Communication and courtesy between medical professionals

The golden rule is to treat your fellow medicos as you would wish to be treated

When I was a medical student in the 1950s, we learned about medical etiquette, which our teachers then confused with medical ethics. There were rules governing the relationships between doctors, especially about "pinching" each other's patients. And consultants were supposed to meet the patient and his or her general practitioner and give an opinion, not take over the patient. Being asked to treat a colleague, or a member of their family, was regarded as the ultimate professional accolade, and charging a fee was not an option. The same principles applied to nurses, medical students and clergy.

Since then, the organisation of medical practice has become more complex. There are many more doctors and specialties. Doctors involved in the care of a patient may not know each other, or even understand each other's main task or daily work. Some do not even trust each other. For example, recommendations in radiology and pathology reports for further, more expensive tests are in most cases sound medicine, but, in areas of medicolegal phobia or fierce competition, some GPs are sceptical of the underlying reasons. They forget that two minds are usually better for patient safety than one, and see themselves as the patient's personal doctor who knows what is good for that patient. Radiologists and pathologists are regarded as part of a service industry. They should provide what they are asked for, neither more nor less. The combination of personal distance resulting from relative anonymity together with authoritarian personality traits is the probable underlying psychopathology behind the crass examples cited by Nuttall in this issue of the Journal[1] (*page 627*).

Anonymity is also a major reason for the vast difference in courtesy between hospital discharge letters written by registrars and those from consultants in private practice. My pet hate is the registrar who replies to my detailed letter for admission, addressing me as "The LMO" (local medical officer).

Medicare also changed the courtesies doctors displayed to each other. One reason for using it was that it was "free", and the other was the convenience for the doctor-patient in not feeling obliged to say "thank you" with an expensive present.

Doctors also became more militant about being paid their due worth. Even medical students were charged full fees, and this has spelt the death knell for the Hippocratic rules governing lifelong obligations between teachers and learners.

Medical students also absorb many of their future attitudes and behaviours from their teachers. Medical craft groups tend to judge other doctors according to their own standards. This results in "bad-mouthing" of other doctors, which is one of the more unedifying features of modern medicine.[2] Even specialist writers of problem-based learning modules subconsciously tend to begin their scenarios with a patient "stuffed up" by a GP and rescued at the 11th hour by the clever consultant at the "Royal Excellent Hospital".[3]

The golden rule of medical relationships is to treat your fellow medicos as you would want to be treated. This would be more likely if doctors of all persuasions were to meet more often and learn something of each other's views and daily tasks. Members of the medical profession are a team fighting a battle against mental and physical disease and disorder. Courtesy comes from the habit of giving credit and thanking others for their contribution to the wellbeing of a patient. I was particularly moved by a letter to a journal from an orthopaedic surgeon who remarked that, after having performed 1200 hip arthroplasties, he had received his first letter of feedback from a GP, informing him that the operation had revolutionised the life of a patient.[4]

My fantasy would be to dine out once a year with each of the doctors and their support staff who have contributed to the management of my patients. The Federal Treasurer could contribute to the quality of patient care and the reduction of medicolegal cases by making such events tax deductible.

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Competing interests: I have never experienced anything but help from my radiological colleagues. The closest I ever came to discourtesy was waiting 3 hours for a computed tomography scan after falling from my bicycle. I asked the receptionist when the booked scan might be available. She replied, "A CAT scan is not a happy snappy, Chappie".

1 Nuttall JL. Professional discretion, courtesy and plain good manners: an anecdotal and personal view. *Med J Aust* 2005; 183: 627-628.
2 Kamien BA, Bassiri M, Kamien M. Doctors bad-mouthing each other. Does it affect medical students' career choices? *Aust Fam Physician* 1999; 28: 576-579.
3 Hays R. Problems with problems in problem-based curricula. *Med Educ* 2002; 36: 788.
4 Kamien M. Good referral letters and good replies. In: Berglund C, Saltman D, editors. Communication for healthcare. Oxford: Oxford University Press, 2002: 135-147.

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