Editorial

Medical professionalism and ideological symbols in doctors' rooms

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Is it time to leave the non-professional aspects of personal life at the door and face patients as medical professionals and no more?

Ever wondered about the appropriateness of Christian doctors displaying pictures of Pope Benedict, Muslim doctors displaying pictures of Osama son of Laden or former PLO leader Yassir Arafat, or gay doctors proudly flying the rainbow flag in their rooms? I suggest that we should be concerned about such display of religious, political, or other allegiance to non-professional causes in loci of health care delivery.

Let us take a step back, however, and ask why we seek health care professionals' help or assistance. Our reasons have, of course, primarily to do with doing our fair share by way of enabling health care delivery services to achieve their primary objectives for being in existence, namely to ensure that we live as long as is feasible at as high a quality of life as is possible. While legitimate questions may be asked about acceptable trade-offs between length and quality of life, broadly speaking, that is what we expect health care providers to do for us. Importantly, we expect them to do so in a professional manner. This is very much in line with the historical roots of the idea of professionalism, meaning essentially to profess publicly to serve the public good.[1] The public interest (if we understand it in the health care arena as the aggregated form of satisfied/frustrated individual health related interests) is well served by doctors improving individual patients' health and well-being.

One of the uncontroversial hallmarks of professionalism is that it requires the professional to act in an impartial, unbiased manner.[2] This, arguably gives us the first clue as to why health care professionals should refrain from displaying symbols in their offices advising patients of the professionals' private lives' religious, party political, sexual, or other affiliations. It is common knowledge that one of the central features of the doctor-patient relationship is trust. Patients' trust in their doctors' professional integrity and impartiality is a necessary condition for honest disclosure of, for instance, embarrassing and potentially compromising information a patient might need to disclose during the consultation. Say, if in today's South Africa a patient should disclose unsafe sexual encounters with various people whose HIV status is unknown to him or her in order to assist a prudent risk-assessment and diagnosis, clearly the display of religious symbols in the consultation room is likely to prevent full and frank disclosure. After all, both Islam and Christianity tend to frown upon sexual behaviour outside the marital context. If a doctor displays these ideologies' symbols in her rooms, patients have reason to be reluctant to disclose what they have actually done, in order to avoid a potential moral judgment by the doctor. As a foreseeable consequence the primary objectives of health care are defeated by a narrow non-professional desire of the doctor to let patients know about an entirely private matter, namely his or her religious preferences. It goes without saying that health care professionals, like everyone else are entitled to display their religious affiliations publicly in their private capacities, outside working hours.

Women in need of professional advice regarding pregnancy testing, abortion, and birth control have reason to be reluctant to disclose relevant information to doctors displaying paraphernalia of religions critical of birth control (such as, for instance, Catholicism). Of course, a professional would not allow her personal preferences to interfere with any advice rendered, but confronting patients with information about these preferences in the consultation room is likely to interfere negatively with the interrogation and conversation taking place between the health care professional and the patient.

Similarly, gays and lesbians are known to be reluctant to see doctors due to concerns about these professionals' responses to their sexual orientation.[3] Some of these concerns seem confirmed by reported real-world experiences of such patients when visiting health care professionals. This has demonstrably negative consequences for the well-being of these discriminated against patients. Suboptimal health outcomes are produced because of doctors' unprofessional response to patients. Part of the unprofessional response, no doubt, is the display of religious or other symbols in doctors' rooms that are likely to interfere negatively with the dialogue between doctor and patient. Doctors displaying such symbols in their rooms should consider removing them. Arguably a similar point can be made with regard to teachers in health sciences faculties displaying such symbols.

People wearing skullcaps or purdah, presumably do so, not merely to identify themselves as followers of a particular faith, but also because their belief system might demand it. The question remains how to deal with this in a professional context. We are clearly confronted here with a clash between the individual interests of the wearer of the symbolic dress, and the demands of professional impartiality. The wearer will argue that her religious beliefs and the visual symbols do not hinder her professional treatment of the patient. This may well be true, but that is not the point. The issue at hand is how the patient perceives and interprets the symbols and the negative consequences of with-holding vital lifestyle or health-related information for fear of disapprobation from the doctor or other health care professionals. While it might not be logical for the patient to assume, based on the doctor's dress, that he or she is a strong adherent of the religion, if they choose to dress in a particular way, it is understandable that many patients would do just that. Given that many people practice religion without adopting a particular dress form, it is not an unreasonable assumption that those who adopt the dress form are particularly rigorous about their faith and its tenets. This must act as an even greater deterrent to full disclosure from the patient than pictures and religious jewellery. In this case, the religious symbology goes beyond a picture on the wall. The doctor is in effect saying to all, that he has literally clothed himself in his faith – this is who he is and what he believes. It would take an intrepid patient to face this doctor and disclose—for example, a drug addiction. It would be nearly impossible for a young adolescent, confused about her sexuality to discuss this with a doctor who is clothed in the raiments of religion. Perhaps it is time to leave the non-professional aspects of personal life at the door and face patients as medical professionals and no more.

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