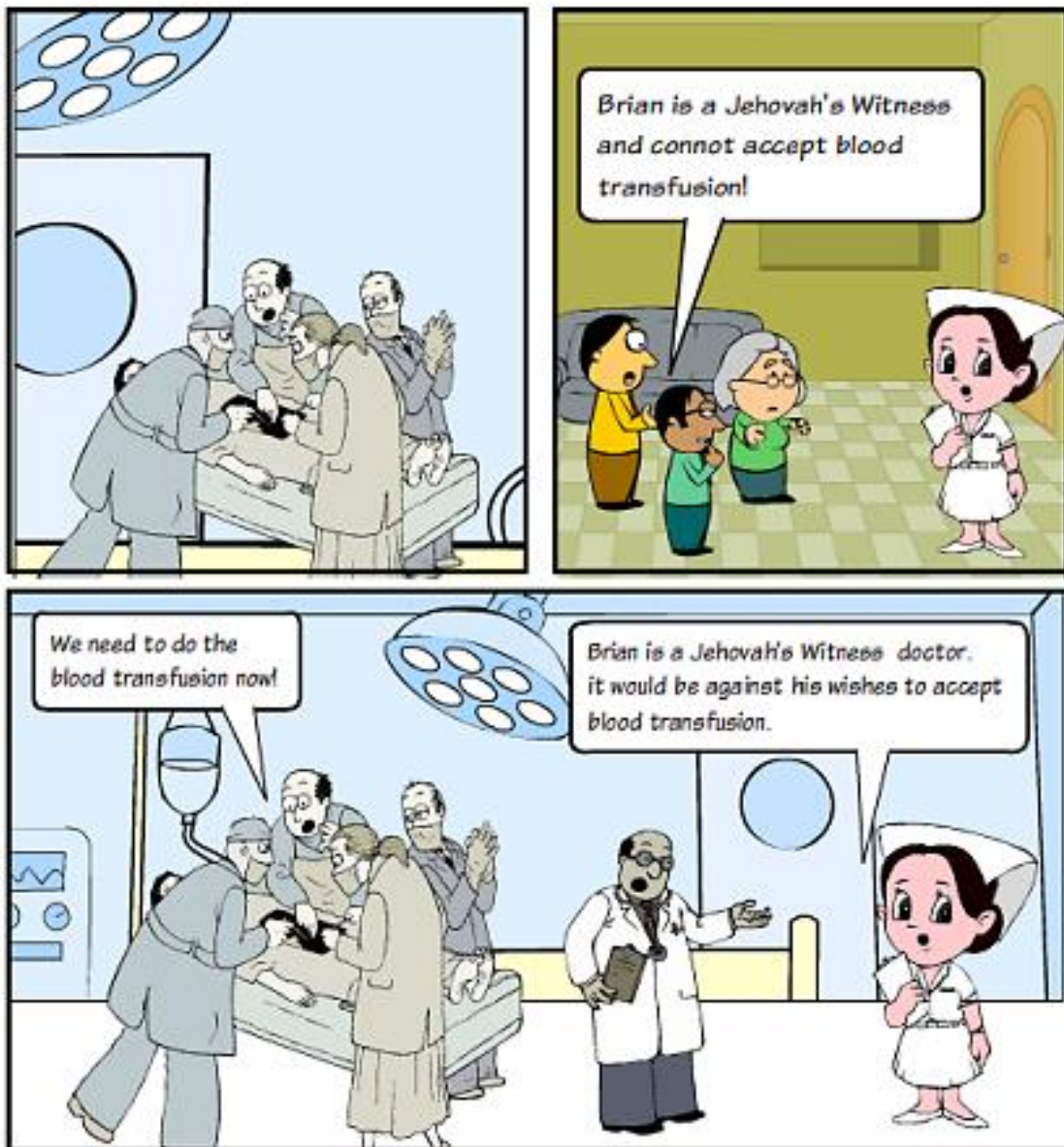
Mrs H. has been your patient for four years. Recent testing shows that she is HIV positive. She has asked you, under no circumstances, to disclose her HIV status to anyone. A few weeks later, her husband joins the practice and discusses having a vasectomy so that he no longer needs to use condoms for birth control. You realise, during your conversation with Mr H, which he is unaware of his wife's HIV status or the risk that poses for him. When you try to urge Mrs H. to disclose her condition to her husband, she refuses, saying that she will do so when she 'is ready'.





### Dilemma 5: The Blood Transfusion

You are a surgeon performing an emergency bowel operation. Shortly after you start operating, a nurse arrives with the news that the patient's relatives are Jehovah's Witnesses and says that your patient is also a Jehovah's Witness. Jehovah's Witnesses cannot accept blood transfusion and you know that the accepted medical protocol is to consent to their wishes in this regard. During the operation a major life-threatening blood loss occurs and the anaesthetist demands that a blood transfusion be carried out. Without it the patient will die.





## Good Medical Practice

1. Which of the codes in the document(s) are the most important to you?

Code/principle	Reason for choice
1.	
2.	
3.	
4.	
5.	

2. What does it mean to you to be a medical professional?

3. What do the following stakeholders expect from you as a medical professional?

Stakeholder	Expectations
Patients	
Government	
Senior members of staff at your workplace/ university	
Community	

